

# interChange Provider Important Message

Hospital Monthly Important Message Updated as of 04/09/2019

**\*all red text is new for 04/09/2019**

## CMAP Addendum B Reprocessing

DXC Technology has adjusted all outpatient and outpatient crossover claims impacted by Ambulatory Payment Classification (APC) weight changes, status indicator changes, and other changes indicated by an "X" in the change field on the CMAP Addendum B. Outpatient and outpatient crossover claims with dates of services between January 1, 2019 to February 26, 2019 that were processed prior to the availability of the Addendum B updates were adjusted in the March 22, 2019 claim cycle and the claims appear on the March 26, 2019 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with a region code 55.

DXC Technology also identified any outpatient and outpatient crossover claims that processed prior to the availability of the Addendum B updates for "NEW" procedure codes and re-processed the claims in the March 22, 2019 claim cycle. These claims appear on the March 26, 2019 RA with an ICN beginning with a region code 61 or 27.

## CMAP Addendum B April 2019

The Department of Social Services (DSS) will be updating the CMAP Addendum B to incorporate the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service April 1, 2019 and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system with an April 1, 2019 effective date on March 26, 2019. DXC Technology has determined there were no outpatient claims with date of services April 1, 2019 that processed with the incorrect payment rate.

## Modifier GZ "Not Reasonable and Necessary"

DXC Technology identified an issue with the APC grouper not processing outpatient procedures with modifier GZ. DXC Technology has updated the system on March 27, 2019 to allow these services to process to the correct status indicator listed on CMAP Addendum B.

## DRG Weight, Average Length of Stay (ALOS) and Outlier Threshold Amount Updated 10/1/2018

- 02/12/2019 - Any inpatient claims with a discharge date of October 1, 2018 to November 13, 2019 that processed at the incorrect DRG weight, ALOS or outlier amount will be identified and reprocessed in a future claim cycle yet to be determined (TBD).

## Newborn DRG codes 5891 - 5894

- 3/12/2019 - DSS updated the DRG weights, ALOS and Outlier Threshold for DRG codes 5891 - 5894 on February 14, 2019 effective for date of discharges October 1, 2015 to September 30, 2018. Any inpatient claims with a discharge date of October 1, 2015 and forward that processed between May 11, 2018 - February 14, 2019 at the incorrect DRG weight, ALOS or outlier amount will be identified and reprocessed in a future claim cycle yet to be determined (TBD).

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## Provider Bulletins

### Provider Bulletin 2019-15 - Implementation of Electronic Delivery of Letters - Replacement to the Mailing of Connecticut Medical Assistance Program Letters

The Department of Social Services (DSS) is pleased to announce the implementation of electronic delivery of letters. This will eventually replace the mailing of many paper letters that you currently receive from the Connecticut Medical Assistance Program (CMAP) through the United States Postal Service (USPS). This initiative is part of DSS' continuing response to provider survey feedback from providers and office staff who have indicated a preference to receive information electronically and is in addition to the eMessaging functionality for bulletins/policy transmittals announced in provider bulletin PB15-23, Implementation of Electronic Messaging - Replacement to the Mailing of Bulletins/Policy Transmittals. This initiative will be implemented in three phases.

As of March 27, 2019, letters to Organizations Confirming Changes Made via Secure Web Portal Maintain Organization Members Panel and Electronic Funds Transfer (EFT) Letters are being delivered electronically to actively enrolled billing providers.

Additional letters to be implemented in eDelivery, such as provider re-enrollment due notices for both active billing and performing providers, will occur on May 1, 2019.

The final letters to be implemented in eDelivery will occur on June 3, 2019. This will include prior authorization notices and third party liability (TPL) trauma questionnaire letters.

### Provider Bulletin 2019-14 - Updated Coding Guidelines for the Behavioral/Developmental Component of Multi-Disciplinary Examinations (MDEs)

The Department of Social Services (DSS) has updated the billing guidelines regarding Multi-Disciplinary Examinations (MDEs) provided for children covered by HUSKY Health who are in the custody of the Connecticut Department of Children and Families (DCF).

The changes in billing apply to the Behavioral/Developmental component of MDE examinations only. These changes are effective for dates of service January 1, 2019 and forward.

Providers should continue to use Provider bulletin (PB) 2017-68 "Updated Guidance Regarding Multi-disciplinary Examinations" for billing guidelines for the medical and dental portions of MDE services.

## Reminders:

### **Billing of Influenza Vaccines for the 2018-2019 Influenza Season**

DXC Technology would like to remind providers of the importance in reporting the correct Healthcare Common Procedure Coding System (HCPCS) code for each vaccine product being billed to the Connecticut Medical Assistance Program (CMAP).

If the 11-digit National Drug Code (NDC) reported on the claim does not correspond to the vaccine code reported on the same claim detail, the vaccine will be denied.

Hospitals can refer to the important message titled: Attention Primary Care Providers: Billing of Influenza Products (Posted 1/24/19) for additional information on coding.

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## Medically Necessary Discharge Delay Days

When the hospital has an inpatient claim with both acute care days and discharge delay days, the hospital should bill one detail line for the acute care days and a second detail line for the discharge delay days using RCC 224 on one inpatient claim.

To identify discharge delay days the inpatient Prior Authorizations would contain revenue code/list 13 for acute care days and the new revenue code/list 2039 for the discharge delay days. The hospital should bill the discharge delay days with RCC 224.

## Composite APC

Procedure codes with status indicator “Q3” when payable separately from the APC payable procedure code on an outpatient claim will normally pay at the APC code list on the CMAP addendum B. If those procedures are billed with other procedures with status indicator “Q3” it could be paid through a composite APC code 08004-08008 which is not listed on CMAP Addendum B. The APC payment would be based on the composite APC weight, not the APC listed on the CMAP Addendum B.

The APC relative weights used on the CMAP Addendum B are received from the Centers for Medicare & Medicaid Services (CMS) under Addendum A on the CMS Web site.

The hospital can use the following link to get to the site:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>

## Medically Unlikely Edits (MUEs)

MUE updates are not published on the [www.ctdssmap.com](http://www.ctdssmap.com) Web Site and providers are asked to refer to the National Correct Coding Initiative (NCCI) Edit files by clicking on the link below to obtain published quarterly additions, deletions, and revisions to MUEs values and Procedure-to-Procedure (PTP) edits: <https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html>

Please refer to provider bulletin 17-69 “National Correct Coding initiative (NCCI) - Medically Unlikely Edits Review Process” for additional information.

## Inpatient Behavioral Health Prior Authorization Request

When the hospital request prior authorizations for an inpatient behavioral health stays from Beacon Health Options, they should no longer be requesting an additional unit for the discharge day. The hospital should only be requesting the actual number of days the client was in the hospital, not including the date of discharge.

## TPL Audit Report - April 2019

The Third Party Audit reports were sent to the following hospitals on Wednesday April 3, 2019:

St. Francis Hospital, Johnson Memorial Hospital, Midstate Medical Center, Windham Memorial Hospital, Hartford Hospital and the Hospital of Central Connecticut.

## HOLIDAY CLOSURE:

Please be advised, the Department of Social Services (DSS) and DXC Technology will be closed on Friday, April 19, 2019 in observance of the Good Friday Holiday. DSS and DXC Technology will re-open on Monday, April 22, 2019.