

interChange Provider Important Message

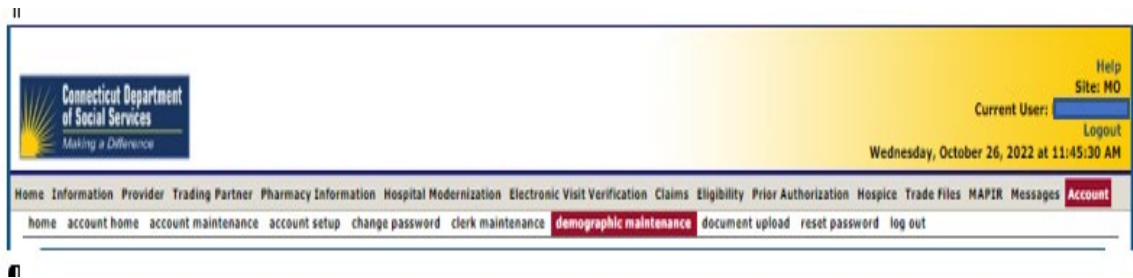
Attention: Outpatient Hospital Providers

ACTION REQUIRED:

Outpatient Hospital Certification Letter Upload Instructions and Billing Reminder

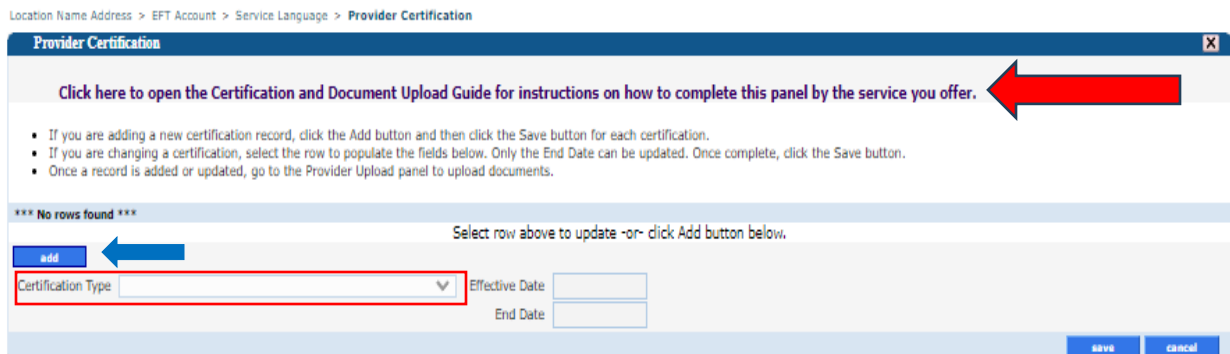
1115 Outpatient hospital providers receiving level 1 or level 2 certification will need to upload their certification letter through their secure web portal at www.ctdssmap.com and enter certification effective and end dates by **February 28, 2025**.

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.**



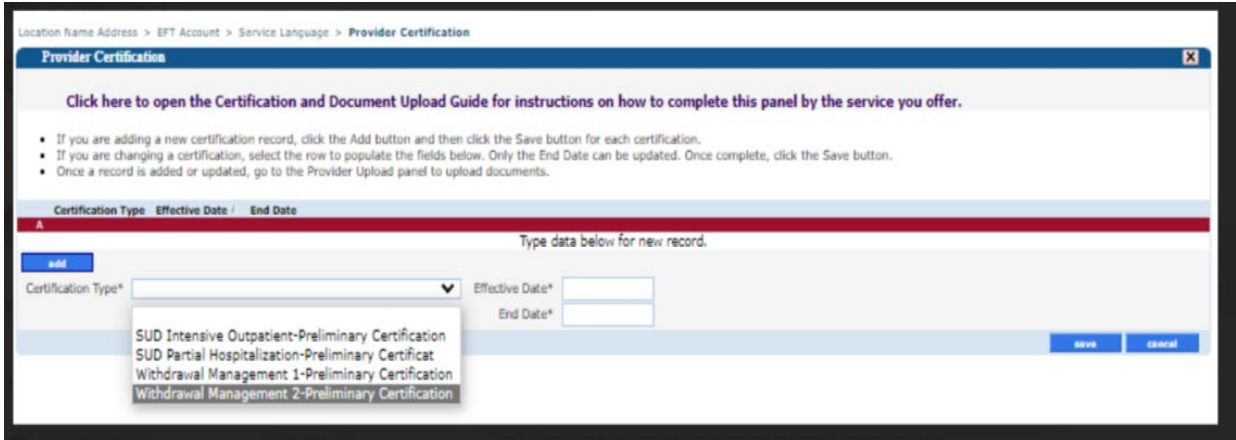
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SUD Intensive Outpatient (IO)

SUD Partial Hospitalization (PH)

Withdrawal Management 1 (W1)

Withdrawal Management 2 (W2)



The screenshot shows a web browser window titled "Provider Certification". The breadcrumb trail at the top reads "Location Name Address > EFT Account > Service Language > Provider Certification". Below the title bar, there is a link: "Click here to open the Certification and Document Upload Guide for instructions on how to complete this panel by the service you offer." A bulleted list provides instructions: "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.", and "Once a record is added or updated, go to the Provider Upload panel to upload documents." Below this is a table header with columns "Certification Type", "Effective Date", and "End Date". A table with one row is shown, with the text "Type data below for new record." above it. To the left of the table is an "add" button. Below the table, there are input fields for "Certification Type*", "Effective Date*", and "End Date*", along with "save" and "cancel" buttons. A dropdown menu is open under "Certification Type*", showing options: "SUD Intensive Outpatient-Preliminary Certification", "SUD Partial Hospitalization-Preliminary Certificat", "Withdrawal Management 1-Preliminary Certification", and "Withdrawal Management 2-Preliminary Certification".

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

One-Year Conditional Certification

Providers receiving a one-year conditional certification are not required to upload the certification until a Medicaid client has been seen. Once the provider has seen a Medicaid client, the provider must upload the certification prior to submitting any claims for processing. The effective date of the certificate will be the start date on the certification letter.

[Advanced Behavioral Health \(ABH\) will begin issuing hospitals their certification letters the week of 2/3/2025.](#)

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.

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.

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ASAM Level of Care Description	Revenue Center Code (RCC)	Procedure Code and Modifier	Rate Type	Rate
1-WM Ambulatory Withdrawal Management	919	H0014	Hourly, up to 4 hours	\$110.67
2-WM Ambulatory Withdrawal Management with Extended Monitoring	919	H0012	Per Diem	\$442.70
2.1 Intensive Outpatient (IOP)	906	H0015	Per Diem	\$173.62
2.5 Partial Hospitalization (PHP)	906	H0015 with HH modifier	Per Diem	\$184.82

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 2023-09 “Reimbursement for Intermediate Substance Use Disorder (SUD) Treatment at Outpatient Hospitals”.