

MEMORANDUM

July 7, 2009

TO: All Ambulatory Surgery Centers

FROM: Community Health Network of CT, Inc.

SUBJECT: Billing Change Effective September 1, 2009

The purpose of this provider notification is to announce that Community Health Network of CT, Inc. (CHNCT) is requiring free-standing ambulatory surgery centers to submit claims utilizing the CMS 1500 form effective for services on or after September 1, 2009. This requirement applies to all services delivered to HUSKY A & B, Charter Oak and SAGA ASO members.

The approved CPT codes appearing on these claims must be based on the Medicaid Fee-For-Service Ambulatory Surgery fee schedule established by the Department of Social Services (DSS) effective October 1, 2008. This change is necessary to enable reporting of services provided to SAGA ASO members who subsequently are retroactively enrolled into the Medicaid Program.

The DSS Ambulatory Fee schedule may be accessed by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. You may also wish to review the DSS Provider Manual, Chapter 8 Clinical Services Claim Submission, for updated billing requirements as well. In addition to the DSS billing requirements, CHNCT requires the following fields to be filled in on the CMS 1500 form:

- Box 24J-rendering NPI
- Box 25-Federal Tax Identification Number

A copy of the Provider Bulletin 2008-47 has been included for your review, which was sent by DSS in August 2008 notifying you of the implementation of the Ambulatory Surgery Fee Schedule.

Please contact the Provider Call Center for any questions at:
1-800-550-4071 option 7.
