



Connecticut Medical Assistance Program
Policy Transmittal 2025-14

Provider Bulletin 2025-35
July 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: July 1, 2025
Contact: alexis.mohammed@ct.gov

TO: Free-Standing Substance Use Disorder (SUD) Residential Treatment Facilities

RE: Reimbursement Rates for SUD Treatment at Free-Standing Residential Treatment Facilities

Effective for dates of service on July 1, 2025 and forward, the Department of Social Services (DSS) is updating the treatment rate for substance use disorder (SUD) residential treatment services in freestanding SUD residential treatment facilities for all Medicaid eligible members, inclusive of all HUSKY Health (A, B, C, and D), in the following American Society of Addiction Medicine (ASAM) levels of care:

| <u>Adult ASAM Level of Care Description</u> | <u>Procedure Code and Modifiers*</u> | <u>Number of Beds</u> |
|--|--------------------------------------|---|
| 3.1 Clinically Managed Low-Intensity Residential Services | Tx: H2034 | 0-24 beds \$342.2 25+ beds \$194.73 |
| 3.3 Clinically Managed High-Intensity Residential Services | Tx: H2036 HI | 0-24 beds \$381.31 25+ beds \$233.87 |
| 3.5 Clinically Managed High-Intensity Residential Services | Tx: H2036 | 0-24 beds \$456.21 25+ beds \$267.75 |
| 3.5 Clinically Managed Population Specific High Intensity Residential - Pregnant and Parenting Women | Tx: H2036 HD | 0-24 beds \$456.21 25+ beds \$456.21 |

*** Room and board rates for adult residential treatment beds remain the same. Please follow the fee schedule.

| <u>Adolescent ASAM Level of Care Description</u> | <u>Procedure Code and Modifiers*</u> | <u>Single Tx and R&B Rate</u> |
|--|--------------------------------------|-----------------------------------|
| 3.1 Clinically Managed Low-Intensity Residential Services | Tx: H2034 R&B: H0047 HF | \$ 642.01 \$136.62 |
| 3.5 Clinically Managed Medium-Intensity Residential Services | Tx: H2036 R&B: H0047 | \$ 755.30 \$136.62 |
| 3.7 Medically Monitored High-Intensity Inpatient Services | Tx: H2036 HV R&B: H0047 HV | \$ 907.40 \$136.62 |

An SUD diagnosis must be the primary diagnosis on all claims.

*CMAP eligible members who are referred by Department of Correction (DOC): providers must include the modifier HZ "Criminal Justice Agency Fund" on any claim for those members who are referred by DOC.
CMAP eligible members who are referred by the Judicial Branch: providers must include the modifier H9 "Court-Ordered" on any claim for those members referred by Judicial.

Accessing the Fee Schedule

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Units:

DSS, Division of Health Services, Integrated Care Unit, Behavioral Health, email at alexis.mohammed@ct.gov

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