

**Connecticut Behavioral Health Partnership
 Authorization Schedule
 Methadone Maintenance Clinics**

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd ?	Re-Auth?	Auth/Reg Eff Date
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METHADONE SERVICES

Methadone Maintenance	CMETC	Y	H0020	Methadone Maintenance (includes methadone detoxification)	R (52/12)	R (52/12)	9/1/2006
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Auth Required/Re-Auth?

A= Authorization or reauthorization
 R=Registration or re-registration (units registered/duration in months)
 N=Neither authorization nor registration
 A >2 means no PA required for first two services. PA required for subsequent services
 A >4 means no PA required for first four units of service. PA required for subsequent units of service.