

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 12/13/2021

*all red text is new for 12/13/2021

CMAP Addendum B October 2021

The October version of CMAP Addendum B has been posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

Please note that a revised version of CMAP Addendum B was posted to reflect that procedure code 92650 is payable, effective 1/1/2021, as of December 2, 2021.

Procedure Code	Short Descriptor	SI	APC	Relative Weight	Payment Rate	Payment Type	CT FEE SCHED	Change
92650	Aep scr auditory potential	E1			\$47.14	PR		

Annual Rates/Parameters for the Outpatient Payment Prospective System (OPPS)

Providers are reminded that they will receive their annual rates/parameters letter for the Outpatient Payment Prospective System (OPPS) in December.

Annual 3M Grouper Updates

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Updates

The update to the ICD-10 (International Statistical Classification of Diseases) codes effective October 1, 2021 may cause inpatient Diagnostic Related Group (DRG) claims with header Through Date of Service (TDOS) October 1, 2021 and forward to suspend with either EOB code 0693 "Invalid Principal Diagnosis" or EOB code 0920 "3M Grouper Error" until the new 3M Grouper is loaded. The updated grouper version was loaded into the system on October 28, 2021 and any previously suspended claims have been re-cycled and will appear on providers' November 9, 2021 Remittance Advice.

Diagnosis Related Grouper (DRG) January Updates - DRG Weight, Average Length of Stay (ALOS) and Outlier Threshold

Per the amendment to Attachment 4.19-A of the Medicaid State Plan, DSS shall pay for hospital inpatient services on a fully prospective per discharge basis using DRG-based payments. Diagnosis related groups will be assigned using the most recent version of the 3M All Patient Refined Diagnosis-Related Grouper (APR-DRG) with each new grouper version released by 3M being implemented the subsequent January 1st. DRG Weights, average length of stays and outlier thresholds for the new version will all have an effective date of January 1, 2022.

A provider bulletin will be distributed in December 2021 reminding hospitals of the annual update to the inpatient hospital adjustment factors and the APR-DRG weights, effective January 1, 2022. Once the DRG calculator has been updated and posted to the www.ctdssmap.com Web portal with that most current information, additional provider notification will be distributed.

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Provider Bulletins

Note that the following reflects an overview of provider bulletins distributed since the last Hospital Monthly Important Message was posted. Hospitals should use the links presented below to review the full bulletin.

Provider Bulletin [2021-70](#) - New Medicaid Coverage of Services Provided by Licensed Acupuncturists in Independent Practice (REVISED)

In accordance with recently enacted state law in section 331 of Public Act 21-2 of the June 2021 Special Session, effective for dates of service October 1, 2021 and forward, the Department of Social Services (DSS) will cover services rendered by independent acupuncturists in the office setting in Connecticut's Medicaid program. To be eligible for reimbursement under Medicaid, the acupuncturist must be licensed by the State of Connecticut Department of Public Health (DPH) and enroll as an independent acupuncturist with HUSKY Health. Acupuncture services will be covered for all members under HUSKY A, C, and D. Services provided by acupuncturists in independent practice continue to be non-covered under HUSKY B.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2021-89](#) - CMAP COVID-19 Response Bulletin 56: Booster Doses COVID-19 Vaccine Administration

Consistent with the Food and Drug Administration (FDA) Emergency Use Authorization (EUA), effective for dates of service as specified for each code and through the end of the federal public health emergency (PHE), the Department of Social Services (DSS) will reimburse for the administration of booster doses of the Pfizer-BioNTech, Moderna and Janssen COVID-19 vaccines, for members covered under: HUSKY Health (A, B, C and D), Tuberculosis Limited Benefit, Family Planning Limited Benefit, and the COVID-19 Testing Group.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2021-91](#) - CMAP COVID-19 Response Bulletin 57: Authorization of Pfizer-BioNTech COVID-19 Vaccine for Pediatric Administration (ages 5-11 years)

Consistent with the Food and Drug Administration (FDA) Emergency Use Authorization (EUA), effective for dates of service October 29, 2021 and through the end of the federal public health emergency (PHE), the Department of Social Services (DSS) will reimburse for the administration of the Pfizer-BioNTech COVID-19 vaccine for HUSKY Health members 5 through 11 years of age.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2021-92](#) - Pediatric Inpatient Psychiatric Services: Interim Voluntary Value-Based Payment Opportunity for Increasing Needed Capacity and Interim Rate Add-On for Acuity

Except as otherwise specifically noted below, this Provider Bulletin supersedes Provider Bulletin 2021-41, which is end-dated as of November 30, 2021. Effective for the dates of service indicated below, the Department of Social Services (DSS) will implement two voluntary value-based payment (VBP) opportunities to help address the unmet need for pediatric inpatient psychiatric services and improve the quality of such services.

Effective for dates of service from December 1, 2021 through December 31, 2023, hospitals that provide pediatric inpatient psychiatric services for individuals under the age of 18, if authorized by the behavioral health Administrative Services Organization (ASO) in accordance with the standards set forth in the provider bulletins, will need to bill with Revenue Center Code (RCC) 169 to receive the 10% add-

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on rate to their behavioral health per diem rate for the authorized days. Only inpatient days that are approved for VBP add-on for acuity should bill with RCC 169. Failure to bill RCC 169 correctly could cause claims to process at an incorrect rate or deny.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2021-93](#) - Rate Increase on Select Behavioral Health Services

Effective for dates of service November 17, 2021 and forward, the Connecticut Department of Social Services (DSS) will increase select behavioral health rates on the following fee schedule by 4%:

- Behavioral Health Clinic & Outpatient Hospital Behavioral Health

Please refer to the provider bulletin for additional information.

Provider Bulletin [2021-94](#) - Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)

The Department of Social Services (DSS) and Gainwell Technologies are publishing the Connecticut Medical Assistance Program's Electronic Claims Submission, Remittance Advice (RA), Check and Electronic Funds Transfer (EFT) issue dates and 835 schedule for the benefit of the provider community.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2021-95](#) - Outpatient Crossover Electronic 837I Claim Submission and Pricing Changes

The purpose of this bulletin is to notify providers of upcoming changes to outpatient crossover claim requirements when submitted via the ASC X12N 837 Health Care Claim transaction. In the near future, providers submitting Medicare crossover claims will be required to submit Medicare data at the claim detail level.

Providers that are not compliant with this requirement will experience claim denials for dates of service submitted on and after the effective date of this change. The final effective date will be communicated in a future provider bulletin.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2021-96](#) - Outpatient Crossover Claim Pricing Changes

Effective for dates of service on and after January 1, 2022, outpatient claims that crossover directly from Medicare or that are submitted by an inpatient hospital, psychiatric outpatient hospital, ambulatory surgical center clinic, rehabilitation facility clinic, and free-standing renal dialysis clinic provider with Medicare information at the claim detail will now be priced using the information that is submitted at the detail level.

Additionally, inpatient hospital, psychiatric outpatient hospital, ambulatory surgical center clinic, rehabilitation facility clinic, or free-standing renal dialysis clinic providers submitting Medicare information at the claim detail can now submit copay information, using claim adjustment reason code (CARC) of 3.

Please refer to the provider bulletin for additional information.

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TPL Audit Report - December 2021

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on December 1, 2021.

- Danbury Hospital
- Griffin Hospital
- Middlesex Hospital
- Natchaug Hospital
- Saint Francis Hospital and Medical Center
- State of Connecticut DBA John Dempsey Hospital

As a reminder, failure to respond to an audit will result in a recoupment of claims. Any claims recouped can be identified by a region code 52 and the Explanation of Benefit (EOB) code 8282 - CLAIM HAS BEEN RECOUPED DUE TO TPL AUDIT FAILURE.

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.

Dis-enrollment 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:

- Danbury Hospital - inpatient and outpatient - 1/3/2022
- The Hospital of Central Connecticut - inpatient and outpatient - 1/13/2022
- St. Francis Hospital and Dental Center - hospital dental clinic - 2/7/2022
- The Hospital of Central Connecticut - inpatient - 2/17/2022
- Danbury Hospital - outpatient - 3/7/2022
- Mount Sinai Rehabilitation Hospital - inpatient - 3/9/2022
- Lawrence and Memorial Hospital - inpatient - 3/13/2022
- Lawrence and Memorial Hospital - outpatient - 3/16/2022
- Lawrence and Memorial Hospital - inpatient - 3/27/2022
- Mercy Hospital - inpatient - 3/27/2022

Reminders/Upcoming Changes

Claims Re-processing

Outpatient Ambulatory Payment Classification (APC) Claim Issue

Gainwell Technologies has identified an issue with Ambulatory Payment Classification (APC) weights that were incorrectly uploaded as whole numbers with the CMAP Addendum B updates on October 28, 2021. The APC weights have now been restored to their correct values. Any claims processed as of November 10, 2021 and forward will use the correct APC weight values. Any impacted claims will be systematically mass adjusted and will appear on the hospital's December 21, 2021 Remittance Advice (RA). Claims that originally processed with the correct weights that are currently in suspense will be systematically de-selected from the mass adjustment and will no longer appear for providers if there were no valid APC data changes related to the October Addendum B updates.

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Outpatient Crossover Claim Issue

It has come to the Department of Social Services (DSS') attention that there are claims that electronically crossed-over directly from Medicare to the Connecticut Medical Assistance Program (CMAP) between November 22, 2021 through November 26, 2021 that are denying for Explanation of Benefits (EOB) code 2513 - Other Payer Adjudication Date is Invalid. Medicare has communicated that due to the Thanksgiving Holiday, there was a delay in their batch claims cycle to November 29, 2021, resulting in the Medicare payment date being later than the date the claims crossed over to CMAP. Claims that set this edit due to the delay in Medicare's payment date will be systematically identified and reprocessed in a future claim cycle. Impacted providers will be notified via a banner page message when those claims have been identified and re-processed.

Billing for Acupuncture Services

As a reminder, acupuncturists may now be enrolled and associated to outpatient hospitals. Hospitals can refer to PB 2021-70 above for additional information. Hospitals are reminded that acupuncturist services are payable from October 1, 2021 forward. Those services are included on CMAP Addendum B and are included in the APC payment methodology. Hospitals should bill with RCC 940 as instructed in the Medicaid Learn Network Matters (MLN) MM 11755.

Update on PB 2021-62 Emergency Medicaid Coverage of Dialysis for End Stage Renal Disease

DSS is in the process of finalizing a policy transmittal to clarify emergency Medicaid coverage of dialysis for end stage renal disease (ESRD). The transmittal will include information such as eligibility verification, services covered, eligible providers, and claims submission. Once the transmittal is posted, an eMessage will be distributed to notify providers of the posting.

Update on PB 2021-83 Billing Guidance for Chimeric Antigen Receptor (CAR-T) Cell Treatments

The following provides hospitals some clarifications on the above bulletin:

- The effective date of the bulletin is November 1, 2021.
- As referenced in the bulletin, since many CAR-T cell therapies are being studied, the list in the bulletin may not include all CAR-T cell treatment procedure codes. Rather, providers should refer to CMAP Addendum B on an ongoing basis for payment information for each applicable biological procedure code.
- In response to questions from the hospitals on how this is to be billed when carving it out of the inpatient stay, what type of bill (TOB) is expected on the claim, and also what date of service and whether the date needs to be within the inpatient stay or the discharge date, DSS offers the following. The TOB should be Outpatient Hospital - Facility. The CAR-T biological procedure code should be added to the outpatient hospital claim at the time of harvesting of the blood-derived T lymphocytes for the development of genetically modified autologous CAR-T cells. The date does not need to be within the inpatient stay or the discharge date.
- The following policy is available on the HUSKY Health Web site:
https://www.huskyhealthct.org/providers/provider_postings/policies_procedures/Tecartus_Policy.pdf

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[Change to Billing Requirements for Long-Acting Reversible Contraceptives \(LARCs\)](#)

Currently, when a long-acting reversible contraceptive (LARC) insertion is part of the inpatient claim, hospital providers are instructed to bill for the service under Revenue Center Code 253 (Drugs/Takehome) on an outpatient claim even though the service was done as part of the inpatient stay. Changes are forthcoming to allow the service to be billed as part of the inpatient claim, in addition to allowing it to be separately payable from the DRG reimbursement. More detailed guidance, with the effective date of the change, will be issued in a future provider bulletin.

[Transition to Gainwell Technologies for ctxixhosppay Email Box](#)

Gainwell Technologies is pleased to announce that the hospital email box has migrated to @gainwelltechnologies.com. While emails sent to ctxixhosppay@dxc.com will auto forward for a short period of time, hospitals are encouraged to begin using the ctxixhosppay@gainwelltechnologies.com email address. Documentation, such as the Hospital Modernization page, will soon be updated to reflect the correct email address. As a reminder, hospitals should direct most of their inquiries to the PAC.

If hospitals are experiencing extended call wait times, hospitals may email the provider assistance call center with their question at ctdssmap-provideremail@gainwelltechnologies.com. Please be sure to include your name and phone number with your inquiry.

The ctxixhosppay@gainwelltechnologies.com email box should be used to submit APC and DRG related questions only. All other inquiries should be directed to the Provider Assistance Center at 1-800-842-8440.

[Updates to Hospital Inpatient Payment Methodology - DRG Interim Billing Document](#)

The following document has been updated and is available on the Hospital Modernization page of the www.ctdssmap.com Web site.

[Interim Billing](#)

[Holiday Closures](#)

Please be advised, the Department of Social Services (DSS) and Gainwell Technologies will be closed on Friday, December 24, 2021 in observance of the Christmas holiday. Both the DSS' and Gainwell Technologies' offices will re-open on Monday, December 27, 2021.

Please be advised, the Department of Social Services (DSS) and Gainwell Technologies will also be closed on Friday, December 31, 2021 in observance of the New Year's holiday. Both the DSS' and Gainwell Technologies' offices will re-open on Monday, January 3, 2022.