Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2012-02**
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TO: Physicians, APRNs Behavioral Health Clinicians, Mental Health Clinics, and Federally Qualified Health Center (FQHC) Mental Health Clinics

RE: 1) Direct Billing of Clients for Medicaid Covered Addiction Services
2) Billing for Addiction-Related Laboratory Services

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1) Direct Billing of Clients for Medicaid Covered Addiction Services

The Department has discovered that some providers are directly billing eligible individuals for addiction-related services. This bulletin is being sent to remind office based treatment providers that buprenorphine, including the buprenorphine/naloxone combination, used for the treatment of opioid addiction under the Connecticut Medical Assistance Program (CMAP) is a covered benefit for individuals in the HUSKY A, HUSKY B (non-Medicaid SCHIP), HUSKY C (formerly known as Medicaid FFS) and HUSKY D (formerly known as Medicaid for Low Income Adults) programs.

Additional non-pharmacological services are strongly recommended by the U.S. Department of Health and Human Services which has recognized:
"…that while buprenorphine offers new hope to many individuals, pharmacotherapy alone is rarely sufficient for the long-term successful treatment of opioid addiction. As a result, these guidelines emphasize that optimally effective and comprehensive opioid addiction care is achieved when attention is provided to all of an individual's medical and psychosocial cormorbidities."

Providers providing these related services may utilize the appropriate evaluation, medication monitoring, laboratory and psychotherapy procedure codes listed on the fee schedule applicable to their provider type and specialty. Providers who are enrolled with the Connecticut Medical Assistance Program may not charge CMAP members for these covered services.

To remind providers of their responsibilities as an enrolled CMAP provider, please refer to the Provider Manual, Chapter 2, Requirement for Provider Enrollment, section 17b-262-531 Payment Limitations, subsections (j) through (m), which reminds the Provider that:

- Payment, by the department, to all providers shall be limited to medically appropriate and medically necessary goods or services furnished to Medical Assistance Program clients,
- A provider shall not charge an eligible Medical Assistance Program client for any portion of the cost of goods or services which are covered and payable under the Connecticut Medical Assistance Program.
- If the provider has received payment for CMAP covered services from an eligible client, refunds shall be made to these persons in accordance with section 17b-103 of the Connecticut General Statutes. In addition, the provider shall obtain and maintain appropriate documentation that the payment was refunded prior to submission of the claim.

2) Billing for Addiction-Related Laboratory Services

Providers are also reminded that all laboratory testing, whether it is performed in the office or sent out, must meet the medical necessity definition enacted by the Connecticut legislature for all of the Department's medical assistance programs (see Provider Bulletin PB 2011-36).