

interChange Provider Important Message

Attention: Outpatient Hospitals - CMAP Addendum B Updated (February 17, 2017)

An updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B has been approved by the Department of Social Services (DSS) and was added to the Hospital Modernization page on the www.ctdssmap.com Web site. These changes are effective for dates of service January 1, 2017 and forward.

Any procedure code adds, changes or deletes with an effective date of January 1, 2017 will be updated in the system on March 1, 2017. Hewlett Packard Enterprise will re-process these claims in a future claim cycle.

We have posted the January changes to the CMAP Addendum B Changes document on the Hospital Modernization page under "CMAP Addendum B Changes".

The changes can be identified by the following indicators:

- "New" - The procedure code was added by CMS,
- "G K" - The procedure code with a status indicator G or K had a rate change effective for January 1, 2017,
- "Lab" - The procedure code previously paid using a L1 modifier and currently has a payment type of "TBD", To Be Determined. CMS has discontinued L1 modifier after January 1, 2017. Claims will deny until system changes are in place. Claims should be submitted without the modifier and will be re-processed at a later date if the claim is for a non-patient. If payment type is APC-FS, as of January 1, 2017 it will pay at the specific fee schedule rate, and
- "X" - A change has been made to the procedure code.

Any questions on the updated version of the CMAP Addendum B should be sent to Hewlett Packard Enterprise using the following e-mail address: ctxixhosppay@hpe.com.