



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2025-37**

Provider Bulletin 2025-80  
December 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: October 1, 2025  
Contact: Hector Massari

**TO: Children's Mental Health Urgent Crisis Centers**

**RE: Update to the Implementation of Children's Mental Health Urgent Crisis Centers Services for Children 18 Years Old and Younger**

The purpose of this Policy Transmittal (PT) is to inform providers effective for dates of service beginning **October 1, 2025**, the Clinic and Outpatient Hospital Behavioral Health fee schedule which contains the services for the **Urgent Crisis Centers (UCC)** has been updated to reflect an updated rate for procedure code H2011 – Crisis intervention service, per 15 minutes.

Please note, this Provider Bulletin (PB) is in addition to the direction given within bulletin [PB 2025-56](#) 'Implementation of Children's Mental Health Urgent Crisis Centers Services for Children 18 Years Old and Younger'.

Providers delivering services in a UCC must use **Place of Service (POS) 20 – Urgent Care Facility**. This requirement enables the Department of Social Services (DSS) to monitor utilization and collect data on health outcomes.

**Service Billing Codes / Provider Fee Schedule:**

The following procedure and billing codes apply to children's mental health urgent crisis centers:

Code	Description
99204	New patient visit (45–59 minutes)
99215	Established patient visit (40–54 minutes)
90791	Psychiatric evaluation (once per day)
90792	Psychiatric evaluation (not billed with 90791 on the same day)

Code	Description
H2011	Crisis intervention (15-minute units, maximum 14 units)

**Important Billing Note:**

Evaluation & Management (E&M) codes cannot be billed concurrently with psychiatric evaluation codes 90791 or 90792.

**Sample Billing Combinations:**

- Example 1: 99204 (1 unit) + H2011 (14 units)
- Example 2: 99215 (1 unit) + H2011 (14 units)
- Example 3: 90791 (1 unit) + H2011 (14 units)
- Example 4: 90792 (1 unit) + H2011 (14 units)

**Please note:**

Updates to the claims processing system and fee schedules to reflect the revised rates are currently in process. Paid claims where the detailed billed amount is greater than the new allowed amount will be retroactively adjusted. Gainwell Technologies will identify and reprocess these claims in the January 23rd, 2026, claim cycle.

**Posting Instructions:**

Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Accessing the Fee Schedule:**

The fee schedules can be accessed and downloaded by accessing the CMAP Web

site: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider", then to "Provider Fee Schedule Download". Next scroll down to the bottom of the page and click on the "I Accept" button. Then click on the Clinic –

Clinic and Outpatient Hospital Behavioral Health fee schedule, and then select "Open file".

For questions regarding this bulletin please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Distribution:**

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

**Responsible Unit:**

DSS, Division of Health Services, Integrated Care Unit, Behavioral Health, Hector Massari, at [hector.massari@ct.gov](mailto:hector.massari@ct.gov) or Alexis Mohamed, at [alexis.mohammed@ct.gov](mailto:alexis.mohammed@ct.gov)