

# interChange Provider Important Message

## Hospital Monthly Important Message Updated as of 02/14/2018

\*all red text is new for 02/14/2018

The following documents were recently updated:

### DRG Calculator Updated January 2, 2018

The DRG calculator was updated and was added to Hospital Modernization Web page for inpatient discharges January 1, 2018 and forward. This includes an update to the Provider Table CT tab effective for January 1, 2018. Historical DRG calculators will be under "DRG Calculator Historical Versions".

### CMAP Addendum B

The update to the Connecticut Medical Assistance Program's (CMAP's) Addendum B effective for dates of service January 1, 2018 has been delayed and the important message will be updated and posted to the Web site once the system is updated.

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system with a January 1, 2018 effective date on January 10, 2018. Any claims for procedures with a status indicator of G or K for dates of service January 1, 2018 that were processed between January 1, 2018 and January 10, 2018 is tentatively scheduled to be adjusted and reprocessed in the February 23, 2018 claims cycle.

New procedure codes added by CMS can be identified under the change field with an indicator of "NEW" on CMAP Addendum B and will be added with an effective date of January 1, 2018 will need to be re-submitted by the hospitals once the system is updated.

For dates of service January 1, 2018 and forward the outlier dollar threshold has increased from \$3825.00 to \$4,150.00.

### Closed Questions / Issues

Explanation of Benefits (EOB) code 5008 "Duplicate of a Paid Claim or a Claim that is Currently in Process"

DXC had identified an issue when there is an inpatient claim and the client is discharged from the hospital, however the client returned to the hospital on the same day, and the second claim is not admitted until the next day. This is causing the second inpatient claim to deny as a duplicate. The EOB code was updated on January 31, 2018 and the hospitals can re-submit their inpatient claims for processing.

### Outstanding Questions

#### Outpatient Therapies Claims

- 1/1/2018 - The hospitals have requested DXC Technology to review outpatient therapies claims not reimbursing up to the flat rate due to the first detail billing less than the contract rate and the second detail denying as a duplicate. DXC Technology has reviewed the outpatient claims and is working on system updates.

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CMAP Addendum B January 2017

- **1/1/2018** - The date of the special cycle will be announced in the near future and the hospital monthly important message will be updated at that time for dates of services January 1, 2017 to March 1, 2017.

## Reminders / Updates

### Medically Unlikely Edits (MUE) Review Process

The following Explanation of Benefits (EOB) codes are being created to provide feedback to the hospitals if DSS has reviewed your claims and determined they cannot approve additional units.

If after review the information received did not warrant allowance for additional units, the detail will deny with EOB code 7501 "Denied MUE Detail After Review".

If DSS did not receive any additional information within 30 calendar days or the information didn't explain why the hospital is performing services over MUE units the detail will deny with EOB code 7502 "Denied MUE Detail Never Received or needs Additional Information For Further Review".

To determine if the system is allowing the correct number of units, the hospitals can refer to [www.medicaid.gov](http://www.medicaid.gov) Web site. From the homepage, select "Medicaid" and then select "Program Integrity", then "National Correct Coding Initiative in Medicaid (NCCI)" and then click "Edit Files". Medicare occasionally has different MUE limits than Medicaid, and the Medicaid files must be used in these cases.

### Coding Changes for Eteplirsen and Nusinersen

Effective for dates of service January 1, 2018 and forward, the coding for Eteplirsen, marketed as Exondys 51 changed. The existing procedure code C9484 was end dated on 12/31/2017 and was replaced with J1428 "Injection Eteplirsen, 10mg" effective 1/01/2018.

Effective for dates of service January 1, 2018 and forward the coding for Nusinersen, marketed as Spinraza™ changed. The existing procedure code C9489 was end dated on 12/31/2017 and was replaced with J2326 "Injection, Nusinersen, 0.1mg" effective 1/01/2018.

DSS has added the new procedure codes on February 14, 2018 and any claims that were held or denied can be re-submitted for processing.

### Explanation of Benefits (EOB) Code 878 "Allowed Amount is Zero Manual Priced Outpatient APC, Provider Fee Schedule, if Not Outpt Contact PAC"

Outpatient APC claim with details with Status Indicator (SI) equal to "Q1, Q2, Q3 or Q4" submitted with a manually priced detail SI "C", payment rate "MP" and payment type "Surg", the details with SI "Q1 - Q4" will be included in the manually priced amount and will not reimburse separately and that detail deny with EOB code 878.

### Update to Outpatient Hospital Prior Authorization Grid

Effective for dates of service January 1, 2018 and forward, hospitals are required to obtain prior authorization (PA) for procedure code Q2040 - Tisagenlecleucel, up to 250 million car-positive viable T cell, including leukapheresis and dose preparation procedures, per infusion.

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## 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 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.

Organizations and individual providers with Secure Web portal access can view their re-enrollment due date on the Home page of their Secure Web portal once logged in. The following hospitals have re-enrollment due dates coming up in the near future:

- St Vincent Medical Center Inpatient Rehab and Psych - 03/06/2018
- St Vincent Medical Center Outpatient - 03/18/2018

**HOLIDAY CLOSURE:** Please be advised, DSS and DXC Technology will be closed on Monday, February 19, 2018 in observance of the President's Day Holiday. DSS and DXC Technology offices will re-open on Tuesday, February 20, 2018.