



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

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

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Attention: All Providers

Electronic Visit Verification (EVV) Home Health Implementation Onboarding and Training Requirements

As communicated in [Provider Bulletin 2023-07](#) and previous Important Messages, Section 12006 of the [21st Century Cures Act](#) established a requirement for all states to use an Electronic Visit Verification (EVV) system for Medicaid 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 members 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. Alternate EVV Specifications have been published and a series of Town Hall sessions have been conducted for providers that wish to transition to the capturing of HHCS in an Alternate EVV solution.

Important Dates

The changes to accept all home health visit data from either Sandata Agency Management or an Alternate EVV system was 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 must prioritize onboarding and submission of EVV production data for all HHCS either via Sandata Agency Management or an Alternate EVV system. Moreover, home health claims without a confirmed visit will result in a payment denial for dates of service effective **January 1, 2024**, and forward.

Onboarding Requirements for Providers using Sandata Agency Management

For providers that choose to use Sandata Agency Management for their Medicaid waiver **and** non-waiver members, refer to the following information on next steps:

- If a provider indicated they would be using Sandata Agency Management on the initial Feb./March 2023 survey from Gainwell (included in [Provider Bulletin 2023-07](#)), the provider:
 - Must complete training sessions (see *Training Requirements* section below for more details); and
 - Must fill out a second survey to provide important information such as the correct primary point of contact. Please email ctevv@gainwelltechnologies.com if you have not received a link for the second survey.
 - The provider will then be issued a Welcome Kit/Updated Call Reference Guide. Please allow up to 2 weeks for delivery of that Welcome Kit/Updated Call Reference Guide.
- If a provider did **not** indicate they would be using Sandata Agency Management on the initial Feb./March 2023 Gainwell survey, Gainwell has performed targeted outreach to notify these providers that they:
 - Must log a ticket with Sandata to create an account (email ctcustomercare@sandata.com to create a ticket); and
 - Must complete training sessions (see *Training Requirements* section below for more details).

— The provider will then be issued a Welcome Kit/Updated Call Reference Guide. Please allow up to 2.5 weeks for delivery of that Welcome Kit/Updated Call Reference Guide.

Onboarding Requirements for Providers using Alternate EVV

For providers that choose to move to the Alternate EVV solution for their Medicaid waiver **and** non-waiver members, refer to the information below on next steps:

- Provider initiates request to start the Alternate EVV certification process; vendor indicated in the provider's account on [Sandata Technologies \(sandata.zendesk.com\)](https://sandata.zendesk.com).
- Vendor registers for certification in the portal, selects a provider for testing, and receives testing credentials.
 - **Please note: If you are a provider that services both waiver and non-waiver members, you are strongly encouraged to send test client data for both member populations.**
- Review of Alternate EVV Specifications and Town Hall materials available on the Connecticut Medical Assistance Program (CMAP) Web site – [Home Health Implementation Documentation](#) Web page.
- Vendor completes the testing & certification process with Sandata; production credentials are issued.
- Provider notified to complete the Aggregator Learning Management System (LMS) training (see *Training Requirements* section below for more details).
- Once transitioned to Alternate EVV, existing visits remain available in Sandata Agency Management for one year.

Training Requirements for Providers using Sandata Agency Management

Providers currently utilizing, or planning to utilize, the Sandata Agency Management system to submit EVV

HHCS data for Medicaid waiver **and** non-waiver members need to review one of the two types of training: the DELTA training for providers currently using Sandata Agency Management for their waiver clients; or the series of trainings for new Sandata Agency Management users. A recording of the DELTA training held on April 11, 2023, can be found on the Connecticut channel of the Sandata on Demand (SoD) Web site. To access the recording and other helpful information on the SoD Web site, please log into your account on [Sandata Technologies \(sandata.zendesk.com\)](https://sandata.zendesk.com), click *Payer Programs*, followed by *Connecticut (CT DSS, DDS, MHW)*, then *Connecticut Recorded Webinars*, and finally *Connecticut Home Health Non-Waiver Delta Training Sessions*.

All six Sandata Agency Management trainings for new users (i.e., "System Overview", "Client Data Entry", "Staff Data Entry", "Visit Capture", "Visit Maintenance", and "Billing") are also available on the SoD Web site. To access these recordings, please log into your account on [Sandata Technologies \(sandata.zendesk.com\)](https://sandata.zendesk.com), click *Payer Programs*, followed by *Connecticut (CT DSS, DDS, MHW)*, then *Connecticut Recorded Webinars*, and finally *Connecticut Home Health Non-Waiver Training Sessions 2023*.

If you have never logged into the SoD Web site before, you will need to sign up for a Zendesk account to access the SoD content. If you have questions about the sign up process, Sandata has created the following helpful article: "[Sign In Assistance – First Time User](#)".

Please note: For those unable to attend the training sessions for new Sandata Agency Management users, the trainings are available on the Sandata Agency Management LMS. The link to access the trainings in the LMS can be found here: [Sign Up | Sandata Technologies \(sandatalearn.com\)](#). The enrollment key name is *CT Home Health Non-Waiver Training*.

Training Requirements for Providers using Alternate EVV

A provider's Alternate EVV vendor must complete the testing & certification process with Sandata in order for the provider to receive their EVV production cre-

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dentials. Vendors can refer to the information and tools available on the SoD Web site: [Sandata EVV Self-Registration Vendor Portal – Sandata Technologies \(zendesk.com\)](#). The provider must then complete Sandata’s self-paced aggregator training. The training courses on the Aggregator LMS can be found here:

<https://www.sandatalearn.com?KeyName=CTAGGREGATOR>. The enrollment key name is *CTAGGREGATOR*.

An updated version of the Alternate EVV Specifications (v1.3) is available on the *Home Health Implementation Documentation* Web page of the CMAP Web site (www.ctdssmap.com). From the Home page, click on *Electronic Visit Verification*, then *Important Documentation*, and finally *Home Health Implementation Documentation*. Alternatively, providers may use the following link: [HH EVV Vendor Specification v1.3](#).

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

Enrollment/Re-enrollment Reminder—Waiver Service Providers

Providers enrolling for the first time or re-enrolling as Acquired Brain Injury, Autism, Connecticut Home Care, Mental Health and Personal Care Assistance Waiver Service Providers are reminded that they must first be credentialed to provide related Waiver services by one of the following entities.

Acquired Brain Injury (ABI) Waiver Service Provider – ABI Fiduciary – Allied Community Resources

Autism Waiver Service Provider – CT Behavioral Partnership (CTBHP)/Department of Social Services (DSS)/Department of Developmental Services

Connecticut Home Care (CHC) Service Provider – CHC Fiduciary – Allied Community Resources

Mental Health (MH) Waiver Service Provider – Mental Health Waiver Fiscal Intermediary (FI) - Advanced Behavioral Health (ABH)

Personal Care Assistant (PCA) Service Provider – PCA Fiduciary – Allied community Resources

Upon the completion of the credentialing process, the provider should receive a letter of confirmation to confirm meeting all the requirements to provide waiver services. If a letter is not received, the provider should contact the credentialing entity for a copy, as this letter is a follow-on document (FOD) required to complete their online application process.

Once the credentialing letter has been received, the provider should access the www.ctdssmap.com Web site to complete the online application process. From the Web site Home Page, via the “Provider” menu, providers can access the Enrollment Wizard by selecting:

- **Enrollment** - if enrolling in a particular waiver for the first time
- **Re-Enrollment** - if re-enrolling in the same waiver.
 - ◇ Enter the Re-Enrollment Application Tracking Number (ATN).

- ◆ The ATN can be found on the re-enrollment due letter received via e-delivery to the “Trade Files” section of the provider’s Secure Web Account approximately 6 months prior to their re-enrollment due date.

- ◆ The re-enrollment due date can be found on the provider’s secure Web account Home Page.

- ◆ To ensure providers receive their e-delivery notifications that e-delivery letters are pending pick-up in Trade Files, in a timely manner, Primary Account holders and clerks with Trade Files permission should ensure their e-mail address on their secure Web account(s) is up to date.

- ◇ Enter the NPI, if applicable or AVRS ID associated to the Waiver re-enrollment.

The ATN from the providers Enrollment or Re-Enrollment online application should be placed in the upper right-hand corner of each FOD sent to Gainwell Technologies to ensure appropriate association to the correct application.

Online Enrollment/Re-Enrollment applications received by Gainwell Technologies from the provider cannot be submitted to DSS without all current FOD(s) associated to an application. If a required FOD is not submitted to Gainwell Technologies in a timely manner, the application may be denied.

Attention: All Providers

Are You Checking Eligibility?

Providers are reminded that they should check eligibility on the date of service, prior to performing service. This is to ensure that the client is eligible to receive services. Even if a provider has been given a prior authorization (PA), the client could have a change in circumstance that results in them losing their eligibility. Since a client's status could change providers should check eligibility often.

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.

Valid Search Combinations

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

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

For Example:

Eligibility Verification Response	
Verification Number	2326405278
Response Text	Client is eligible. Refer to Benefit Plan for specific program coverage.

Service Information	Benefit Month		End Date
	Effective Date	Effective Date	
Husky D. For Behavioral Health Services, call BHP at 877-552-8247.	09/01/2023	09/01/2023	09/20/2023

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.

Attention: All Providers

Revisions to Procedures for Updating Client Third Party Liability (TPL) Eligibility Information

Under Federal regulation, the Connecticut Department of Social Services, (CTDSS) is the payer of last resort. All client health insurance (TPL) must first be used to pay for a client's health care costs before Connecticut Medicaid is billed. Accordingly, CTDSS is required to capture known health insurance information in the client's eligibility file. As health insurance coverage changes constantly, CTDSS utilizes a TPL contractor, HMS (a Gainwell Technology Company), to account for these changes and maintain accurate health insurance information on CTDSS systems. HMS continually verifies client health insurance and may add new, correct existing, or delete erroneous health insurance coverage from a client's eligibility record.

When providers identify a discrepancy in a client's TPL information, a referral should be made directly to HMS to report new client health insurance, or to have a correction made to a client's existing health insurance policy.

An urgent TPL referral should be made to HMS to fix incorrect health insurance information that adversely affects the client's ability to receive a health care good or service, or if a TPL Good Cause situation exists

where CTDSS is required to waive TPL requirements and not capture health insurance on a client's eligibility record, if it is anticipated that this would result in reprisal against, and cause physical or emotional harm to the client or other persons. Urgent TPL referrals should be made to HMS by calling:

1-866-252-0671 (8:30AM–5:30PM), or by secure email: CTinsuranceescalation@gainwelltechnologies.com.

HMS will make needed changes to the client's health insurance coverage and respond back to the sender within 24 hours of receipt of the urgent TPL referral.

Routine TPL referrals, which are not urgent or TPL Good Cause-related, may be made to HMS by calling: 1-866-252-0671, or by secure email to: CTinsurance@gainwelltechnologies.com

Chapter 5, section 5.4 Client Third Party Update Procedures will be updated to reflect these and other applicable changes.

The NDC quantity and units are often different from the quantity and units reported for the procedure code. In the case of NDC 00338107702 for dobutamine HCl 1,000 mg in 250 ml dextrose 5%, the NDC quantity is reported in milliliters **NOT** milligrams. Each bag of the medications should be reported as NDC 00338107702, quantity 250 ML.

This can be seen on the claim below submitted via the secure web portal:

4. The package size column on the Drug Search tool

The screenshot shows a medical claim form with various fields. Two red boxes highlight specific information: one around the Procedure* field (J1250) and another around the National Drug Code section (00338107702, NDC Quantity 250.000, NDC Unit of Measurement Milliliter (CC)).

located on the www.ctdssmap.com Web site will indicate how the NDC quantity should be reported per the manufacturer.

Dose Strength	Dose Form	Package Size	HCPCS
1,000 mg/250 mL (4.0	IV SOLN	250	J1250 - Inj dobutamine hcl/250 mg

Attention: Outpatient Hospitals

Addendum B UPDATE

There were 25 DME codes that were updated and made payable on CMAP Addendum B with an effective date of **September 1, 2023**. The change column for these new codes will have an “X”. Reimbursement for the updated procedure codes is based on the current fee listed on the applicable MEDS/DME fee schedule. Hospitals must continue to follow the CMAPs Addendum B for coverage and reimbursement of all outpatient hospital services.

Accessing the Fee Schedule: The fee schedule can be accessed and downloaded by accessing the Connecticut Medical Assistance Program (CMAP) Web site:

www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”. Click on the “I accept” button and proceed to click on the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”. Select the MEDS – DME schedule.

Attention: MAPIR Enrolled Providers

Sunsetting of MAPIR Website

The Connecticut Medicaid Promoting Interoperability (PI) Program closed in calendar year 2022. The State Level Repository (SLR) as well as the Promoting In-teroperability (PI) page on the www.ctdssmap.com Web site will be decommissioned on **September 30, 2023**. Records will not be available after this date. PI Program participants are encouraged to access the system and retrieve any information needed for record keeping purposes.

DSS would like to thank all participating professional and hospitals in this program for helping to increase the adoption of CEHRT.

Attention: All Providers

Reminder to Regularly Update Contact Information on Web Portal Accounts

Has your office had changes?

Your Connecticut Medical Assistance Program (CMAP) Secure Web Portal Accounts should be regularly reviewed to ensure accurate contact information is provided as well as confirming 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 Information panel. It is critical that the contact info entered, are phone numbers and e-mail addresses that are checked on a daily basis. Too many enrollments are created with telephone numbers that are not used and e-mail addresses that are not checked. Once you create this secure web portal all communication will be done electronically
- Review of all Clerk Accounts with deletion of non-current employee accounts to ensure only authorized users have access to Protected Health Information. It is critically important that these individuals have access to the contact email entered into the enrollment. All secure message alerts and provider information will be sent to that email. If the provider is assigning another person to manage their enrollment, they need daily access to this email.

- 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 submissions are detected.

Instructions for these updates are contained in Provider Manual Chapter 10 Sections 10.8.3 and 10.9. To access, go to www.ctdssmap.com - Information - Publications - Provider Manuals – Chapter 10, then scroll down to sections 10.8.3 and 10.9.

Demographic Maintenance

The main account administrator must log in to their Secure Web account via <https://www.ctdssmap.com/CTPortal/>, click the **Account** tab, and then click on **Demographic Maintenance**.

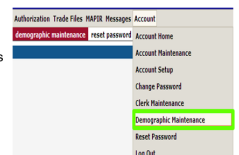
Demographic Maintenance

The Demographic Maintenance section of the Secure Site allows you to alter and maintain demographic information:

- Home, Mail to, Pay to, Service Location, Alternate Service Locations and Enrollment addresses
- EFT (Electronic Funds Transfer) Account (account that receives all CMAP related reimbursements)
- Maintain Organization Members
- Add/Update Vehicle Registration Information (Ambulance Providers)

Access this section by selecting **Demographic Maintenance** from either the Account submenu or the Account drop-down menu.

Please remember: It is the responsibility of a provider to update any demographics changes in a timely manner. **Failure to do so might result in denied claims or delayed reimbursement.**



Demographic Maintenance

The Demographic Maintenance page displays the provider information panel as well as a submenu

- Clicking the submenu options will open a panel with related information:
 - Base Information Service Location
 - Location Name Address
 - EFT Account
 - Service Language
 - Maintain Organization Members
 - Add/Update Vehicle Registration Information

A screenshot of the Provider Information form. The form fields include: Provider ID (1234567890), Address (Suite 2A), Organization (Solo Proprietor), Usage Service Location, City, Provider Type (27 - Dentist), County (Fairfield), Ownership (Yes), State/Zip (CT 06014-4008), and Phone (203-555-5555).

Base Information > Service Location > Location Name Address > EFT Account > Service Language > Maintain Organization Members

Account Maintenance

The account owner and any assigned clerks can use Account Maintenance panels to maintain their account information, 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 contact information for phone and e-mail
- Change security Questions and Answers
- Select a link to change their password or reset their AVRS ID PIN

Please note: You must have first set up your Secure Web account before you can use these functions.

Section 10.9 page 120 contains the link to this document. For instructions on Initial Account Set up and ongoing Account Maintenance, click on the 'Secure Web Site Enrollment and Maintenance Instructions' link in Provider Manual 10, at the end of Section 10.9.1. In this document you can find information on the following:

- 10.3.1 Managing Local Administrator and Clerk Accounts after Initial Account Set Up
- 10.3.2 Account Maintenance for Local Administrators and Clerks

If further assistance is needed to ensure your office's information is correct, you may use one of the resources below:

Provider Assistance Center

Gainwell Technologies responds to questions on 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.

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@gainwelltechnologies.com or toll free at 1-800-688-0503, Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding holidays.

Appendix

Holiday Schedule

Date	Holiday	Gainwell Technologies	CT Department of Social Services
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. To see the complete messages, please visit the Web site. All Provider Bulletins can be found by going to the Information -> Publications tab.

- PB23-61 Veyo Transition to MTM
- PB23-58 Addition of Screening, Brief Intervention, and Referral to Treatment (SBIRT) Codes to the Medical Clinic and Rehabilitation Clinic Fee Schedules
- PB23-57 Adding Select Procedure Codes for Evaluation/Management Services to Dental Fee Schedules
- PB23-56 Attestation Requirement for Behavioral Health Clinician Groups and Behavioral Health Licensed Clinicians
- PB23-55 New Medicaid Coverage of Targeted Case Management For Integrated Care for Kids (InCK) in New Haven
- PB23-54 Multi-disciplinary Examinations for Medical, Behavioral Health and Dental Services
- PB23-53 Policy Updates and Changes to Clinical Review Criteria
- PB23-52 Updates to the CRESS Reimbursement Process
- PB23-51 Clinical Treatment Hours for Substance Use Disorder (SUD) Intensive Outpatient (IOP) and Partial Hospitalization (PHP) Programs
- PB23-50 Reimbursement for Intermediate Substance Use Disorder (SUD) Treatment at Behavioral Health FQHCs
- PB23-49 Rate Increases for Select Home Health and Home and Community Based Services (HCBS)
- PB23-48 Obstetrics Pay for Performance
- PB23-47 July 2023 Quarterly HIPAA Compliant Update—Physician Office and Outpatient Fee Schedule
- PB23-46 July 2023 HIPAA Update to Medical Equipment Devices And Supplies (MEDS) Fee Schedule
- PB23-45 Continuation of Add-on Rate for Vent Bed Stays for Chronic Disease Hospitals
- 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

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

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