

**Sec. 17b-262-346. Payment**

- (a) Fees shall be the same for in-state, border and out-of-state providers.
- (b) Payment shall be made at the lowest of:
  - (1) The billing provider's usual and customary charge;
  - (2) the lowest Medicare rate;
  - (3) the amount in the applicable fee schedule as published by the department pursuant to section 4-67c of the Connecticut General Statutes; or
  - (4) the amount billed by the billing provider.
- (c) Notwithstanding the provisions of the Regulations of Connecticut State Agencies or any provisions of the department's Medical Services Policy, the department shall not pay any billing provider under sections 17b-262-337 to 17b-262-349, inclusive, of the Regulations of Connecticut State Agencies for a client seen at a freestanding clinic enrolled in Medicaid. Only the clinic may bill for such services, except that (1) a provider may bill for covered services for a client seen at an outpatient dialysis clinic or at an outpatient surgical facility and (2) a billing provider enrolled with Medicaid at a location separate from the clinic may bill the department for clients seen at the separate practice location.
- (d) The department shall not pay interns or residents for their services, nor shall the department pay for assistant surgeons in general hospitals or chronic disease hospitals staffed by interns and residents, unless the procedure is sufficiently complicated that it is medically necessary for a full surgeon to act as an assistant, such as for open heart surgery. If the resident or intern performs the surgery and the supervising surgeon assists, the department shall pay only the assistant's fee to the surgeon and shall not pay the regular surgical fee.
- (e) If a resident or intern performs the surgery and the supervising surgeon is not present while the procedure is performed, the department shall not pay any fee to the surgeon even if the surgeon was on call during the surgery.
- (f) When an AHP provides physicians' services, the department shall pay the billing provider that employs or is affiliated with the AHP for such services at the rates applicable to the AHP's provider type, including any percentage adjustment to the physician fee schedule for the AHP's provider type.

(Adopted effective January 31, 2008; Amended March 11, 2013)