

interChange Provider Important Message

Attention: Federally Qualified Health Center (FQHC) Providers

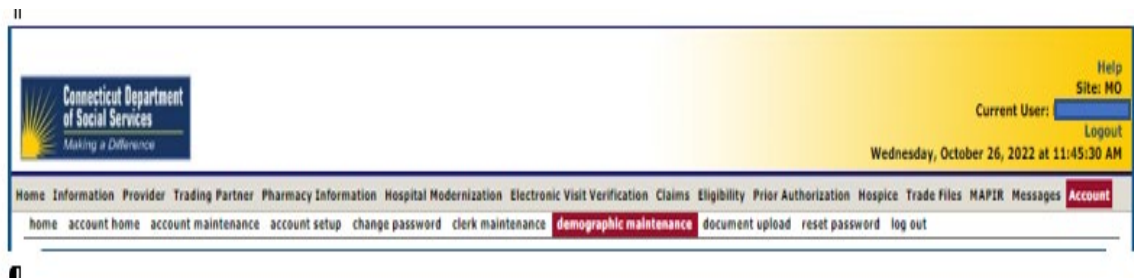
ACTION REQUIRED:

FQHC Certification Letter Upload Instructions and Billing Reminder

1115 FQHC providers receiving level 1 or level 2 certification will need to upload their certification letter through their secure web portal at www.ctdssmap.com and enter certification effective and end dates **by June 30, 2025**.

Advanced Behavioral Health (ABH) will begin issuing FQHCs their certification letters the week of 6/9/2025.

Providers will need to log into the secure Web portal to complete their upload for each AVRS ID. Once logged in, on the menu bar select: Demographic Maintenance, then click on Provider Certification.



For assistance click on the link to open the certification and document upload guide, which includes an example of the certification letter.

To upload the certification, click the “add” button and then select your appropriate certification(s) from the Certification Type drop-down menu. **NOTE: Please use the appropriate certification type that matches your certification.**

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Connecticut Department of Social Services
Making a Difference

Help
Site: PreMO
Current User: [redacted]
Logout
Wednesday, May 28, 2025 at 12:58:18 PM

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Telehealth Information Electronic Visit Verification Claims Eligibility Prior Authorization Hospice
Trade Files Messages Account Behavioral Health Attestation

home account home account maintenance account setup change password clerk maintenance demographic maintenance document upload reset password log out

Location Name Address > EFT Account > Service Language > Maintain Organization Members > Provider Certification

Provider Certification

Click here to open the Certification and Document Upload Guide for instructions on how to complete this panel by the service you offer.

- If you are adding a new certification record, click the Add button and then click the Save button for each certification.
- If you are changing a certification, select the row to populate the fields below. Only the End Date can be updated. Once complete, click the Save button.
- Once a record is added or updated, go to the Provider Upload panel to upload documents.

Certification Type Effective Date / End Date

A

add

Certification Type* [dropdown]

Effective Date* [input]
End Date* [input]

save cancel

*** Use the specific effective and end dates as stated on your certification letter, then click save when done.

Billing Reminder:

When billing for SUD IOP, SUD PHP, or Ambulatory Withdrawal Management, the provider must have an SUD diagnosis listed in the primary position on the claim.

ASAM Level of Care Description	Encounter Code	HCPCS code
1-WM Ambulatory Withdrawal Management	T1015	H0014
2-WM Ambulatory Withdrawal Management with Extended Monitoring	T1015	H0012
2.1 Intensive Outpatient (IOP)	T1015	H0015
2.5 Partial Hospitalization (PHP)	T1015	H0015 with HH modifier

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Please contact alexis.mohammed@ct.gov for additional information or if you have any questions on your certification.

For additional billing and reimbursement information refer to provider bulletin [2023-50](#) “Reimbursement for Intermediate Substance Use Disorder (SUD) Treatment at Behavioral Health FQHCs”.

If you are unable to sign into your secure Web portal, set up or need to unlock/change your password, or if you have questions about the www.ctdssmap.com Web site or specific claim questions please contact the Provider Assistance Call Center (PAC) at 1-800-842-8440.

