



**Connecticut Department
of Social Services**

Caring for Connecticut

April 2014

Connecticut Medical Assistance Program

<http://www.ctdssmap.com>

The Connecticut Medical Assistance Program

Provider Quarterly Newsletter

New in This Newsletter

- ICD-10 Implementation
- List of Ordering/Prescribing/Referring Providers
- Update To Connecticut Home Care Providers
- Updates For EHS, CAHs and EPs Attesting To MU in 2014 Program Year

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All Providers

ICD-10 Implementation

The United States Department of Health and Human Services requires that all Health Insurance Portability and Accountability Act (HIPAA) covered entities must use the ICD-10 code sets for services rendered on or after **October 1, 2015**.

Providers please take note: ICD-10 implementation was targeted for October 1, 2014. However, per Act H.R 4302 signed by President Obama on April 1, 2014, the ICD-10 implementation has been postponed until October 1, 2015. Providers should take this opportunity and utilize the additional twelve months to get used to clinical documentation improvements and new technologies related to ICD-10.

The transition to ICD-10 will impact all providers who participate in the Connecticut Medical Assistance Program (CMAP). The ICD-9 code sets currently used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. Please note that the transition to ICD-10 does not affect providers' use of CPT or HCPCS codes,

About ICD-10

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) consists of two parts:

1. ICD-10-CM Clinical Modification for diagnosis coding is for use in all health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 alpha numeric digits

instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

2. ICD-10-PCS Procedure Coding System for inpatient procedure coding. This code set is used in inpatient hospital settings only. ICD-10-PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The ICD-10 Important Message:

DSS and HP are maintaining an ICD-10 Important Message on the home page of our Web site www.ctdssmap.com. The ICD-10 Important Message contains links to key CMS-support materials, external provider resources and training documentation to aid in the successful implementation of ICD-10. Interested providers and trading partners can sign up to be a beta-tester. We urge our providers to check this Important Message frequently to stay informed for a successful implementation of ICD-10 in CMAP. DSS will also communicate important ICD-10 Implementation information via Provider Bulletins. The following ICD-10 related bulletins have been published so far and are available from the Information page of our Web site.

[PB 13-74](#)

[PB 14-20](#)

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List of Ordering/Prescribing/Referring Providers

The Affordable Care Act (ACA) requires that ordering, prescribing and referring providers who render services to HUSKY clients be enrolled in the Connecticut Medical Assistance Program (CMAP). The Department of Social Services (DSS) has made a list available of enrolled providers who are eligible to order services on behalf of CMAP clients, or who may make referrals for such clients. Included in this list are providers who are currently in the process of enrolling in CMAP. The list is being made available to assist

billing providers with verifying providers' CMAP enrollment status relative to the OPR requirement. This list will be refreshed each week. This list is located on the Home page of the provider's secure Web site at www.ctdssmap.com. Once logged on to the secure site, the link to the list is in the upper right corner under Quick Links.

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Reminder of Timely Submission of Charter Oak Claims

The Department of Social Services (DSS) is requesting that all claims related to the program be submitted for processing as promptly as possible. As a reminder Charter Oak claims are subject to a 120 day timely filing limit.

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CHC Service Providers and Home Health Agencies

Update To Connecticut Home Care Providers

Will you be prepared for the following care plan and claim submission changes coming this spring to the Connecticut Home Care Program?

- A modifier, which uniquely identifies a one-time only service, will be added to the care plan for most procedure codes authorized under the CT Home Care Program.

Providers must submit their one time only service with the procedure code and modifier authorized on the care plan.

- New Procedure Code/Modifier lists will be added to the care plan to accommodate one time only services for:

- Adult Day Care
- Adult Family Living/Foster Care
- Meals
- Medication Administration Skilled Nursing
- Medication Administration Certified
- Home Health Aide
- Skilled Nursing

Providers may submit claims with any procedure code/modifier combination within the list(s) authorized up to the unit frequency on the care plan.

- New Procedure Code lists will be added to the care plan to allow more flexibility in billing:
 - Adult Day Care
 - Adult Family Living/Foster Care
 - Meals

Providers may submit claims with any procedure code within the list(s) up to the unit frequency authorized on the care plan.

For more information, look for recently published provider bulletins and online training invitations, or log on to the www.ctdssmap.com Web site. On the Home page under Important Messages scroll to the "Welcome to the CT Home Care Implementation" link. Information is updated and added periodically to keep you informed of changes coming to the CT Home Care Program. Look for information regarding accessing recently published bulletins and online training sessions that will describe the above changes, how they will affect the care plans for the services you provide and their impact on your claim submission.

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Eligible Hospitals, Critical Access Hospitals and Eligible Professionals

Updates For EHs, CAHs and EPs Attesting To MU in 2014 Program Year

Connecticut's Medical Assistance Provider Incentive Repository (MAPIR) system will be upgraded to meet the Stage 2 MU requirements in 2014 and is being implemented in two separate phases:

- MAPIR Version 5.2 will implement Stage 2 MU for EHs and CAHs
- MAPIR Version 5.3 will implement Stage 2 MU for EPs

All EHs, CAHs and EPs attesting to MU in 2014 program year are requested to refrain from attesting until MAPIR is upgraded to accommodate the Stage 2 MU requirements. This is regardless of the stage of MU the provider may be attesting to in program year 2014. The specific implementation dates

and any required downtime for Stage 2 MAPIR upgrades will be communicated to providers in future notifications. **Any program year 2014 MU attestations started prior to the production implementation of Stage 2 MAPIR will need to be aborted and restarted after Stage 2 MAPIR has been implemented.** We apologize for any inconvenience this may cause our providers.

Please note: Any 2014 Program Year attestations for Adopt/Implement/Upgrade are not impacted by the above upgrade and can be submitted at any time now.

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Hospital Outpatient Providers

Attention: Hospital Outpatient Providers

Effective for dates of service May 1, 2014 and forward hospitals will be required to bill a valid CPT or HCPCS procedure code when billing a Revenue Center Code (RCC) on outpatient claims. The complete list of RCCs requiring a CPT or HCPCS for dates of service 5/1/2014 and forward is on the www.ctdssmap.com Website; go to "Publications" scroll to Provider Manuals Chapter 8. Choose "Hospitals" from the drop down box and refer to Attachment B "List of All Revenue Center Codes Requiring CPT/HCPCS Codes." Services billed without a valid CPT or HCPCS codes when required will deny with EOB 390 "Revenue Code Requires a valid CPT or HCPCS procedure code."

Payment of these services will continue to pay per current Department policies and will not change with the addition of the CPT or HCPCS codes. Feedback on questions from the hospital billing workshops has been posted to the www.ctdssmap.com Web site under Hospital Billing Changes FAQ Important Message. Any updates or clarifications to the questions can be found in the Important Messages. The updated 'date' will indicate the last time changes were made. Providers should check the IM frequently. Or you can click on the following link: [Hospital Billing Changes FAQ](#)

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Patient Adherence to HIV Antiretroviral Therapy

As of April 2013, 2,192 individuals were enrolled in the Connecticut AIDS Drug Assistance Program (CADAP). Following a routine query in April 2013, it was determined that there were 338 adults and 6 children who were found to be non-adherent to their antiretroviral medications or approximately 16% of those enrolled individuals. Non-adherence to antiretroviral medications is a public health issue and can lead to:

- A rise in non-adherent patient viral load, increasing risk of transmitting disease to others
- Development of treatment-resistant HIV strains
- Possible progression to AIDS

It is important for the healthcare community to counsel patients about the importance of adhering to their medication regimens. Physician pill counts, self-adherence reporting, and pharmacy refill records are all possible tools to measure adherence to medication.

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Attention Providers

Due to recent changes in legislation, Section 156 of Public Act 13-234, both the ConnPACE (Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled) and the Charter Oak Health Plan **programs** ended on December 31, 2013.

ConnPACE:

All pharmaceutical claims received with dates of service on or after January 1, 2014 will now deny and post an **Explanation of Benefit (EOB) code 0777 ConnPACE benefit not covered after 12/31/2013.**

Charter Oak:

Charter Oak clients have received notification of the elimination of this program and are encouraged to apply for new coverage through Access Health CT, directly through a licensed health insurance company, or enroll in an employer based plan. All claims with dates of service on or after January 1, 2014, will deny and post an **EOB code 0778 Charter Oak benefit not covered after 12/31/2013.**

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Appendix

Holiday Schedule

Date	Holiday	HP	CT Department of Social Services
5/26/2014	Memorial Day	Closed	Closed
7/4/2014	Independence Day	Closed	Closed
9/1/2014	Labor Day	Closed	Closed

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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](#).

- [PB14-23](#) Timely Completion of Medical Records in the Hospital Setting
- [PB14-22](#) Locum Tenens Providers
- [PB14-21](#) Postponement: New Policies and Procedures Regarding Requirements for Payment of Customized Wheelchairs
- [PB14-20](#) Implementation of the ICD-10 Code Sets
- [PB14-19](#) Home Health Agency Care Plan and Claim Submission Changes Under the Connecticut Home Care Program for Elders
- [PB14-18](#) Care Plan and Claim Submission Changes Under the Connecticut Home Care Program
- [PB14-17](#) Coverage of Hospital-Grade Breast Pumps Under Durable Medical Equipment (DME) Fee Schedule
- [PB14-16](#) Adult Family Living/Foster Care Credentialing/Enrollment and Claim Submission Guidelines
- [PB14-15](#) Newly Eligible Clients under the Affordable Care Act (Part II)
- [PB14-14](#) Changes to the Requirements for the Prior Authorization of Home Health Aide Services
- [PB14-13](#) ****RESCINDED PER PB14-21**** New Policies and Procedures Regarding Requirements for Payment of Customized Wheelchairs: Delay in Implementation
- [PB14-12](#) Amended Pages to Annual Report of Long-Term Care Facility
- [PB14-11](#) 2014 ACA Enhanced Rates for Primary Care Services
- [PB14-10](#) Prior Authorization for Alcohol Withdrawal Delirium
- [PB14-09](#) Updated MEDS Fee Schedule and Reimbursement
- [PB14-08](#) Vaccine Administration Procedure Codes 90471-90474
- [PB14-07](#) Prior Authorization of Nuclear Cardiology Studies
- [PB14-06](#) Revenue Center Codes (RCC) Requiring a Valid CPT or HCPCS Procedure Code on Outpatient Claims
- [PB14-05](#) ****RESCINDED PER PB14-21**** New Policies and Procedures Regarding Requirements for Payment of Customized Wheelchairs
- [PB14-04](#) Private Non-Medical Institution (PNMI) Rates for Adult Mental Health Rehabilitation Services
- [PB14-03](#) Behavioral Health Clinic Fee Schedule Update
- [PB14-02](#) Psychologist Fee Schedule Update
- [PB14-01](#) Newly Eligible Clients under the Affordable Care Act
- [PB13-86](#) Physician Fee Schedule Updates
- [PB13-85](#) Fee Schedule Updates

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