



June 2023  
Connecticut Medical Assistance Program  
<https://www.ctdssmap.com>

# The Connecticut Medical Assistance Program Provider Quarterly Newsletter

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## Attention: All Providers

### Electronic Delivery of Letters

The Electronic Delivery of Letters initiative replaced the mailing of many paper letters that providers previously received from the Connecticut Medical Assistance Program (CMAP) through the United States Postal Service (USPS), including provider re-enrollment letters, which are currently available via eDelivery. Providers may refer to provider bulletin [PB 2019-15](#) for information on how to access eDelivered letters, retention period information for these letters, procedures on how to update clerk roles, procedures for accessing locked or

disabled Secure Web portal accounts and instructions for providers who do not currently have a Secure Web portal account but would like to take advantage of the Electronic Delivery of Letters functionality. It is vital that the alerts received from eDelivery of letters goes to an email account that is checked regularly to prevent missing the 6 month and 3-month re-enrollment alerts.

## Attention: Pharmacy Providers

### HUSKY Renewal Reminder

HUSKY Health members often first find out that their coverage is not active when they attempt to pick up a prescription. Pharmacists are important partners in assisting HUSKY Health members with retaining or regaining HUSKY Health Coverage. Here's how you can help:

HUSKY Health members should be reminded to keep their contact information up to date to receive important notices and information from the Department of Social Services (DSS) and Access Health CT (AHCT). The attached poster can be printed and posted in client facing areas.

If you encounter a HUSKY Health member for whom coverage is not active, advise them to contact either AHCT or DSS, depending on what type of HUSKY coverage they were enrolled in. HUSKY Health members will be able to identify what type of coverage they had by looking at the letter printed on their blue and white HUSKY Health ID card.

HUSKY A, B, and D members should contact AHCT: 1-855-805-4325 or [accesshealthct.com](http://accesshealthct.com)

HUSKY C members should contact DSS: 1-855-626-6632 or [myDSS.ct.gov](http://myDSS.ct.gov).

Renewals and applications for all HUSKY Health programs can be completed online or over the phone.

Help HUSKY Health members prevent a lapse in coverage by reminding them to keep their contact information up to date in order to receive important notices and information from DSS and AHCT.

If they are unsure where to go to update contact information, they can visit: [ct.gov/updateusdss](http://ct.gov/updateusdss) for direction on where to log in to update their information.

The attached poster can be printed and displayed in the pharmacy or shared with HUSKY Health members. HUSKY Renewal Reminder Poster

## Attention: All Providers

### Ending of the Public Health Emergency (PHE) Bulletins

**DSS issued the following bulletin to announce the end of the Public Health Emergency (PHE).**

[PB 2023-31](#) Sunsetting Provider Bulletins Issued in Response to the COVID-19 Public Health Emergency - UPDATED

Please be aware that effective for dates of service on or after May 12, 2023, which is the first day after the federal COVID-19 public health emergency declaration ends, the Department of Social Services (DSS) is sunsetting the following provider bulletins (PB):

[PB 2020-10](#) CMAP COVID-19 Response – Bulletin 1: Emergency Temporary Telemedicine Coverage

[PB 2020-12](#) CMAP COVID-19 Response – Bulletin 2: Laboratory Testing Coverage

[PB 2020-14](#) CMAP COVID-19 Response – Bulletin 4: Expanded Telemedicine and New Audio-Only (Telephonic) Services •

[PB 2020-18](#) CMAP COVID-19 Response – Bulletin 15: Emergency MEDS Program Changes

[PB 2020-19](#) CMAP COVID-19 Response – Bulletin 7: Enhanced Care Clinic (ECC) Access Requirements

[PB 2020-23](#) CMAP COVID-19 Response – Bulletin 8: Emergency Temporary Telemedicine Coverage for Physical Therapy, Occupational Therapy & Speech Therapy Services

[PB 2020-24](#) CMAP COVID-19 Response – Bulletin 9: Emergency Temporary Telemedicine Coverage for Specified Therapy Services Rendered at Rehabilitation Clinics

[PB 2020-25](#) CMAP COVID-19 Response – Bulletin 10: Expanded Use of Synchronized Telemedicine for Spec-

fied Behavioral Health Group Therapy Services and Autism Spectrum Disorder Services

[PB 2020-26](#) CMAP COVID-19 Response – Bulletin 11: Emergency School Based Child Health (SBCH) Program Changes

[PB 2020-28](#) CMAP COVID-19 Response – Bulletin 13: Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services and Hospice Services

[PB 2020-29](#) CMAP COVID-19 Response – Bulletin 16: Emergency Durable Medical Equipment Changes Pertaining to Customized Wheelchairs

[PB 2020-30](#) CMAP COVID-19 Response – Bulletin 17: Temporary Changes to Claim Submission for Coagulation Factor Drugs

[PB 2020-34](#) CMAP COVID-19 Response – Bulletin 21: Select Added Services to the Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services

[PB 2020-37](#) CMAP COVID-19 Response – Bulletin 24: Addition of Laboratory Procedure Codes to the Independent Laboratory Fee Schedule

[PB 2020-38](#) CMAP COVID-19 Response – Bulletin 26: Additional Changes to the Synchronized Telemedicine Program

[PB 2020-39](#) CMAP COVID-19 Response – Bulletin 25: Non Emergency Medical Transportation and Non-Emergency Ambulance Transportation

[PB 2020-40](#) CMAP COVID-19 Response – Bulletin 34 – Enrollment of CMAP Out-of-State Providers

[Continued from previous page.](#)

[PB 2020-42](#) CMAP COVID-19 Response – Bulletin 27: New COVID-19 Coverage Group for Uninsured Residents

[PB 2020-43](#) CMAP COVID-19 Response – Bulletin 28: Emergency Medicaid for Non-Citizens

[PB 2020-44](#) CMAP COVID-19 Response – Bulletin 30: Updated Audio-Only Behavioral Health (Telephonic) Services - NEW Billing Guidance

[PB 2020-45](#) CMAP COVID-19 Response – Bulletin 29: Updated Guidance Regarding Audio-Only Telephone Services and Guidance Regarding the Use of Synchronized Telemedicine Services for Supervision of Resident Services

[PB 2020-46](#) CMAP COVID-19 Response – Bulletin 35: Emergency Updated Telemedicine Guidance Pertaining to Customized Wheelchairs

[PB 2020-47](#) CMAP COVID-19 Response – Bulletin 31: Updated Synchronized Telemedicine (Audio and Video) Services – for Autism Spectrum Disorder Providers

[PB 2020-48](#) REVISED CMAP COVID-19 Response – Bulletin 32: Services Covered under the Optional Medicaid Coverage Group “COVID-19 Testing Group” for Uninsured Connecticut Residents

[PB 2020-49](#) CMAP COVID-19 Response – Bulletin 33: Addition of Laboratory Procedure Codes to Various Fee Schedules and Updating the Effective Date of Procedure Code U0001 and U002 Previously Added to the Consolidated Laboratory Fee Schedule

[PB 2020-50](#) CMAP COVID-19 Response – Bulletin 36: Wheelchair Assessments Rendered Via Synchronized Telemedicine by Physical and Occupational Therapists

[PB 2020-53](#) CMAP COVID-19 Response – Bulletin 37: Reauthorizations of Home Health Services During the Temporary Effective Period as a Result of the COVID-19 Public Health Emergency

[PB 2020-68](#) CMAP COVID-19 Response – Bulletin 41: Temporary Flexibility of Face-to-Face Requirements for Home Health Evaluations/Assessments

[PB 2020-80](#) CMAP COVID-19 Response – Bulletin 45: Emergency SBCH Program Changes

[PB 2020-84](#) CMAP COVID-19 Response - Bulletin 42: Clarifying Guidance for Speech and Language Pathology Telemedicine Services Stated in [PB 2020-23](#) and [PB 2020-24](#)

[PB 2020-85](#) CMAP COVID-19 Response – Bulletin 43: Updates to the Temporary Telemedicine Coverage for Therapy Services Billed by Home Health Agencies/Access Agencies

[PB 2020-87](#) CMAP COVID-19 Response – Bulletin 44: Updated Telemedicine Guidance for Physical Therapy and Occupational Therapy Services

[PB 2020-90](#) 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

[PB 2020-102](#) CMAP COVID-19 Response – Bulletin 47: Updated Billing Guidance Regarding HighThroughput Technology Billed Under Procedure Codes U0003 and U0004

[PB 2021-05](#) CMAP COVID-19 Response - Bulletin 48: COVID-19 Vaccine Administration - Medical Practitioners

[PB 2021-06](#) CMAP COVID-19 Response - Bulletin 49: COVID-19 Vaccine Administration – Provided by Pharmacists, Pharmacy Interns and Pharmacy Technicians

[PB 2021-12](#) CMAP COVID-19 Response – Bulletin 50: Telemedicine Guidance for Respiratory Care Services

[PB 2021-23](#) CMAP COVID-19 Response Bulletin 51: Updated Guidance - COVID-19 Vaccine Administration - Medical Practitioners

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[PB 2021-25](#) CMAP COVID-19 Response - Bulletin 52: UPDATED GUIDANCE COVID-19 Vaccine Administration – Provided by Pharmacists, Pharmacy Interns and Pharmacy Technicians

[PB 2021-34](#) CMAP COVID-19 Response – Bulletin 54: ADDITIONAL Services Covered under the “COVID-19 Testing Group”

[PB 2021-63](#) CMAP COVID-19 Response – Bulletin 55: ADDITIONAL DOSE COVID-19 Vaccine Administration for Individuals who are Immunocompromised

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

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

[PB 2022-12](#) CMAP COVID-19 Response Bulletin 58: COVID-19 Vaccine Counseling-Only for Pediatric Members

[PB 2022-15](#) CMAP COVID-19 Response - Bulletin 59: Coverage of At Home COVID-19 Over-the Counter (OTC) Test Kits

[PB 2022-24](#) CMAP COVID-19 Response Bulletin 60: Administration of the Pfizer-BioNTech COVID-19 Pre-Diluted Vaccine

[PB 2022-60](#) CMAP COVID-19 Response Bulletin 61: COVID-19 Vaccine Administration: Additional Adult and Pediatric Booster Codes and Vaccinations for Members 6 Months to Four Years of Age

**DSS published the following bulletin in May of 2023:**

[PB 2023-35](#) Sunsetting Home and Community Based Waiver Program Provider Bulletins Issued in Response to the COVID-19 Public Health Emergency

**The following Provider Bulletins will be end dated for all providers effective for dates of service November 12, 2023, and forward:**

[PB 2020-27](#) CMAP COVID-19 Response – Bulletin 12: Waiver of Certain Requirements and Temporary Procedural Changes for Home and Community-Based Waiver Programs

[PB 2020-35](#) CMAP COVID-19 Response – Bulletin 20: TU Modifier - Overtime

[PB 2020-36](#) CMAP COVID-19 Response – Bulletin 22: Meals on Wheels Changes

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

## Sunset of Provider Bulletins in Response to the End of COVID-19 Public Health Emergency

The Department of Social Services has provided guidance for Waiver Service providers relating to the sunset of provider bulletins issued during the COVID-19 Public Health Emergency (PHE). Providers should refer to [Provider Bulletin 2023-35](#) "Sunsetting Home and Community Based Waiver Program Provider Bulletins Issued in Response to the COVID-19 Public Health Emergency". This bulletin refers to the sunset of three specific bulletins related to ABI, Autism, CHC, MH and PCA Waiver services **effective November 12, 2023**. Providers are encouraged to refer to these bulletins for additional sunset guidance to ensure readiness of the following **November 12, 2023, changes**:

[PB 2020-27](#) CMAP COVID-19 Response – Bulletin 12: Requirements and Temporary Procedural Changes for Home and Community-Based Waiver Services.

This bulletin ends effective November 12, 2023:

- temporary waiving of certain requirements for waiver service providers
- addition of service alternatives
- electronic or telephonic services,
- The following services previously allowed to be performed electronically or telephonically will return to an EVV mandated status effective November 12, 2023:
  - ◇ ABI – 1536P, Companion Services, per 15 min
  - ◇ CHC – 1247Z, Mental Health Counseling, Individual (in recipient's home)
  - ◇ MH - H2015, Comprehensive Community Support Service, per 15 min
  - ◇ MH - 1213M, Recovery Assistant Agency, per 15 min
  - ◇ PCA – 1247Z, Mental Health Counseling, Individual (in recipient's home)

[PB 2020-36](#) CMAP COVID-19 Response- Bulletin 22: Meals on Wheels Changes

This bulletin ends effective November 12, 2023:

- Shelf stable meals for ABI, CHC, MH Waiver & Community First Choice recipients
  - ◇ S5170 - Single Home Delivered Prepared Meal
  - ◇ 1931Z - Double Home Delivered Prepared Meal
- Meals on Wheels service for PCA Waiver recipients
  - ◇ 1218Z - Meal Service Single
  - ◇ 1220Z - Meal Service Double
  - ◇ 1221Z - Kosher Meal Double

[PB 2020-35](#) CMAP COVID – 19 Response- Bulletin-20: TU Modifier – Overtime

This bulletin ends payment of overtime services for caregivers who provide more than 40 hours of care for a HUSKY Health participant on the ABI, CHC, MH or PCA Waiver. The following services denoted by the use of modifier TU, will no longer be paid effective for dates of service November 12, 2023:

- ABI
  - ◇ 1021Z – Personal Care Services, per 15 min
  - ◇ 1211P – Recovery Assistant
  - ◇ 1212P – Recovery Assistant II
  - ◇ 1536P – Companion Services, per 15 min
- CHC
  - ◇ 1021Z – Personal Care Services, per 15 min
  - ◇ 1210Z – Companion Services, Agency per 15 min
  - ◇ 1213M – Recovery Assistant Agency, per 15 min
  - ◇ 1226Z – Respite Care in the Home, per 15 min
  - ◇ 3027Z – Respite, PCA, Agency, per 15 min
  - ◇ MH
  - ◇ 1213M – Recovery Assistant Agency, per 15 min
  - ◇ PCA
  - ◇ 1021Z – Personal Care Services, per 15 min



## Attention: Laboratory Providers

### Payment for COVID-19 Laboratory Tests Performed Using High Throughput Technologies

During the Public Health Emergency (PHE), the Connecticut Medical Assistance Program (CMAP) reimbursed COVID-19 clinical diagnostic lab tests making use of high-throughput technologies developed by the private sector that allows for increased testing capacity, faster results, and more effective means of combating the spread of the virus.

While reimbursement continued through the end of the PHE, **effective for dates of service on or after May 12, 2023**, COVID-19 clinical diagnostic lab tests with the use of high-throughput technologies (HCPCS codes U0003, U0004, and U0005) are no longer reimbursed, and the HCPCS codes have been terminated.

Procedure Code	Description	Fee Schedule
U0003	Cov-19 amp prb hgh thru	Lab, FPC, DC
U0004	Cov-19 test non-cdc hgh thru	Lab, DC
U0005	Infec agen detec ampli probe	Lab, FPC, DC

Reimbursement for all other Medicaid-covered COVID-19 laboratory testing will continue in accordance with the CT Medicaid laboratory or clinic policy. Covered COVID-19 tests and their associated reimbursement rates are available on the Medicaid Lab, or as applicable, Clinic fee schedules, which can be accessed and downloaded from the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. Providers can refer to [PB 2023-22](#) for additional information.





## All Providers

### COVID-19 Vaccine Administration Guidance

Beginning with dates of service May 12, 2023, and forward which is the first day after the federal COVID-19 public health emergency (PHE) declaration ends, the Department of Social Services (DSS) will continue to reimburse for the administration of COVID-19 vaccines that are either granted full Food and Drug Administration (FDA) approval or for vaccines that are granted or continue to operate under Emergency Use Authorization (EUA status) at 100% of the Medicare rate. This coverage applies for dates of service May 12, 2023, and forward for individuals covered under HUSKY Health A, B, C, D, Tuberculosis Limited Benefit (TB)\* and Family Planning Limited Benefit (FAMPL)\*.

\*Coverage for COVID-19 vaccine administration will continue for members covered under the TB and FAMPL programs for dates of service May 12, 2023, through September 30, 2024.

#### Eligible providers:

Effective for dates of May 12, 2023, and forward, DSS will continue to reimburse eligible physicians, APRNs,

CNMs, PAs, Medical Clinics, Medical Federally Qualified Health Centers, Hospice, Home Health Agencies, Out-patient Hospitals, Family Planning, Dialysis Clinics, Dentists and Pharmacy Point of Sale providers for the administration of the COVID-19 vaccine.

Providers eligible to administer the COVID-19 vaccine must continue to refer to their applicable fee schedules and payment methodology for reimbursement.

## All Providers

### Make Sure You Are Verifying Client Eligibility

The federal government announced that effective May 11, 2023, the Public Health Emergency (PHE) was ended. As a result of this emergency declaration being ended the Department of Social Services (DSS) has resumed the regular HUSKY Health eligibility process. All HUSKY Health members will need to renew their coverage between March 2023 and March 2024.

Providers are reminded that they should check eligibility often to be reimbursed for services provided to HUSKY Health members. Now that the PHE has ended, it is more important than ever to make sure each client has active eligibility when providing services. 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:

Access the Web site at [www.ctdssmap.com](http://www.ctdssmap.com) and select Provider > Secure Site.

Login to the secure site using your username and password.

Select Eligibility.

Enter enough data to satisfy one (1) search criteria.  
Select Search.

#### Valid Search Combinations

- Client ID + SSN
- Client ID + Birth Date
- Birth Date + SSN
- Full Name + SSN
- Full Name + Birth Date

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

For Example:

Service Information	Benefit Month Effective Date	Effective Date	End
Husky C. For Behavioral Health Services, call BHP at 877-552-8247.	05/01/2023	05/25/2023	05/2

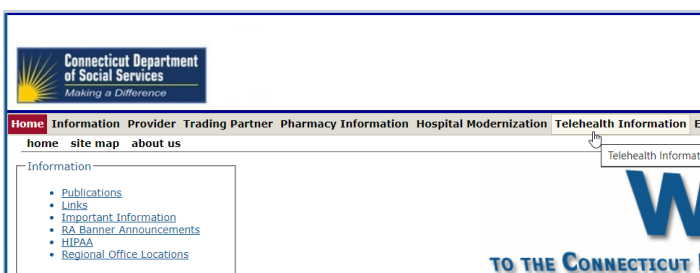
For more detailed instructions on searching and reviewing eligibility, please see the most recent New Provider Workshop, found under Provider Training in the Quick links box on the CMAP Web site.

# All Providers

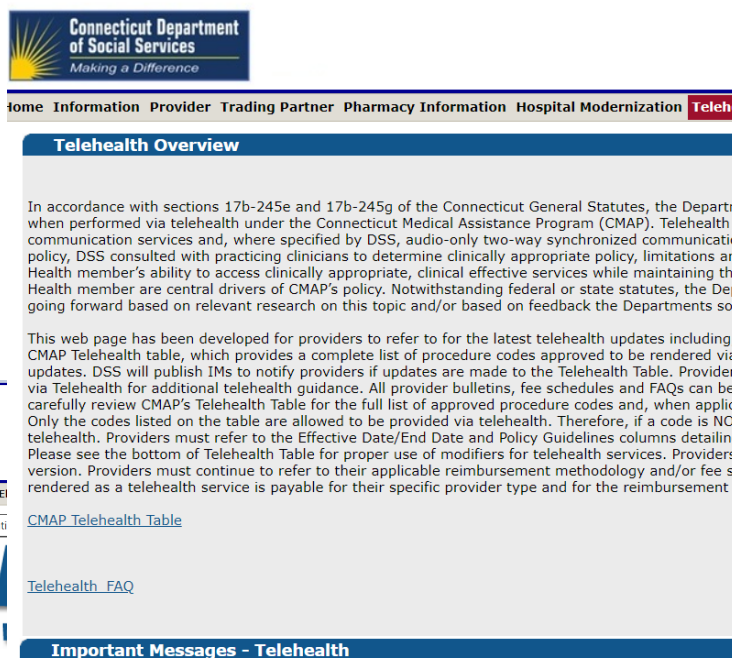
## Telehealth Information Page

The [www.ctdssmap.com](http://www.ctdssmap.com) Web Site has been updated to ensure that Connecticut Medical Assistance Program (CMAP) providers have easier access to current Telehealth policies.

Comprehensive information regarding the specific procedure codes eligible to be billed via telehealth is now posted on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site under the “Telehealth Information” page.



This web page provides information on telehealth requirements, approved procedure codes, required modifiers, specific policy criteria and/or limitations, effective dates, and other telehealth policy information, including the Telehealth FAQs.



As previously communicated to providers in PB 2023-38 “REVISED Guidance for Services Rendered via Telehealth,” the Department of Social Services (DSS) will continue to reimburse for specified services when rendered via telehealth as detailed in the bulletin and on the CMAP Telehealth Table.

Pertinent updates to the telehealth policy will be communicated to the provider community via provider bulletins and/or important messages (IM). Providers should monitor the Telehealth Information page periodically for new content.

# Acquired Brain Injury (ABI), Autism, Connecticut Home Care (CHC), Personal Care Assistance (PCA), Mental Health (MH) Waiver And Home Health Agencies:

## Electronic Visit Verification (EVV) Compliance Requirement Reinstated

On March 27, 2020, a suspension of EVV compliance requirements was passed due to the Federal Public Health Emergency (PHE). Recently the Department of Social Services (DSS) published bulletin [PB 2023-39](#) that states as of **May 11, 2023** the compliance requirement standards will be re-instated due to the ending of the Federal PHE. **As a reminder DSS and the Department of Mental Health and addiction services (DMHAS) considers a provider to be compliant if 75% of the visits performed are validated by both a check-in and a check-out which is documented by the caregiver via telephony, Sandata Mobile Connect SMC) or a Fixed Visit Verification (FVV) device.** A compliant visit is a visit where the caregiver has performed the check-in and check-out via one of the three aforementioned methods, regardless if the visit times are early or late according to the schedule. If the visit is *manual-*ly entered into Santrax, the visit is not considered compliant.

For agencies that are not compliant, DSS will notify those Acquired Brain Injury (ABI), Connecticut Home Care (CHC) and Personal Care Assistance (PCA) waiver providers who are not achieving the 75% compliance rate by August 31, 2023, that an improvement plan

must be in place by October 1, 2023. Advanced Behavioral Health, Inc. (ABH) will notify Mental Health Waiver (MHW) providers. If a provider does not create an improvement plan and demonstrate progress in increasing their compliance rate by December 1, 2023, DSS will direct the Access Agencies (and ABH will direct MHW clinicians) to stop referring new clients to the agency until the compliance rate of 75% is reached. Any agency not achieving the compliance rate of 75% may also be referred to the Office of Quality Assurance at DSS for follow up. For agencies looking to verify their compliance rates, instructions can be found in the At Your Fingertips Tip #4 - Compliance on the EVV page on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site.

### Who to contact?

For questions related to visit validation, please contact Sandata Customer Care at 1-855-399-8050 or by e-mail at [ctcustomer@sandata.com](mailto:ctcustomer@sandata.com).

For questions related to calculating an agency's compliance rate, please send an e-mail to [ctevv@gainwelltechnologies.com](mailto:ctevv@gainwelltechnologies.com).

For questions related to DSS or DMHAS EVV compliance requirement standards please email: DSS: [melva.cooper@ct.gov](mailto:melva.cooper@ct.gov) or [amy.dumont@ct.gov](mailto:amy.dumont@ct.gov) DMHAS/ ABH: [aluongo@abhct.com](mailto:aluongo@abhct.com)

# Home Health Care Providers

## Medicaid Home Health Care Services (HHCS), Electronic Visit Verification (EVV) EFF Implementation-Onboarding and Edit Enforcement Date Reminder

Section 12006 of the [21st Century Cures Act](#) established a requirement for all states to use an EVV system for Medicaid home health care services (HHCS). To support this federal mandate, the Department of Social Services (DSS) approved the use of an Open Vendor EVV model for the HHCS implementation to support both Medicaid waiver and non-waiver members. The Open Vendor EVV model allows home health providers the opportunity to utilize the State's EVV system, i.e., Sandata Agency Management, or a third-party ("Alternate") EVV system to capture visit data. The changes to accept all home health visit data from either Sandata Agency Management or an Alternate EVV system were implemented starting on **March 23, 2023**. Furthermore, edit 3327 (i.e., "Confirmed Visit Not Found") began to appear on home health claims in a post and pay status, which means the error was informational and would not affect payment of these claims.

Please be advised, home health providers are expected to onboard and begin to submit EVV production data for all HHCS either via Sandata Agency Management or

an Alternate EVV system no later than **September 30, 2023**. Moreover, home health claims without a confirmed visit will result in a payment denial for dates of service effective **January 1, 2024, and forward**.

Information on the implementation can be found on the Home Health Implementation Documentation page on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, click on *Electronic Visit Verification*, then *Important Documentation*, and finally *Home Health Implementation Documentation*. For any questions regarding EVV please securely email the EVV mailbox at [ctevv@gainwelltechnologies.com](mailto:ctevv@gainwelltechnologies.com).

# Acquired Brain Injury (ABI), Autism, Connecticut Home Care (CHC), Personal Care Assistance (PCA), Mental Health (MH) Waiver And Home Health Agencies:

## Updated Procedure Code Crosswalks

The Department of Social Services has provided guidance regarding the sunset of temporary flexibilities put in place due to the COVID - 19 Public Health Emergency (PHE) in response to the federal declaration ending the PHE for specified Home Health, Acquired Brain Injury (ABI), Autism, Connecticut Home Care (CHC), Mental Health (MH) and Personal Care Assistance (PCA) Waiver services. **Home Health** temporary flexibilities have been sunset **effective May 12, 2023**. Waiver Service Provider temporary flexibilities will sunset **effective November 12, 2023**.

To provide continuity of reference for all Home and Community providers servicing these Waiver clients and ensure preparation for the sunset of the Waiver Service Provider flexibilities effective November 12, 2023, each of the above Waiver Procedure Code Crosswalks has been updated to reflect the end of COVID - 19 PHE service changes and the reinstatement of Pre-COVID – 19 policy and services.

### For further Guidance on the sunset of services and waived policy:

Home Health Agencies are encouraged to refer to [Provider Bulletin 2023-24](#) “Updated Guidance-Home Health and Hospice Services -Ending Temporary Flexibilities.

Waiver Service Providers are encouraged to review [Provider Bulletin PB 2023-35](#) “Sunsetting Home and Community Based Waiver Program Provider Bulletins Issued in Response to the COVID -19 Public Health Emergency.”

### What Information can be found on the Waiver Procedure Code Crosswalks?

The following “Crosswalk Headings” highlight important service-related data relevant to Service Authorization and Claim Submission

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Car
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Each Procedure Code Crosswalk is sectioned by Community Service Provider type. These are the services that can be performed by the provider type, if credentialed to do so and must be on the waiver client’s care plan to be reimbursed.

**Procedure** – Code authorized related to the service to be performed. This field also provides allowed Code lists that can be authorized for flexibility of service as denoted by allowing applicable related codes and/or modifiers, up to the units allowed, that can be submitted on the claim based on the service provided.

**Description** – Brief description of the service. If a code list is indicated in the Procedure field, this field indicates the billable procedure codes and related modifiers allowed. May also indicate add-ons allowed or change in service requirements during the COVID-19 PHE period.

**Unit Increment** – Value of a unit of service, (in time or dollars) with unit limits, if applicable.

**Billing Provider** – Provider(s) type/specialty allowed to bill for the service. The provider/type specialty allowed is indicated in the section header.

**Span Dates of Service** – Indicates if contiguous dates of service can be spanned on the same claim detail.

**Valid Frequency** – Increments of time in which units of

service authorized must be performed (daily, weekly, monthly, per date span).

**Care Plan Limitations** – indicates changes in thresholds during COVID-19 PHE period or auto approved limitations in units or dollars (\$).

**Funding Source** – Benefit plan covering the service.

**EVV Mandate** – EVV Not Applicable (N/A), optional or mandated. Includes suspension of service during COVID-19 PHE period and recent or upcoming end to the temporary flexibilities.

**Effective/End Date** – Effective/End date of service allowed.

### How can I access the Waiver Procedure Code Crosswalks?

Home Health Agencies and ABI, Autism, CHC, MH and PCA Waiver Service providers can access each Waiver Procedure Code Crosswalk, applicable to their enrollment and/or the client being serviced via the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, click the “Provider Training” link. From the “Connecticut Medical Assistance Program (CMAP) Training Information” page, under the “Materials” heading, search for the applicable link of the Waiver Procedure Code Crosswalk you wish to view.

The screenshot displays the Connecticut Department of Social Services website. The header features the department's logo and name. Below the header, there is a navigation menu with links for 'Home', 'Information', 'Provider Training', and 'Secure Site'. The main content area is titled 'Connecticut Medical Assistance Program Training Information' and lists various training materials and workshops. The list includes 'PHE Enrollment Workshops', 'Professional Refresher Workshops', 'Billing and Web Claim Submission Workshops', 'Pharmacy Workshops', and many others. The page is branded with the 'gwinwell' logo at the bottom.

**NOTE:** Other documents including waiver specific initial Enrollment and Billing and Web Claim Submission training presentations can also be found under each “Waiver” link.

All Crosswalks can also be found under the “Waiver Provider Refresher Workshops” link. From this link Providers can also view and/or download prior yearly refresher workshop presentations. These presentations cover changes and reminders of applicable program rules pertinent to all Waivers unless otherwise noted.



## Hospital Providers

### Inpatient and Outpatient Hospital Reminders

Centers for Medicare and Medicaid Services (CMS) has moved to updating ICD-10 diagnosis codes/surgical procedure codes to twice a year in April and October. As a result, the Diagnosis Related Grouper (DRG) was updated on April 19, 2023. Claims submitted on 4/19/23 with dates of service (DOS) 4/1/23 and after will use the new version of the grouper. Although this is a new version of the grouper, there are no changes to DRG rates or weights.

#### Updated Prior Authorization Grid for Outpatient Hospitals

The Department of Social Services (DSS) has updated the “Prior Authorization Grid for Outpatient Hospitals”.

The most current grid can be found on the Hospital Modernization page, using the link shown below:

#### Important Messages - Connecticut Hospital Modernization

[Prior Authorization Grid for Outpatient Hospitals](#)

[Hospital Monthly Important Message \(Posted 4/11/22\)](#)

[CMAP Addendum B \(excel\)](#)

[Provider Type and Specialty to Revenue Center Code Crosswalk](#)

## Dental Providers, Dental Clinics and Federally Qualified Health Centers

### Dental Fee Schedule Adjustment

Effective for dates of service April 1, 2023, and forward, the Department of Social Services (DSS), is adjusting the dental fee schedule in recognition that the Public Health Emergency (PHE) is scheduled to end on May 11, 2023.

During the PHE, Current Dental Terminology (CDT) code, D0190 “Screening of a Patient” was used for teledentistry [see [PB 2020-21](#) CMAP COVID-19 Response- Bulletin 14: Emergency Temporary Telehealth Coverage for Specified Dental Services for reference]. As of April 1, 2023, and forward, the Connecticut Medical Assistance Program (CMAP) will no longer cover this code.

**All dental providers are strongly encouraged to verify each Member’s eligibility before proceeding with dental care.**

# All Providers

## What Can Physician Practices Do About Suspended Claims?

Many surgical procedure codes, as well as most unlisted surgical procedure codes listed on the Physician Surgical Fee Schedule, show an “MP” indicator in the Max Fee column as the amount the procedure code will reimburse.

MP indicates that a procedure code is manually priced, and no rate will be listed for the CPT code with this indicator.

To accurately reimburse providers for manually priced surgical procedures, a clinical consultant must first review the clinical documentation for the procedure billed.

When a surgical procedure code with an MP indicator is submitted on a professional claim, and the claim subsequently suspends, providers should fax the necessary documentation to the Gainwell Technologies claims-attachment fax line at (860) 986-7995 or email:

[ctxix-claimattachments@gainwelltechnologies.com](mailto:ctxix-claimattachments@gainwelltechnologies.com).

Physician Surgical January 2023									
Rate type = PED; pediatric services; or OBS; obstetrical services; indicates a unique rate for services for qualified clients and claim data. You may disregard any other rate type.									
Procedure Cod	Proc description	Mod1	Rate Type	Max Fee	Effective Date	End Date	PA	Surgery	
10011	Fna bx w/mr gdn 1st les		SUR	MP	1/1/2019	12/31/2299		#	
10012	Fna bx w/mr gdn ea addl		SUR	MP	1/1/2019	12/31/2299		#	
15876	Suction lipectomy head&neck		SUR	MP	1/1/2008	12/31/2299	Y	#	
15877	Suction lipectomy trunk		SUR	MP	1/1/2008	12/31/2299	Y	#	
15878	Suction lipectomy upr extrem		SUR	MP	1/1/2008	12/31/2299	Y	#	
15879	Suction lipectomy lwr extrem		SUR	MP	1/1/2008	12/31/2299	Y	#	
15999	Unlisted px exc pressure ulc		SUR	MP	1/1/2014	12/31/2299	Y	#	
17999	Unlistd px skn muc memb subq		SUR	MP	1/1/2014	12/31/2299	Y	#	
19499	Unlisted procedure breast		SUR	MP	1/1/2014	12/31/2299	Y	#	
20999	Unlisted px musckel general		SUR	MP	1/1/2014	12/31/2299	Y	#	
21089	Unlisted maxlfc prosth px		SUR	MP	1/1/2014	12/31/2299	Y	#	
21299	Unlisted cranfc&maxlfc px		SUR	MP	1/1/2013	12/31/2299	Y	#	
21499	Unlisted musckel px head		SUR	MP	1/1/2014	12/31/2299	Y	#	
21899	Unlisted px neck/thorax		SUR	MP	1/1/2008	12/31/2299	Y	#	

## PCMH Providers:

### How to Report a Change to a Person-Centered Medical Home (PCMH) Or Glide Path Service Location Address

#### Updating an **EXISTING** PCMH site address?

Please mail your EXACT address change request on your practice letterhead to:

Gainwell Technologies

Provider Enrollment Unit

P.O. Box 5007

Hartford, CT 06102-5007

Please include the following information:

1. Practice site name
2. All Physician or APRN Group AVRS ID #s (group billing/Medicaid ID) applicable to the site
3. The OLD address
4. The NEW address

#### **Next Steps:**

Changes may take up to ten (10) business days from the time that Gainwell Technologies receives your letter. To verify the address update, visit [www.ctdssmap.com](http://www.ctdssmap.com) and log in. Once logged in, select “Demographic Maintenance,” followed by Location Name

Address to view existing addresses.

Inform Community Health Network of Connecticut, Inc. (CHNCT) by using the Change Request Form (CRF) on the HUSKY Health website. Visit [HUSKY Health Program | HUSKY Health Providers | PCMH | Become a PCMH - Forms and Applications \(huskyhealthct.org\)](#)

- Complete the required fields in Section A, as well as the applicable portion of Section B of the form. Sign and click SUBMIT at the bottom of the form
- CHNCT will send an Approval Letter confirming the change has been properly uploaded

#### **FYI:**

- PCMH/Glide Path address changes *CANNOT* be made via the provider’s CMAP Secure Web portal account.
- If your office has moved, your previous address *MUST* remain an address within the CMAP system. This will allow providers to receive incentive payments on claims submitted for dates of service at that address.
- To ensure that you receive the PCMH enhanced rates, the address of the PCMH site submitted on your claims must be the address where services were provided and must be an exact match to the address in the CMAP system. For further claim submission instructions, visit [www.ctdssmap.com](http://www.ctdssmap.com), click “Information,” “Publications,” then scroll down to the “Person-Centered Medical Home (PCMH)” section. If you have any questions about this process, please contact your CHNCT Regional Network Manager.

#### **Adding an alternate site address?**

Submit a new CMAP Provider application via [CTDSS-MAP](#)

## Transportation Providers:

### Reminder: Vehicle Registration Information Requirement

The Department of Social Services (DSS) requires all in state ambulance providers to have vehicle registration information on file. In state ambulance providers will be required to have a valid Vehicle Identification Number (VIN) on all registered vehicles and will need to provide that information to Gainwell Technologies.

**Failure to provide the ambulance's current VIN(s) will cause the ambulance provider to be dis-enrolled from the Connecticut Medical Assistance Program (CMAP) and claims with dates of service after the disenrollment date will deny. The ambulance provider will then be required to re-enroll with Medicaid.** In the future, DSS will be validating registrations directly with the Connecticut Department of Motor Vehicles (DMV). All ambulance providers need to make sure their vehicles' registrations remain current with the DMV. Ambulance providers can provide their VIN(s) for their fleet of ambulances by using the "Maintain Vehicle Information" panel by going to the CMAP Web secure site [www.ctdssmap.com](http://www.ctdssmap.com).

The Maintain Vehicle Information panel allows in-state ambulance transportation providers to view, add, update, or delete the VIN(s) and the associated vehicle registration expiration date(s) for each ambulance in their fleet. To access the Maintain Vehicle Information panel, log in to the secure Web portal account and click on demographic maintenance. Under the demographic maintenance panel, select Maintain Vehicle Information. To enter the VIN, click "Add", enter the VIN and the Vehicle Registration Expiration Date, and then click "Save." To enter additional VIN(s), click "Add" after each entry has been saved and repeat the process.

## All Providers:

### Claims Questions? Call the Provider Assistance Center

Providers are reminded to contact the Provider Assistance Center at 1-800-842-8440 with any claims related questions. Providers and their billing vendors who contact Connecticut Health Network of CT (CHNCT) with claims questions will no longer be transferred to the Provider Assistance Center but rather advised of the correct phone number to call.

## Appendix

### Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
7/4/2023	Independence Day	Closed	Closed
9/4/2023	Labor Day	Closed	Closed
10/9/2023	Columbus Day	Closed	Closed
11/10/2023	Veterans' Day, observed	Closed	Closed
11/23/2023	Thanksgiving Day	Closed	Closed
11/24/2023	Day After Thanksgiving	Closed	Open
12/25/2023	Christmas Day	Closed	Closed

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## Provider Bulletins

Below is a listing of Provider Bulletins that have recently been posted to [www.ctdssmap.com](http://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.

- PB23-44 Performing Providers Required for Behavioral Health Clinic Providers
- PB23-43 Private Non-Medical Institution (PNME) Rate for Adult Mental Health Rehabilitation Services
- PB23-42 1) July 1, 2023 Changes to the Connecticut Medicaid Preferred Drug List (PDL) 2) Reminder About the 5-day Emergency Supply 3) Billing Clarification for Brand Name Medications On the Preferred Drug List (PDL) 4) Pharmacy Web PA Tool
- PB23-41 Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)
- PB23-40 Revised W10 Form/Inter-Agency Patient Referral Report
- PB23-39 Electronic Visit Verification (EVV) — Compliance Requirement Update
- PB23-38 REVISED Guidance for Services Rendered via Telehealth
- PB23-37 Addition of Prior Authorization on Select Radiology Procedure Codes
- PB23-35 Sunsetting Home and Community Based Waiver Program Provider Bulletins Issued in Response to the COVID-19 Public Health Emergency
- PB23-34 Public Health Emergency Eligibility Unwinding
- PB23-33 Reinstating Face-to-Face Requirements and Allowing Telemedicine for Psychiatrist Assessment for Customized Wheelchairs
- PB23-32 Discontinuation of the Optional COVID-19 Testing Group—Effective May 12, 2023
- PB23-31 Sunsetting Provider Bulletins Issued in Response to the COVID-19 Public Health Emergency
- PB23-30 COVID-19 Vaccine Administration Guidance
- PB23-29 New Eligibility Group—State Funded Postpartum Care For Non-Citizens
- PB23-28 Policy Updates and Changes to Clinical Review Criteria
- PB23-27 1. April 2023 Quarterly HIPAA Compliant Update-Physician Office and Outpatient Fee Schedule 2. Updates to the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices 3. Updating the Reimbursement Rate for Procedure Code 99418 4. Updating Reimbursement Rates for Manually Priced Physician-Administered Drugs
- PB23-26 Mobile Narcotic Treatment Vehicles
- PB23-25 1) Addition of Procedure Code G0330 to the ASC Fee Schedule 2) Rate Increase of Bariatric Surgery Procedure Code 43775 to the ASC Fee Schedule
- PB23-24 Updated Guidance—Home Health and Hospice Services—Ending Temporary Flexibilities
- PB23-23 Guidance for School-Based Child Health Services Rendered via Telehealth Under the Connecticut Medical Assistance Program (CMAP)
- PB23-22 Updated Billing Guidance Regarding COVID-19 High-Throughput Technology Billed Under Procedure Codes U003, U004 and U005
- PB23-21 Reminder: Prior Authorization for Inpatient Elective Admissions
- PB23-20 COVID-19 Laboratory Testing Coverage
- PB23-19 Reinstating Non-Emergency Medical Transportation and Non-Emergency Ambulance Transportation
- PB23-18 New Guidance for Services Rendered via Telehealth under The Connecticut Medical Assistance Program (CMAP)
- PB23-17 Coverage of At Home COVID-19 Over the Counter (OTC) Test Kits
- PB23-16 Expiration of Temporary Effective Period; Claim Submission Requirements for Coagulation Factors
- PB23-15 New Hepatitis C Policy
- PB23-14 New Attestation Requirements for Behavioral Health Clinician Groups and Solo Clinicians in Independent Practice
- PB23-13 2023 Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes
- PB23-12 Changes to the Dental Fee Schedule
- PB23-11 Reinstating Enhanced Care Clinic (ECC) Access Requirements That were Temporarily Suspended during the Federal COVID-19 Public Health Emergency
- PB23-10 Electronic Visit Verification (EVV) Town Hall Notification And File Specifications
- PB23-09 Reimbursement for Intermediate Substance Use Disorder (SUD) Treatment at Outpatient Hospitals
- PB23-08 End Date of Add-on Rate for Ventilation Bed Stays for Chronic Disease Hospitals
- PB23-07 Home Health Electronic Visit Verification (EVV) Implementation Update and Request for Survey Response
- PB23-06 Updated Billing Instructions for Sevenfact
- PB23-05 Upcoming Changes to Pharmacy Claims for Dexcom G6, Dexcom G7, and Freestyle Libre 2 Continuous Glucose Monitoring Products
- PB23-04 New Support at Home Service Opportunities Under the Home and Community Based Services American Rescue Plan Initiatives for the Medicare Savings Program
- PB23-03 Provider Satisfaction Survey
- PB23-02 Policy Updates and Changes to Clinical Review Criteria
- PB23-01 Billing Clarification for Intermediate Substance Use Disorder (SUD) Treatment at Behavioral Health Clinics, Enhanced Care Clinics and Outpatient Drug and Alcohol Abuse Centers

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

[ctdssmap-provideremail@gainwelltechnologies.com](mailto:ctdssmap-provideremail@gainwelltechnologies.com)

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