

interChange Provider Important Message

Attention: Outpatient Hospitals - CMAP Addendum B Updated (September 30, 2016)

An updated PDF and Excel CMAP Addendum B has been approved by the Department of Social Services (DSS) and added to the hospital modernization page on the www.ctdssmap.com Web site. These changes will be effective for dates of service July 1, 2016 and forward.

We have posted the changes to CMAP Addendum B Changes document on the hospital modernization page. There is also a new tab on the excel version of the CMAP Addendum B called “Changes-Sept 2016”. This will list the changes on the CMAP Addendum B effective for July 1, 2016.

DSS has made changes to some procedure codes on CMAP’s Addendum B that were considered an inpatient only procedure. Previously, these services had a payment type of “NO” and were not covered in the outpatient setting. DSS has agreed that some of these procedures can be performed in an outpatient setting and these procedures will now show on the CMAP Addendum B with a payment type of SURG “Surgical procedures manually priced” and a payment rate of MP “Manual Priced”.

Currently these service will continue to deny with Explanation of Benefit (EOB) 304 “APC - Services Considered an Inpatient Procedure” until there is a system update to suspend these outpatient claims with EOB code 6000 “Claim was Manually Priced or Denied for Missing Information” for DSS to manually price the procedure code and release for payment.

A follow up important message will be sent once the system is updated to start suspending these outpatient claims. Any questions on the updated version of the CMAP Addendum B should be sent to Hewlett Packard Enterprise at the following e-mail address: ctxixhosppay@hpe.com.