

interChange Provider Important Message

Attention: Methadone Providers

Per the notification provided to Methadone providers enrolled in the Connecticut Medical Assistance program (CMAP) via Policy Transmittal 2017-22 "Methadone Maintenance Reimbursement Guidelines", the Department of Social Services (DSS) is providing additional guidance on how to bill for the last week of January, 2018. For the month of January 2018 into February 2018 only, providers will not be able to submit a claim that spans across the implementation month of the new reimbursement logic. For the last week of January 2018 providers should submit their claim in the following manner.

Detail	Date(s) of Service	Procedure Code	Units Billed	Mod	Status	EOB
#1	1/28/2018	H0020	1		Paid	
#2	2/1/2018 – 2/3/2018	H0020	3		Paid	

For each Methadone provider, DSS will load a prorated rate for the week of 1/28/2018 - 1/31/2018. This rate will be equivalent to four (4) days of their daily rate. Detail one on the claim example above will be reimbursed the prorated weekly rate for the 4 dates of service.

For dates of service February 1, 2018 and forward, Methadone providers will be able to span dates as long as the units billed match the dates of service on that detail. Alternatively, Methadone providers will be able to bill each date of service on a separate detail. For billing examples of claims that span dates, please refer to PB 2017-22.