March 2021
Connecticut Medical Assistance Program
http://www.ctdssmap.com

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

- **Pharmacy Providers and Medical Providers:** COVID-19 Vaccine Administration Billing Process
- **Department of Developmental Services (DDS) Specialized Services Providers:** Reminder of Upcoming Provider Re-Enrollment Notification
- **All Providers:** Checking Eligibility
- **Pharmacy Providers and Medical Providers:** Spravato® Prior Authorization Process
- **All Providers and Trading Partners:** Request for CT Medicaid Secure Web Account Administrative Users to Update Account Information Panels
- **Home Health Agencies, Connecticut Home Care (CHC), Personal Care Assistance (PCA), Acquired Brain Injury (ABI) and Autism Waiver Service Providers:** Home Health Agency or Waiver Service Provider Change of Ownership Enrollment Prior Authorization and Claim Submission Reminders
- **Dental Providers:** Explanation of Benefits (EOB) Code 9992—Payment Amount Reflects Tooth Surface Pricing

Table of Contents

Attention: Pharmacy Providers and Medical Providers

COVID-19 Vaccine Administration Billing Process

Depending on the FDA-approved specifications, each COVID-19 vaccine may require either one or two doses to achieve their expected efficacy. The Connecticut Medical Assistance Program will reimburse an administration fee for each dose as follows:

For dates of service prior to 3/15/2021:
For a single-dose vaccine administration: $28.39

For a two-dose administration:

- $16.94 for the first dose
- $28.39 for the second dose

For dates of service on or after 3/15/2021:
For a single dose vaccine administration: $40.00

For a two-dose administration:

- $40.00 for the first dose
- $40.00 for the second dose

For a two-dose vaccine, the pharmacy will need to submit an NCPDP Submission Clarification Code (420-DK) on the claim to distinguish between the first and second doses and to ensure proper reimbursement. The following Submission Clarification Code values should be used to clarify the administration of a first or second dose:

- Submission Clarification Code of 2 "Other Override" to indicate the first dose is being administered
- Submission Clarification Code of 6 "Starter Dose" to indicate the second dose is being administered.

The vaccine is currently being provided at no charge by the federal government; therefore, CMAP will not make any payment for the vaccine itself. The provider will submit a claim with an ingredient cost of $0.01. There will be no additional dispensing fee.

Back to Table of Contents

Attention: Department of Developmental Services (DDS) Specialized Services Providers

Reminder of Upcoming Provider Re-Enrollment Notification

Department of Developmental Services (DDS) Specialized Services Providers are reminded they are required to re-enroll their provider type contract for DDS Specialized Services with a specialty of Intellectual Disability under the Connecticut Medical Assistance Program every 36 months. As a result, providers will begin receiving their re-enrollment notifications approximately six months prior to their re-enrollment due date. Re-enrollment due dates are located on the provider's Connecticut Medical Assistance Program Secure Web Account Home page.

Providers who wish to receive their re-enrollment notifications via e-delivery must set up a secure Web account with a designated local administrator/master user. The Secure Web account local administrator/master user may also assign permissions to specific individual clerk accounts to be responsible for retrieval of e-delivery letters. Once logged on to their Secure Web account at www.ctdssmap.com, the primary account holder or assigned clerk should select Trade Files > Download > E-Delivery.

To ensure providers receive their re-enrollment notifications via e-delivery in a timely manner, the master user and assigned clerk(s), if applicable, should maintain current email address(es) and periodically check their secure Web portal account for e-delivery notices. Providers are also reminded to regularly check their spam/Junk Email folder, depending on the email software used, if they are not receiving the email notifications alerting them that a letter has been posted to their secure Web portal account.

PLEASE NOTE: For more information on accessing E-Delivery letters, providers should refer to **Provider Bulletin PB 2019-15.** For more information on creating clerk accounts and/or assigning permissions to clerk accounts, please refer to the **Provider Manual chapter 10 > Section 9 > Web Security Administration.**

Providers may also refer to their original training presentation located on the www.ctdssmap.com Web site. From the Web site Home page > Provider Training > under Materials > DDS Specialized Services Provider Workshops > under Training Materials > DDS Specialized Services Provider Billing Workshop > Presentation.

Back to Table of Contents

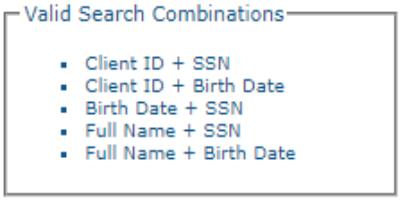
Attention: All Providers

Checking Eligibility

Providers are reminded that they should check eligibility often. Even if you have been given a prior authorization (PA), the client could have a change in circumstance that results in them losing their eligibility. Providers are reminded that they should check eligibility on the date of service, prior to performing service, to ensure that the client is eligible to obtain the services they will receive.

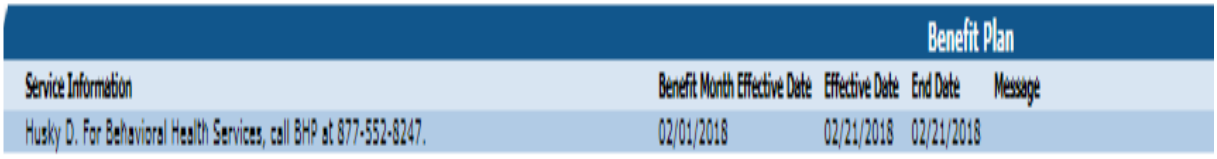
To check eligibility on the Connecticut Medical Assistance Program (CMAP) Web site, follow these steps:

1. Access the Web site at www.ctdssmap.com and select Provider > Secure Site.
2. Login to the secure site using your username and password.
3. Select Eligibility.
4. Enter enough data to satisfy one (1) search criteria. Select Search.



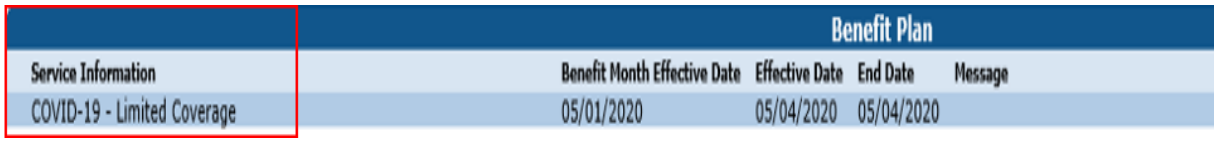
5. In the data that is returned, verify that the client has the appropriate coverage for the services you will be performing.

   For Example:



	Benefit Plan			
Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
Husky D. For Behavioral Health Services, call BHP at 877-552-8247.	02/01/2018	02/21/2018	02/21/2018	

   Or you may see:



	Benefit Plan			
Service Information	Benefit Month Effective Date	Effective Date	End Date	Message
COVID-19 - Limited Coverage	05/01/2020	05/04/2020	05/04/2020	

For more detailed instructions on searching and reviewing eligibility, please see the most recent New Provider Workshop, found under Provider Training in the Quick links box on the CMAP Web site.

Back to Table of Contents

Attention: Pharmacy Providers and Medical Providers

Spravato® Prior Authorization Process

Effective January 1, 2021, the Department of Social Services (DSS) has implemented a Prior Authorization (PA) requirement for the coverage of Esketamine nasal spray, marketed as Spravato®.

Spravato® is authorized for a period of no more than six (6) months and requires re-authorization after the initial PA ends.

When Spravato® is billed by and obtained from a Risk Evaluation and Mitigation Strategy (REMS)-certified pharmacy, PA requests must be submitted by the prescriber using the Spravato® PA form located on the www.ctdssmap.com Web site. From the Home page, go to Pharmacy Information → Pharmacy Program Publications → Spravato® PA Form (Pharmacy).

The Spravato® Coverage Guideline document containing the clinical criteria is available on the www.ctdssmap.com Web site under Pharmacy Information → Pharmacy Program Publications → Spravato® Coverage Guidelines. The guidelines can also be found on the Connecticut Behavioral Health Partnership (CT BHP) Web site at: www.ctbhp.com Web page under For Providers → Provider Resources → Level of Care Guidelines.

When the clinical criteria are not met, a letter of medical necessity must be faxed to CT BHP at 1-866-434-7681 with all relevant information relating to the medical necessity.

When Spravato® is purchased by the administering provider, a separate PA process identified in Provider Bulletin 2020-83 must be utilized in order to ensure correct reimbursement for the drug as well as the administration.

Separate billing guidelines exist for outpatient hospitals and physician offices. Providers must ensure that they are coding their respective claims according to the guidelines provided in Provider Bulletin 2020-83.

Back to Table of Contents

Attention: All Providers and Trading Partners

Request for CT Medicaid Secure Web Account Administrative Users to Update Account Information Panels

Trading partners and providers should review their Secure Web Portal Accounts regularly to ensure accurate contact information is provided as well as ensuring only authorized individuals have access to these accounts. This review should include:

- Trading Partner Name - If the Trading Partner Name has changed since the original Trading Partner Agreement was established, please update this field.
- Address - If the Trading Partner Address has changed since the original Trading Partner Agreement was established, please update these fields.
- Updates to contact names, telephone numbers and e-mail addresses for the Secure Web Account.
- Review of all Clerk Accounts with deletion of non-current employee accounts to ensure only authorized users have access to Protected Health Information.
- The update of communication data (telephone number and e-mail address) allows efficient support/outreach to Trading Partners and Providers by EDI Support and Provider Services when problems with file submissions are detected.

In addition to the Account Maintenance activities described above, the account owner and any assigned clerks can use the Account Maintenance panels to reset their AVRS PIN, change their password, or update their security questions/answers. Using the Account Maintenance panel, the local administrator (provider or trading partner) or clerk can:

- Change security Questions and Answers
- Select a link to change their password or reset their AVRS ID PIN

You must have first set up your Secure Web account before you can use these functions.
To access further information/instructions for these updates go to the www.ctdssmap.com Web site > Information > Publications > Provider Manuals > Chapter 10.

10.3.1 Managing Local Administrator and Clerk Accounts after Initial Account Set Up
10.3.2 Account Maintenance for Local Administrators and Clerks
Sections 10.8.3 Updating Trading Partner Profile
10.9 Web Security Administration

Back to Table of Contents

Continued on Page 6

Continued from Page 5

For further information regarding the Secure Web site, click on the following link located in this chapter/section. Web Site Enrollment and Maintenance - Accessing the Secure Web Site

Additional assistance with Secure Web Account Management is available from the departments below.

Provider Assistance Center

Gainwell Technologies responds to questions on client and provider eligibility, claim submission procedures, claims processing issues and provider enrollment. Questions on these topics should be directed to the Provider Assistance Center. The Provider Assistance Center is the provider's source for information not provided on the Web portal or from the Automated Voice Response System (AVRS).

Customer service representatives are available from 8:00 a.m. to 5:00 p.m. Monday through Friday, excluding holidays, by calling toll free at 1-800-842-8440. Providers are also offered a TDD/TTY number for assistance in obtaining necessary program information. The number is 1-866-604-3470.

General faxed inquiries should be directed to 1-877-413-4241 or 1-877-413-4421.

EDI Help Desk

The Electronic Data Interchange (EDI) Unit answers questions regarding the HIPAA Electronic Transactions, Gainwell Technologies Provider Electronic Solution (PES) software, and electronic claims submission. Additional EDI information is available on the Trading Partner Page of this Web site. Contact the EDI Help Desk at ctedisupport@dxc.com or toll free at 1-800-688-0503, Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding holidays.

Back to Table of Contents

Attention: Home Health Agencies, Connecticut Home Care (CHC), Personal Care Assistance (PCA), Acquired Brain Injury (ABI) and Autism Waiver Service Providers

Home Health Agency or Waiver Service Provider Change of Ownership Enrollment Prior Authorization and Claim Submission Reminders

The following information provides important guidance to both purchasers and sellers of Waiver Service and Home Agencies to ensure their timely enrollment or ending of service contract in the Connecticut Medical Assistance Program and in the obtaining and maintenance of appropriate service authorizations to ensure accurate billing and reimbursement of services during the transition period.

New Owner Enrollment

Purchasers must enroll under the new owner name to obtain a new Medicaid (MCD)/ Automated Voice Response System (AVRS) ID.

The new owner cannot purchase nor keep the previous owner's MCD/AVRS ID.

The new owner is encouraged **not** to keep the same NPI, even though Medicare often allows a provider to "inherit/purchase" the previous owner's NPI.

Use of a previous owner's NPI can be problematic in the processing of the new owner's enrollment application resulting in payment denial or inappropriate payment processing against the incorrect AVRS ID.

The Department of Social Services (DSS) **does not require** Waiver Service Providers to enroll with an NPI.

Home Health Agencies **are required** to enroll with an NPI.

The new owner must submit required Follow-on Documentation (FOD) to complete the new enrollment application to secure a new MCD/AVRS ID.

FOD requirements can be found on the www.ctdssmap.com Web site > Provider > Provider Matrix > click link to "Follow-on-Document Requirement by Provider Type/Specialty."

New Non-Medical Waiver Service Provider owners must be credentialed by the entity associated with the Waiver Program they wish to provide service.

Home Health Agencies must be actively enrolled in Medicare.

The Application tracking number from the online enrollment application should be placed in the upper right-hand corner of all required enrollment FODs.

Back to Table of Contents

Continued on Page 8

Continued from Page 7

The new owner must submit required change of ownership documentation, if applicable, such as:

- Previous owner name/AVRS ID/NPI
- Confirmation of the new MCD/AVR number of the new owner
- New license in the new owner name
- Bill of sale

Note: The date of sale is the effective date of the new owner's Medicaid enrollment contract.

Previous Owner – Change of Ownership Notification

Previous owners should notify DSS of the change of ownership via Agency letter to the Gainwell Technologies Provider Enrollment Unit. This letter should be as thorough as possible to include:

- The seller's MCD/AVRS ID and NPI, if applicable
- Statement that the Agency is being sold
- The targeted sales date
- The new owner's name(s) and contact(s)

Providers should send this correspondence to: Gainwell Technologies, PO Box 5007, Hartford, CT 06102-5007; or, fax to 1-877-899-5401.

Service Authorization – Waiver Clients

Prior Authorizations (PA), extending as much as a year in advance, are created for all services (non-medical and medical) required to be on the Waiver client's plan of care, in order for the servicing provider to be reimbursed for the services provided. As each PA contains the AVRS ID or NPI of the servicing provider, a change of ownership requires all impacted service authorizations be end dated as of the applicable last date of ownership under the previous owner's AVRS ID/NPI. Service authorizations must then be recreated effective with the first date of ownership under the new owner's AVRS ID/NPI.

The previous owner should notify the issuing service authorization entity(s) of the need to end date existing service authorizations based on the agreed upon sale date.

The new owner should notify the issuing service authorization entity(s) as soon as they have their new MCD/AVRS ID so that new service authorizations can be created under the new owner ID effective with their first date of ownership.

Service Authorizations – Non-Waiver Clients

Medical Service Authorizations issued by CHN or Behavioral Health Service Authorizations issued by Beacon Health Options for non - Waiver Home Health Services must be end dated as of the applicable last date of ownership under the previous owner's AVRS ID/NPI. Service authorizations must then be recreated effective with the first date of ownership under the new owner's AVRS ID/NPI.

The previous owner should notify the issuing service authorization entity(s) of the need to end date existing service authorizations based on the agreed upon sale date.

The new owner should notify the issuing service authorization entity(s) as soon as they have their new MCD/AVRS ID so that new service authorizations can be created under the new owner ID effective with their first date of ownership.

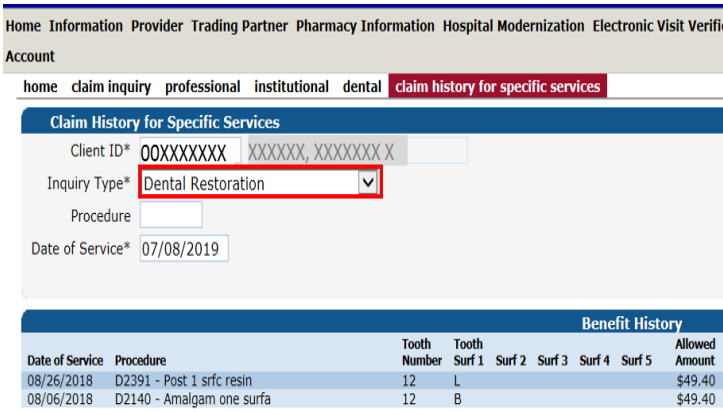
Back to Table of Contents

Attention: Dental Providers

Explanation of Benefits (EOB) Code 9992—Payment Amount Reflects Tooth Surface Pricing

Have you seen Explanation of Benefits (EOB) code 9992 "Payment Amount Reflects Tooth Surface Pricing" set on your claims and wondered what it meant? The EOB sets on claim details in accordance with the Department of Social Services (DSS) policy whereby providers are reimbursed for the total number of surfaces restored on a single tooth per one (1) year period when performed by any provider. For example, a provider is paid for performing a restoration on surfaces Lingual and Mesial (LM) on tooth 19. The same or a different provider submits a second claim for the same client within one year from the previous date of service for restoration on the surfaces Distal and Occlusal (DO) on the same tooth (#19). The second claim does not pay for a second two surface restoration; instead, the second claim pays the difference between the four-surface restoration and the previously paid two surface restoration and posts the Explanation of Benefit (EOB) code 9992 - Payment Amount Reflects Tooth Surface Pricing at the detail.

Providers can look up restoration services provided to a client within the past one year by logging into their secure portal www.ctdssmap.com, click on "claim history for specific services" from under the "Claims" link. Enter the Client ID, select "Dental Restoration" as the Inquiry Type, enter the Date of Service and click "Search".



Providers are reminded that there are 2 different policies for restorations. A pricing policy as described above and a policy as described in Provider Bulletin PB 2016-45 where a restoration on the same tooth and surface is allowed once every two (2) years. Providers should check the patient history at the www.ctdhp.com Web site before providing any services.

Back to Table of Contents

Appendix

Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
4/2/2021	Good Friday	Closed	Closed
5/31/2021	Memorial Day	Closed	Closed
7/5/2021	Independence Day	Closed	Closed
9/6/2021	Labor Day	Closed	Closed
10/11/2021	Columbus Day	Open	Closed

Back to Table of Contents

Appendix

Provider Bulletins

Below is a listing of Provider Bulletins that have recently been posted to www.ctdssmap.com. To see the complete messages, please visit the Web site. All Provider Bulletins can be found by going to the Information -> Publications tab.

PB21-22 Mental Health Waiver Program Implementation of Electronic Visit Verification
PB21-18 Electronic Visit Verification (EVV)—End Date for Mobile Visit Verification (MVV)
PB21-17 April 2021 Quarterly HIPAA Compliant Update– Physician Office and Outpatient Fee Schedule
PB21-16 An act concerning Diabetes and High Deductible Plans
PB21-15 Clarifying Guidance for Procedure Code 99417
PB21-13 Correcting Reimbursement Rates for Select CMAP Fee Schedules
PB21-12 CMAP COVID-19 Response—Bulletin 50: Telemedicine Guidance for Respiratory Care Services
PB21-11 2021 Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes
PB21-10 Increasing the Reimbursement for Select Long-Acting Reversible Contraceptive Devices
PB21-09 Additional Guidance Regarding Shared/Split Medical Visits
PB21-08 Alternative Preferred Drug Pharmacy Claim Messaging
PB21-06 CMAP COVID-19 Response Bulletin 49: COVID-19 Vaccine Administration—Provided by Pharmacists, Pharmacy Interns and Pharmacy Technicians
PB21-05 CMAP COVID-19 Response Bulletin 48: COVID-19 Vaccine Administration—Medical Practitioners
PB21-04 2021 Update to MEDS Fee Schedule 1) HIPAA Compliant Updates and 2) Reduced Rates for Orthotic Braces
PB21-03 Policy Updates and Changes to Clinical Review Criteria—Eteplirsen, Golodirsen, and Viltolarsen, Bone Anchored Hearing Aids, and Compression Garments and Removal of Prior Authorization for Supprelin LA
PB20-104 1.) January 2021 Quarterly HIPAA Compliant Update 2.) 2021 Evaluation and Management Service Updates
PB20-102 CMAP COVID-19 Response—Bulletin 47: Updated Billing Guidance Regarding High-Throughput Technology Billed Under Procedure Codes U0003 and U0004
PB20-101 Updated Billing Guidance for Cystic Fibrosis and Spinal Muscular Atrophy Testing
PB20-100 Telemedicine: Update to Place of Service Requirements
PB20-99 (1) Quarterly Update: January 2021 HIPAA Compliant Changes—Consolidated Laboratory Fee Schedule (2) Update to Select Manually Priced Codes (3) myChoice CDx
PB20-98 January 2021 Quarterly HIPAA Compliant Update—Rehabilitation Clinic Fee Schedule
PB20-97 January 2021 Independent Radiology and Physician-Radiology—Quarterly HIPAA Update
PB20-96 January 2021 Quarterly HIPAA Compliant Update—Independent Audiology/Speech & Language Pathology Fee Schedule
PB20-95 1. January 2021 Quarterly HIPAA Compliant Updates-Physician-Office and Outpatient and Surgical Fee Schedules, 2. Prolonged Service 99417, 3. 2021 Evaluation and Management Service Updates, 4. Physician Administered Drug Reimbursement Updates
PB20-94 Quarterly Update: January 2021 HIPAA Compliant Updates to the Behavioral Health Fee Schedule
PB20-93 Quarterly Update: January 2021 HIPAA Compliant Updates to the Freestanding Ambulatory Surgical Center Fee Schedule
PB20-92 January 2021 Quarterly HIPAA Update—Changes to The Family Planning Clinic Fee Schedule
PB20-91 Out-of-State and Border Hospital Reimbursement—Effective January 1, 2021
PB20-90 CMAP COVID-19 Response—Bulletin 46: Clarifying Guidance for Expanded Use of Synchronized Telemedicine for Specified Behavioral Health Services Stated in PB 2020-14 and 2020-44
PB20-89 Annual Update to the Inpatient Hospital Adjustment Factors and Update to the APR-DRG Weights
PB20-88 Payment Error Rate Measurement (PERM) Program Audit Requests

Back to Table of Contents

What regular feature articles would you like to see in the newsletter? We would like to hear from you!!

ctdssmap-provideremail@dxc.com

Gainwell Technologies
PO Box 2991
Hartford, CT 06104
www.ctdssmap.com