



Connecticut Medical Assistance Program

Policy Transmittal 2018-01

Roderick L. Bremby, Commissioner

Provider Bulletin 2018-04

January 2018

Effective Date: January 1, 2018

Contact: Colleen Johnson @ 860-424-5195

TO: General Acute Care Hospitals, Chronic Disease Hospitals, Children's Hospitals, and Psychiatric Hospitals

RE: 2018 CMAP's Addendum B – Outpatient Hospitals

(1) CMAP's Addendum B – Annual Update

(2) Update to Outpatient Hospital Prior Authorization Grid

(3) Coding Changes for Eteplirsen and Nusinersen

The Department of Social Services (DSS) updated the Connecticut Medical Assistance Program's (CMAP's) Addendum B effective for dates of service January 1, 2018 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 was unable to update the claims processing system by January 1, 2018. A separate important message will be communicated when the system has been updated.

(1) CMAP's Addendum B – Annual Update

The Department revised CMAP's Addendum B to incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes). Any changes in coding that affect reimbursement are being priced using a comparable methodology to other codes in the same or similar category.

The majority of codes being added and deleted follows the Outpatient Prospective Payment System (OPPS) methodology and will be reimbursed based off the Ambulatory Payment Classification (APC) payment as described in CMAP's Addendum B.

New payment rates for procedure codes assigned a status indicator "G" - *Pass-Through Drugs or Biologicals* or "K" - *Non-Pass-Through Drugs and Biologicals, Including Therapeutic Radiopharmaceuticals* are effective for dates of service January 1, 2018.

Any claim that was submitted prior to the system update that had a status indicator of "G" or "K" and also had a change in reimbursement will be systematically adjusted in the 2nd cycle in February.

Please refer to CMAP's Addendum B to identify if a Current Procedural Terminology (CPT) or HCPCS code is payable. As a reminder, the "Payment Type" column on CMAP'S Addendum B determines the method of payment.

For dates of service January 1, 2018 and forward, the wage index, outlier threshold and the cost to charge ratios used in the outlier calculations have been updated.

(2) 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.*

For questions regarding the PA process, please contact CHNCT at 1-800-440-5071, Monday through Friday, between the hours of 8:00 a.m. and 6:00 p.m.

(3) Coding Changes for Eteplirsen and Nusinersen

Effective for dates of service January 1, 2018 and forward, the coding for Eteplirsen, marketed as

Exondys 51 and Nusinersen, marketed as Spinraza changed.

- **Eteplirsen:** procedure code C9484 was end dated on 12/31/2017 and was replaced with J1428 – Injection Eteplirsen, 10mg effective 1/1/2018.
- **Nusinersen:** procedure code C9489 was end dated on 12/31/2017 and was replaced with J2326 - Injection, Nusinersen, 0.1mg effective 1/1/2018.

PA requirements for coverage of Eteplirsen and Nusinersen are not changing. The process for requesting PA for coverage of Eteplirsen is outlined in **Provider Bulletin 2017-45 – Eteplirsen Coverage Guidelines** and the authorization process for Nusinersen is outlined in **Provider Bulletin 2017-71 - Nusinersen Coverage Guidelines – Revised to include a Prior Authorization Process for Outpatient Hospitals**.

Accessing CMAP’s Addendum B and Other Fee Schedules

CMAP’s Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the “Hospital Modernization” Web page. CMAP’s Addendum B (Excel) is located under “Important Messages – Connecticut Hospital Modernization”.

Fee schedules can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, and then click on the “I accept” button to proceed to the appropriate fee schedules. To access the CSV file, press control key while clicking the CSV link, then select “Open”.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Colleen Johnson at (860) 424-5195.

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