



TO: Medicaid Enrolled Independent Laboratories

RE: Billing Laboratory Fees for Medicaid Eligible Members in Residential Substance Use Disorder Treatment Facilities

The Department of Social Services (DSS) is updating guidance for billing laboratory fees for Medicaid eligible members in Residential Substance Use Disorder Treatment Facilities.

Effective for dates of service June 1, 2022 and forward, laboratory claims for Medicaid eligible members who are receiving treatment in a residential substance use treatment facility no longer require modifier SE “State/Fed Funded Programs/Services.” Providers should bill the lab detail without modifier SE.

For questions about billing or if further assistance is needed to access the fee schedule, on the Connecticut Medical Assistance Program (CMAP) 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.