

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 12/11/2018

***all red text is new for 12/11/2018**

CMAP Addendum B Reprocessing

DXC Technology identified outpatient and outpatient crossover claims that processed incorrectly for "NEW" procedure codes as identified on CMAP Addendum B and were not re-processed in the October 12, 2018 claim cycle. **These claims are tentatively scheduled to be re-processed in the December 21, 2018 claim cycle.**

CMAP Addendum B January 2019

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

Due to the delay in receiving the Centers for Medicare and Medicaid Services (CMS) Addendum B files, the Department is unable to update the claims processing system by January 1, 2019.

A separate communication will go out once the system has been updated

3M DRG Grouper

Inpatient claims started processing using APR-DRG V36 on November 13, 2018. Prior to the update of the ICD-10 (International Statistical Classification of Diseases) diagnosis codes and surgical procedure codes, inpatient DRG claims with header Through Date of Service (TDOS) October 1, 2018 and forward were being suspended with either Explanation of Benefit (EOB) code 0693 "Invalid Principal Diagnosis" or EOB code 0920 "3M Grouper Error." These claims were re-processed in the November 23, 2018 claim cycle.

DRG Calculator - Updated November 13, 2018

The DRG calculator was updated and has been added to Hospital Modernization Web page for inpatient discharges October 1, 2018 and forward. DRG weights, ALOS and outlier threshold amounts were updated under the DRG tables tab effective for October 1, 2018.

Any inpatient claims with a discharge date October 1, 2018 and forward that processed at the incorrect DRG weight or outlier amount will be identified and reprocessed in a future claim cycle TBD.

Outstanding Questions

Spinraza (Nusinersen) not Rebateable for HUSKY B Clients

- **12/11/2018** - The Department of Social Services has approved Spinraza (Nusinersen) for HUSKY B clients and the system update is still TBD to allow HCPC code J2326 billed with National Drug Code (NDC) 64406005801 for HUSKY B clients on outpatient claims.

Outpatient Therapy Claims

- **12/11/2018** - Outpatient therapy evaluation claims were not paying up to the flat fee rate when multiple details were being billed for a single date of service when the charges on the first detail was less than the contract rate. The system was updated on September 5, 2018 to correct this issue and allow the flat rate to pay over multiple details.

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- Outpatient therapy claims that require Prior Authorization (PA) were taking the incorrect number of units on the authorization which could cause therapy services to be denied. The system is tentatively scheduled to be updated on December 11, 2018 to correct this issue and take the correct number of units on the authorization for therapy outpatient claims.
- Outpatient therapy claims were paying over the flat fee rate when billing multiple therapy codes on an outpatient claim paying under the HUSKY Plus Plan. The system was updated November 13, 2018 to correct this issue and allow up to the flat fee rate over multiple details.

Any outpatient therapy claims that processed incorrectly will be identified and reprocessed in a future claim cycle.

Reminders

Provider Bulletin 2018-39 - Diagnostic Related Group (DRG) Coding Reviews

The Department of Social Services (DSS) started conducting reviews of inpatient hospital claims paid under a Diagnostic Related Group (DRG) methodology to ensure DSS is reimbursing the proper amount for these claims in conformance with Medicaid and DSS policy. These post payment reviews will be conducted by DSS's contractor, Health Management Systems, Inc. (HMS).

Additional information and instructions will be provided to the hospitals by HMS at the beginning of the review process. If you have any questions about the information in this bulletin, please contact CT_Medicaid_State@hms.com. If you have any specific questions to the findings in the audit you can call 1-866-206-6855.

Explanation of Benefit (EOB) Code 4127 - Benefit Plan Hierarchy is not Found, Contact the Provider Assistance Center

Cause - The client's eligibility changed during the inpatient or outpatient crossover claim and is requiring the claim to be split into two claims so it doesn't overlap the change.

Resolution - Perform a client eligibility verification transaction to determine the client's eligibility during the stay and split the claim accordingly. If the hospital cannot determine how to split the claim, the hospital may contact the Provider Assistance Center (PAC) for assistance.

Inpatient delivery stays denying due to lack of prior authorization when the delivery stays do not require prior authorization

Previous inpatient delivery stays that were denied, either had a childbirth specific diagnosis code in the series, which is the appropriate code to use instead of the trimester code (i.e. O10.013 "Pre-existing essential hypertension complicating pregnancy, third trimester", if there was a delivery the hospital should use O10.02 "Pre-existing essential hypertension complicating childbirth" or were denied because the diagnosis code in question should not be considered as the primary code on the claim. In other circumstances, the hospital should be using a more specific code under ICD-10 versus selecting "unspecified".

The Department of Social Services' (DSS) criterion for identifying a delivery for an inpatient stay is based on the primary diagnosis code on the claim. If the primary reason for the stay was a delivery, then Prior Authorization (PA) is not required.

W-416 Newborn Forms

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Hospitals began submitting the new W-416s to the email box and DSS made a decision to process all W-416s received via the email box. Going forward all W-416s forms will continue to be faxed to the DSS scanning center at 1-860-812-0006.

There, the faxes are scanned and uploaded for processing by the Expedited HUSKY staff and the W-416s are processed in the order they come in. Once the W-416 form is processed, the Expedited HUSKY eligibility worker will notify the hospital (48hrs turnaround). The email box should be used to address those instances when the W-416s are processed by DSS eligibility staff and the hospitals did not receive notifications of DSS' actions.

Explanation of Benefits (EOB) Code 861 "NDC is missing or invalid"

Cause - NDC submitted on the claim meets one of the following criteria:

- The NDC is terminated on or after the claim date of service.
- The NDC is not Rebateable on the claim's date of service.
- The NDC is on the Drug Efficacy Study Implementation (DESI) list on the claim's date of service.
- The NDC is an institutional product.
- The NDC is repackaged or an inner package.
- The NDC is not active on the Drug file.

Resolution

If the NDC was entered correctly, the drug product is not payable.

To determine the correct NDC associated to the drug related procedure code, go to www.ctdssmap.com → Provider → Drug Search, enter the procedure code then hit search.

Re-enrollment Reminder for Hospitals

The hospitals are reminded to take note of their re-enrollment due date with CMAP. Failure to complete and submit their re-enrollment application in enough time to allow for review by DSS by **the re-enrollment due date** will cause the hospital to be dis-enrolled on the re-enrollment due date and no claims after that date will be allowed until the re-enrollment is completed.

This will impact claims processing and the hospitals' ability to verify eligibility until the re-enrollment has been completed.

The following hospitals have re-enrollment due dates coming up in the near future:

- Hartford Hospital - Outpatient Hospital - 01/14/2019
- Norwalk Hospital - Dental Outpatient Clinic - 12/19/2018

HOLIDAY CLOSURE

The Department of Social Services (DSS) and DXC Technology will be closed on Tuesday, December 25, 2018 in observance of the Christmas holiday and on Tuesday, January 1, 2019 in observance of the New Year's Day holiday.