



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: November 15, 2022

Contact: alexis.mohammed@ct.gov

TO: Behavioral Health Clinics, Enhanced Care Clinics and Outpatient Drug and Alcohol Abuse Centers

RE: Reimbursement for Intermediate Substance Use Disorder (SUD) Treatment at Behavioral Health Clinics, Enhanced Care Clinics and Outpatient Drug and Alcohol Abuse Centers

Effective for dates of service on and after November 15, 2022, the Department of Social Services (DSS) will require that any Connecticut Medical Assistance Program (CMAP) providers enrolled as a Behavioral Health Clinic, Enhanced Care Clinic or Outpatient Drug and Alcohol Abuse Center be certified to provide and be reimbursed for the following intermediate substance use disorder (SUD) treatment services:

- ASAM 1-WM – Ambulatory Withdrawal Management (WM)
- ASAM 2-WM – Ambulatory WM with Extended Monitoring
- ASAM 2.1 - Intensive Outpatient (IOP)
- ASAM 2.5 - Partial Hospitalization (PHP)

Providers who have not obtained certification or provisional certification to provide these levels of care (LOC) will no longer receive reimbursement for these treatment services, including IOP and PHP for an individual with a primary SUD diagnosis.

Initial Provider Eligibility and Provisional Certification:

The above change applies to the following CMAP provider types:

- Behavioral Health Clinic
- Enhanced Care Clinic
- Drug and Alcohol Abuse Center; Outpatient

This change does not impact expectations regarding licensure. Each provider must obtain all licenses and certifications applicable to all age cohorts (children, adults, or both) that it serves and all levels of care that it provides. For services provided outside the state to a CMAP enrolled provider as authorized by the state in accordance with federal regulations in 42 C.F.R. § 431.52, the provider facility and each practitioner employed by or working under contract to the facility must have comparable credentials in the state in which the facility is located, as determined by DSS and documented during the provider enrollment process.

SUD providers with a license from the Department of Children and Families (DCF) serving children must receive provisional certification from DCF or its designated agent. SUD providers with a license from the Department of Public Health (DPH) serving adults must receive provisional certification from the Department of Mental Health and Addiction Services (DMHAS) or its agent. SUD providers that hold both licenses and serve children and adults must receive provisional certification from DCF and DMHAS or their agent(s). Certification inquiries can be directed to 1115Waiver@abhct.com.

Provisional certification is required for each intermediate SUD level of care that is offered by the provider and will be granted for a period

not to exceed twenty-four (24) months from initial approval. During the provisional certification period, providers are expected to make continuous progress toward achieving full certification prior to or by the end of the 24-month period.

To qualify for and maintain provisional certification, providers must successfully complete a provisional certification application process, meet initial criteria and progressively achieve staffing and program milestones during the provisional certification period, including implementation of the American Society of Addiction Medicine (ASAM) guidelines that have been adopted by the state, which is currently the ASAM 3rd edition. The State will notify providers if there is a change to the State's implemented edition of the ASAM clinical guidelines.

For dates of service on and after November 15, 2022, where the provider is actively working to ensure full compliance with ASAM criteria specific to that level of care, providers may bill for services under provisional certification, even though they may not meet the full ASAM requirements and state standards, as they work diligently and continuously towards meeting applicable compliance requirements and full certification. Service duration requirements by level of care are in effect upon implementation of the program. Staff should continue to operate within their scope of practice as applicable under state law.

The treatment program must fully comply with ASAM criteria on or before the date that its provisional certification expires. Once a program's provisional certification expires or is revoked, Medicaid will pay the SUD intermediate services only if the program has obtained and maintains applicable full certification from the state or its agent(s), as detailed above, and fully complies with ASAM criteria and maintains such compliance on an ongoing basis.

Any provider that does not maintain provisional certification while progressing toward full certification, or who fails to achieve and maintain full certification within 24 months of the provisional certification effective date, will lose their access to the SUD procedure codes associated with the respective level(s) of care and will not be permitted to bill for those services.

Upon receiving written notice of provisional certification, the provider must enter the appropriate certifications to the provider's secure [Web Portal](#) Demographic Maintenance panel and upload their provisional certification approval document, an acknowledgement of the 24-month deadline for full ASAM certification signed by the Chief Executive Officer, Executive Director or equivalent and an addendum to the provider enrollment agreement to the provider's secure Web Portal Provider Document Upload panel. **The deadline for uploading these documents is November 10, 2022**, in order to avoid disruptions to billing.

Instructions on how to access and upload to the Web Portal and to find copies of the acknowledgement and addendum forms are available on the Demonstration's [website](#) on the "[Related Resources](#)" page under "Important Documents". Additionally, screenshots of the portals are available for reference at the end of this document.

Ongoing Enrollment and Full Certification:

During the provisional certification period, DMHAS and DCF, or their designated agent(s), will conduct an initial assessment and ongoing monitoring of all providers to ensure continuous progress to meet the ASAM requirements, state standards and project milestones is occurring. A monitoring tool will be shared with providers so they can self-assess throughout the provisional certification period and will be utilized by each state agency

and/or designated agent(s) during compliance visits.

- Transtheoretical Stages of Change
- The ASAM Criteria, 3rd edition

At the end of the provisional certification period, all certified providers must maintain full compliance with all ASAM requirements and state standards and receive full certification from DMHAS and/or DCF or their designated agent(s), or they will lose their access to the SUD procedure codes associated with the respective level(s) of care and will not be permitted to bill for those services. If at any time a provider loses their full certification status, the provider must regain full certification before access to the respective procedure code(s) will be reinstated. A second provisional certification period will not be provided. Full certification status designations will be valid for three years from date of approval. DMHAS, and/or DCF or their designated agent(s) will be responsible for conducting compliance monitoring and recertification activities under this Demonstration.

Although the state is arranging for this training to help providers adapt to the new requirements and procedures for SUD services, each provider is independently responsible to understand and comply with all applicable requirements and procedures.

Billing Guidelines:

Effective November 15, 2022, the following procedure codes must be used for CMAP eligible members receiving SUD intermediate treatment services. **Only providers certified to provide the respective level(s) of care will be reimbursed for these services.**

Provider Monitoring:

DMHAS and DCF, directly and/or through their designated agent(s), will monitor providers during the provisional certification period and throughout the entire duration of the Demonstration, including any extensions. Providers that achieve full certification must participate in ongoing monitoring.

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

Provider Training:

The state agencies referenced above are committed to initial and ongoing training for providers. Provider training topics will be conducted by various entities, including the state agencies and their agents, depending on the topic of the training. The State is continuing to develop a training plan for the ambulatory levels of care and will make this plan public in the near future. It is expected that provider training will include, but not be limited to, the following topics:

The amount, frequency, and duration of covered SUD services must be provided in accordance with the member’s individualized treatment plan and ASAM criteria and must also comply with the Medicaid program’s statutory definition of medical necessity in section 17b-259b(a) of the Connecticut General Statutes.

- Motivational Interviewing

When billing for SUD IOP, SUD PHP, or Ambulatory Withdrawal Management, the member must have an SUD diagnosis listed in the primary position on the claim. While emotional, behavioral or cognitive conditions are not required for admission to an intermediate SUD program, such programs should be co-occurring capable such that individuals presenting with these conditions are able to receive concurrent treatment appropriate to their mental health condition.

Clinical group size should not exceed 12 individuals per counselor, regardless of payer. Psychoeducational group size should not exceed 25 individuals per counselor regardless of payer.

Ambulatory Withdrawal Management (ASAM 1-WM)

ASAM 1-WM is an organized outpatient service delivered by staff who provide medically supervised evaluation, medication or non-medication methods of withdrawal management, member education and referral services. Services provided on any given day must be less than four (4) hours in duration.

Ambulatory Withdrawal Management with Extended Monitoring (ASAM 2-WM)

Level 2-WM with extended monitoring is an organized outpatient service delivered by staff who provide medically supervised evaluation, medication or non-medication methods of withdrawal management, member education and referral services. Services provided on any given day must be greater than 4 hours and less than 24 hours.

The services of counselors, psychologists, and social workers are accessed through outpatient services by outpatient ASAM 1 providers or programs certified to provide ASAM 2.1 or 2.5 and billed in addition to ASAM 1-WM or 2-WM.

SUD Intensive Outpatient (ASAM 2.1) provides 6-19 hours of clinically intensive programming per week (minimum of three contact days per week) for children and 9-19 hours (minimum of three contact days per week) for adults based on individualized treatment plans. Each IOP day at a child IOP program must be at least 2 programmed hours, of which 1.5 must be clinical. Each IOP day at an adult IOP program, must be at least 3 programmed hours, of which 2.5 must be clinical and performed by a qualified practitioner as outlined in the state standards.

When the member's progress in IOP no longer requires the total minimum number of weekly programming hours (six hours per week for children or nine hours per week for adults) but they have not yet made enough stable progress to be fully transferred to an ASAM Level 1 (outpatient) program, a reduction in weekly programming hours is permitted for up to two weeks to allow for maintenance in the IOP program, a smoother transition to an ASAM Level 1 program, and to avoid exacerbation and recurrence of signs and symptoms.

SUD Partial Hospitalization (ASAM 2.5) provides 20 or more hours of clinically intensive programming per week (minimum of four contact days per week) based on individualized treatment plans. Each PHP day must be at least 4 hours of programmed hours, of which 3.5 hours must be clinical and performed by a qualified practitioner as outlined in the state standards.

Procedure code 90791 (psychiatric diagnostic evaluation) can be billed for separately prior to admission to IOP or PHP to assess the member's appropriateness for the level of care. Procedure code 90792 (psychiatric diagnostic evaluation with medical services) can be billed separately once during a treatment episode.

IOP or PHP services can be provided concurrently with medication for addiction treatment (MAT) and/or ambulatory

withdrawal management; these hours are separate from the hours of counseling services for IOP and PHP and should be billed separately since it is a distinct service. For example, a member receiving IOP services who needs two hours of Ambulatory Withdrawal Management should have a claim for H0015 (IOP) and H0014 (1-WM). Members should be provided opportunities for to be introduced to the potential benefits of MAT as a tool to manage their substance use disorder(s) and programs should facilitate access to MAT when indicated and agreed to by the member.

All other IOP and PHP treatment components, each of which aligns with the ASAM level of care, are included in the per diem rate including assessment and individualized treatment plan development; individual, group and family therapy; health services and medication management; peer support services; service coordination; and skill building and psychoeducation.

Full & Partial Day Billing for IOP and PHP

Providers must schedule an individual for a full day of program participation. **DSS' policy does recognize that there may be rare times when a member cannot attend the entire duration of an IOP or PHP program on a particular day due to unforeseen circumstances which should be clearly documented in the medical record.** For these situations, the provider may follow the guidelines below.

Full Day Billing Policy:

If the member is present for at least half of the IOP or PHP day, but less than a full day and attends at least two individual, family or group sessions, the provider may bill the full day.

The minimum number of service hours required in order to bill a full day is as follows:

- IOP: 1.25 hours of documented clinical services.
- PHP: 1.75 hours of documented clinical services.

Partial Day Billing Policy:

If the member is present and attends at least one full clinical service of individual, family or group session, as part of the IOP or PHP program, the provider may bill a partial day.

To bill for a partial day, the provider should submit the appropriate procedure code for the level of care and append modifier 52 – Reduced Services. The modifier 52 on the claim will allow the claims system to reimburse 50% of the normal allowed amount for IOP or PHP services. The State will monitor utilization of partial day billing for IOP and PHP to ensure that members are routinely receiving at least the hours of care required for that level of care and that partial day billing is not regularly utilized.

Prior Authorization:

Prior authorization remains a requirement for SUD IOP and SUD PHP.

Effective for dates of service on and after November 15, 2022, prior authorization for ambulatory withdrawal management (1-WM and 2-WM) will no longer be required. Because ASAM 1-WM and 2-WM are billed in addition to services in ASAM 1, 2.1, and 2.5 without prior authorization, the State will monitor utilization of ASAM 1-WM and 2-WM to ensure that these codes are only billed when medically necessary to assist an individual attending outpatient services to manage withdrawal safely or to induce MAT.

For authorization of services, please access the Beacon web registration system at www.ctbhp.com and selecting “For Providers” for online services. If you need access to the web registration portal, contact the Beacon Provider Relations Department at 1-877-552-8247, options 1, 2, 7 or by email at ctbhp@beaconhealthoptions.com.

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by accessing the Connecticut Medical Assistance Program (CMAP) Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”. Click on the “I accept” button and proceed to click on the Clinic and Outpatient Hospital Behavioral Health Fee Schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

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 Unit:

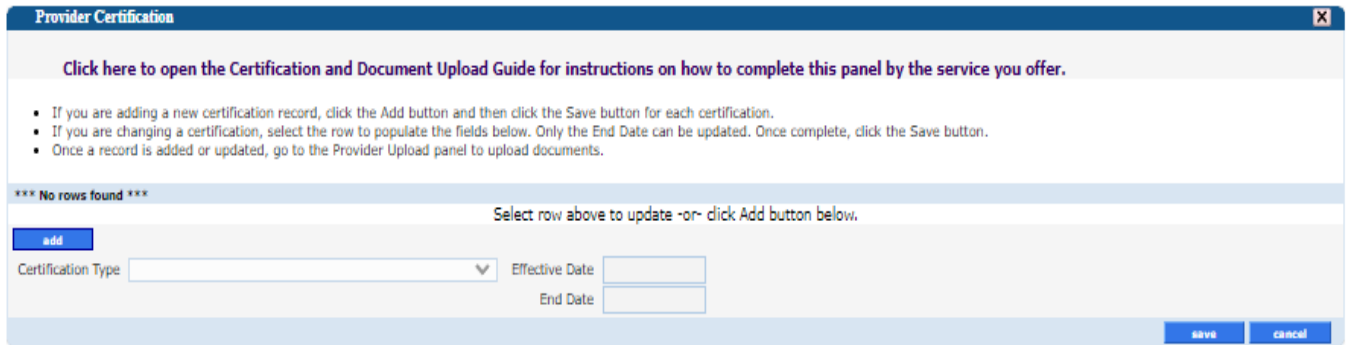
DSS, Division of Health Services, Integrated Care Unit, Behavioral Health, Alexis Mohammed, at alexis.mohammed@ct.gov

Date Issued: November 2022

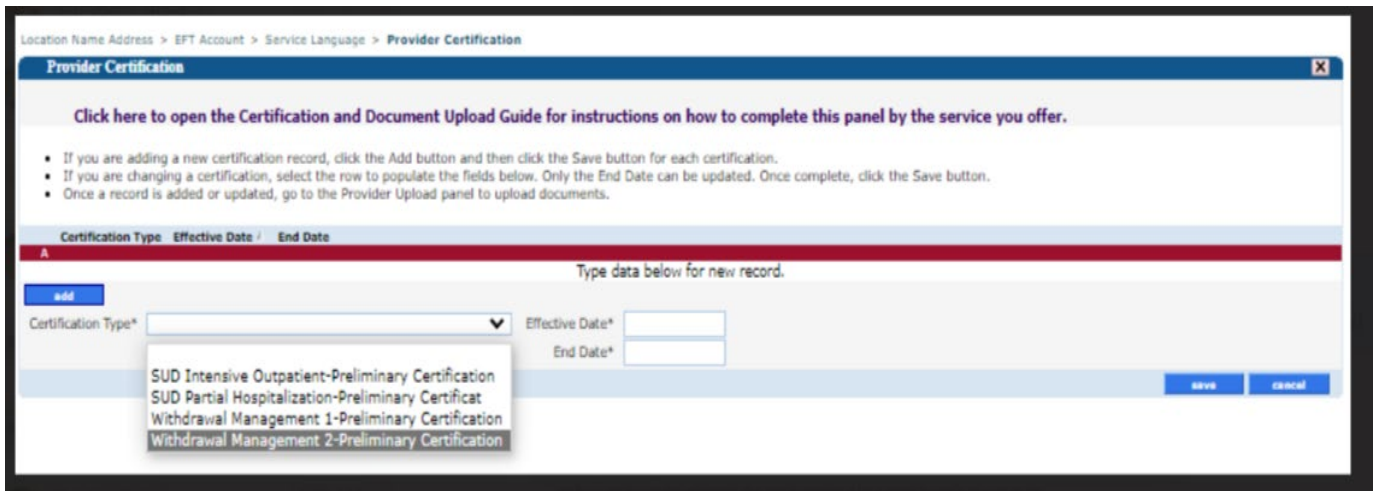
Select the appropriate certificate type(s) with an 11/15/2022 effective date and 11/15/2024 end date.



Location Name Address > EFT Account > Service Language > Provider Certification



The screen print below shows the certificate types to select from



Below is the upload panel

Provider Document Upload

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

- Contact Name/Phone Number/Email displayed below are based on the user that signed into the Secure Web Portal account. If there is a different contact for the documentation that is being uploaded, please use these fields to update that contact information. This will not update the contact information associated to your Secure Web portal account.
- The maximum number of documents/files that can be uploaded per session is 10 and cannot exceed 1.2MB per file.
- The following document type extensions are allowed: .PDF, .JPG, .TIF, .TXT, .RTF, .DOC, or .DOCX
- To upload a file, click the add button. Select a Transaction Type from the drop down list below. Then select the file to be uploaded by clicking on the Choose File button. If uploading multiple files/transaction types, click the add button again and repeat. Once all files are added, click on the Upload ALL Files button to complete the upload of all documents in the Files list.
- Selecting the Delete button will delete the selected row from the Files list.
- Selecting the Cancel button will remove all records from the Files list.

AVRS ID

Contact Name*

Contact Phone* Contact Email*

Upload Comments*

Files

*** No rows found ***

Transaction Type Select File* No file chosen

Select the document type that for upload from the drop down box

Files

Transaction Type	User Filename
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Transaction Type* Select File* No file chosen

Program Acknowledgement Form
Program Addendum to CMAP Provider Agreement
Program Certification Letter