interChange Provider Important Message

Hospital Monthly Important Message Updated as of 1/17/25

*All red text is new for 1/17/25

CMAP Addendum B January 2025

The January version of CMAP Addendum B is under development and will be posted to the Hospital Modernization page on the www.ctdssmap.com Web site once finalized.

The Department of Social Services (DSS) will be updating the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2025 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) for dates of service January 1, 2025 and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

An updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B V26.0 will be posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

APC Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on 12/31/25 with an effective date for dates of service January 1, 2025 and forward.

The changes can be identified by the following indicators:

- "G or K" – A change has been made to the payment rate (status indicator G or K).
- "New" – The procedure code was added by CMS.
- "X" - A change has been made to the procedure code or status indicator.

Older versions of CMAP Addendum B can be found under the Hospital Modernization page under "CMAP Addendum B Changes and Historical Versions."

October ICD-10 Updates

ICD-10 updates for both diagnosis and surgical procedure codes are effective October 1st. There are 371 ICD-10 surgical codes being added and 61 being discontinued and there are 252 diagnosis codes being added and 36 discontinued.

3M Grouper Updates

The new version of the Diagnosis Related Grouper (DRG) has been implemented on October 30, 2024. Claims submitted on 10/30/24 with dates of discharge October 1, 2024 and forward will use the new version of the grouper.

As a result, any claims that were suspended with either Explanation of Benefit (EOB) code 0693 "Invalid Principal Diagnosis" or EOB code 0920 "3M Grouper Error" was re-cycled for processing and appeared on the hospital's November 13, 2024 Remittance Advice. **Although this was a new version of the grouper, there were no changes to DRG rates or weights.**

Any inpatient claims with a discharge date October 1, 2024 and forward that was processed at the incorrect DRG code was identified and reprocessed and appeared on the hospital's November 26, 2024 Remittance Advice.

There were also updates made to the DRG Calculator, adding, deleting and updating descriptions to the DRG Codes in the calculator. These changes are effective for dates of service October 1, 2024 and forward.

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Annual 3M Grouper

Diagnosis Related Grouper (DRG) January Updates - DRG Weight, Average Length of Stay (ALOS) and Outlier Threshold

Per the amendment to Attachment 4.19-A of the Medicaid State Plan, DSS shall pay for hospital inpatient services on a fully prospective per discharge basis using DRG-based payments. Diagnosis related groups will be assigned using the most recent version of the 3M All Patient Refined Diagnosis Related Grouper (APR-DRG) with each new grouper version released by 3M being implemented the subsequent January 1st. DRG Weights, average length of stays and outlier thresholds for the new version will all have an effective date of January 1, 2025.

A provider bulletin was distributed in December 2024 reminding hospitals of the annual update to the inpatient hospital adjustment factors, rates and the APR-DRG weights, effective January 1, 2025. The DRG calculator has been updated and posted to the www.ctdssmap.com Web site with the most current information.

Annual Rates/Parameters for the Outpatient Payment Prospective System (OPPS)

Hospitals are reminded that they received their annual rates/parameters letter for the Outpatient Payment Prospective System (OPPS) in December 2024.

Prior Authorization Required for Specific J-codes for Outpatient Hospitals and Outpatient Chronic Disease Hospitals:

Effective for dates of service November 15, 2024, and forward, consistent with current policy or current CMAP requirements, prior authorization (PA) is being added to the following procedure codes for outpatient hospitals and outpatient chronic disease hospitals:

- J0172 Injection aducanumab-avwa 2 mg
- J0174 Injection lecanemab-irmb 1 mg
- J0224 Injection lumasiran 0.5 mg
- J1413 Injection delandistrogene moxeparvovec-rokl
- J1426 Injection casimersen 10 mg
- J1427 Injection viltolarsen 10 mg
- J1429 Injection golodirsen 10 mg
- J3241 Injection teprotumumab-trbw 10 mg
- J7330 Autologous cultured chondrocytes implant

For dates of service November 15, 2024, and forward, failure to obtain PA for the above codes will result in a claim denial.

Providers can access the medical authorization portal and HUSKY Health policies at https://portal.ct.gov/HUSKY.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.

Reimbursement Rate Increases for Select Behavioral Health Services for Children

As of August 13, 2024, DSS increased the reimbursement rates of select behavioral health services (including family therapy services) for HUSKY Health members ages 20 years old and under for dates of service July 1, 2024 and forward.

Claims processed prior to August 13, 2024 where the detailed billed amount is greater than the new allowed amount were retroactively adjusted. Gainwell Technologies has identified and reprocessed these

claims on August 27, 2024 and any additional claims were completed and posted to the hospital's remittance advice in the two (2) claim cycles in September 2024, without any additional work on the part of providers.

The fee schedules were updated on 10/21/2024.

Provider Bulletins

Note that the following reflects an overview of provider bulletins distributed since the last Hospital Monthly Important Message was posted. Hospitals should use the links presented below to review the full bulletin.

Provider Bulletin 2024-66 - UPDATED 1/15/2025 Diagnosis Requirement for GLP-1 Agonist Medications

UPDATE: The Department has extended the date for an approved diagnosis to be submitted on a pharmacy claim for members who have been prescribed GLP-1 medications in the past for indications other than Type 2 diabetes. Claims will now continue to pay through June 14, 2025.

Please refer to the provider bulletin for additional information.

Provider Bulletin 2024-67 - Pediatric Inpatient Psychiatric Services: Implementation of a Voluntary Value-Based Payment (VBP) Program

The Department of Social Services (DSS) is planning to implement a voluntary Value Based Payment (VBP) program for Pediatric Inpatient Psychiatric Services in a phased-in approach. The initial phase will be for Connecticut General Hospitals and Private Psychiatric Hospitals effective January 1, 2027. Chronic Disease Hospitals and Children's General Hospitals will remain on current Interim Rate Add-On programs at this time. The effective date is a change from the 2025 effective date stated in provider bulletin PB 2023-63

Please refer to the provider bulletin for additional information.

Provider Bulletin 2024-69 - Pediatric Inpatient Psychiatric Services: Interim Voluntary Value-Based Payment Opportunity for Increasing Needed Capacity and Interim Rate Add-On for Acuity and Revised Discharge Delay Policy

12/1/2024 UPDATED text in red.

1. Interim Voluntary VBP for Increasing Needed Capacity Effective for dates of service from December 1, 2021, through **December 31, 2026**, the following categories of Connecticut hospitals may be eligible for a VBP that includes a rate add-on to the per diem rate based on their ability to:

Please refer to the provider bulletin for additional information.

Provider Bulletin 2024-71 - January 2025 Quarterly HIPAA Compliant Update - Laboratory Fee Schedule

Effective for dates of service January 1, 2025, and forward, the Department of Social Services (DSS) is incorporating the January 2025 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) to the Laboratory fee schedule. DSS is making these changes to ensure that the Laboratory fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Please refer to the provider bulletin for additional information.

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Provider Bulletin 2024-76 - Annual Update to the Inpatient Hospital Adjustment Factors and Update to the APRDRG Weights

This policy transmittal is to inform providers that, effective for inpatient hospital discharges on or after January 1, 2025: (1) the adjustment factor added to the All Patient Refined – Diagnosis-Related Group (APR-DRG) base payment calculation will be updated for calendar year (CY) 2025 in accordance with the existing approved methodology and (2) the version 42 traditional weights established by 3M will be implemented for APR-DRG

Please refer to the provider bulletin for additional information.

Provider Bulletin 2024-77 - Out-of-State and Border Hospital Reimbursement - Effective January 1, 2025

The Department of Social Services (DSS) is notifying border and out-of-state (OOS) hospitals that the rates and parameters for reimbursement of inpatient and outpatient hospital services, provided to Connecticut Medicaid members, have been updated effective for dates of discharges on or after January 1, 2025.

Please refer to the provider bulletin for additional information.

Provider Bulletin 2024-78 - Updates to Telehealth - January 2025 Updates

The Department of Social Services (DSS) is updating the Connecticut Medical Assistance Program (CMAP) Telehealth Table effective for dates of services January 1, 2025, and forward. Providers should continue to monitor CMAP telehealth policies and covered services information located on the www.ctdssmap.com Web page.

These changes apply to services reimbursed under the HUSKY Health programs (A, B, C, and D).

Please refer to the provider bulletin for additional information.

Provider Bulletin 2024-82 - Updates to the Reimbursement Rate for Select Long-Acting Reversible Contraceptive Device

Effective for dates of service January 2, 2025 and forward, DSS is updating the reimbursement rates for the following long-acting reversible contraceptive (LARC) device on the physician office & outpatient fee schedule:

Please refer to the provider bulletin for additional information.

Provider Bulletin 2025-01 - Policy Updates and Changes to Clinical Review Criteria

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of upcoming policy changes to clinical review criteria for certain medical services and items.

Please refer to the provider bulletin for additional information.

Provider Bulletin 2025-06 - Connecticut Medical Assistance Program Provider Satisfaction Survey

You may access this survey by:
• Click on the following link: https://www.surveymonkey.com/r/ CMAPSatisfactionSurvey2025

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Thank you in advance for completing this on-line survey. We ask that you respond by February 14, 2025.

Please refer to the provider bulletin for additional information.

TPL Audit Report – January 2025
The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on January 1, 2025.

- BRISTOL HOSPITAL INC
- CONNECTICUT CHILDREN'S MEDICAL CENTER
- DANBURY HOSPITAL (2)
- MIDSTATE MEDICAL CENTER
- PROSPECT WATERBURY, INC

Re-enrollment Reminder for Hospitals
Hospital providers are reminded to take note of their re-enrollment due date with CMAP. Failure to complete and submit their re-enrollment application in enough time to allow for review by DSS by **the re-enrollment due date** will cause the hospital to be dis-enrolled on the re-enrollment due date.

Dis-enrollment will impact claims processing and the hospitals' ability to verify eligibility until the re-enrollment has been completed.

The following hospitals have re-enrollment due dates coming up in the next **6 months**:

- Connecticut Children's Medical Center – Outpatient – 3/26/25
- The Hospital of Central Connecticut – Outpatient – 7/2/25

Reminders/Upcoming Changes

Newborn Form W-416 Delays
The typical turnaround time is 24 hours for processing this form. If after 3 business days hospitals do not see the newborn's client ID and are not able to find it on www.ctdssmap.com, hospitals have been instructed to contact the benefit center or email ExpeditedHusky.DSS@ct.gov.

Authorizations when clients have Medicare or Other Insurance

Hospitals are required to obtain authorization prior to the service being rendered when the client has Other Insurance (OI), and the service requires prior authorization. Prior authorization is not needed when the client has Medicare as their primary insurance and Medicare covers the service. In these situations, the hospital is submitting Medicare's co-insurance and/or deductible to be considered as secondary to Medicaid.

Inpatient Hospital Claims require a Prior Authorization (PA)
Make sure that when you receive two separate per-diem (Rehab or Behavioral Health) PAs, that the PA date ranges do not overlap – when this happens the claim ONLY picks up one of the PAs. A denial could be received for the dates on the second PA.

Written Correspondence
For timely filing claims the hospital provider can do one of the following three (3) things:

Submit all claims on paper to Gainwell Technologies by
- FAX: 1-877-413-4241
- EMAIL: ctdssmap-provideremail@gainwelltechnologies.com
- MAIL: Written Correspondence - PO Box 2991 – Hartford, CT 06104.

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Make sure that a cover letter is attached and that you state the reason why you are sending in the claims on paper.

Claim Denials
If your claim denies please refer to provider manual 12 "**Claim Resolution Guide**". This chapter provides a detailed description of the cause of the Explanation of Benefit (EOB) code and more importantly, the necessary correction to the claim, if appropriate, in order to resolve the error condition. If you need additional assistance, please contact the Provider Assistance Center at 1-800-842-8440 and if PAC is unable to assist, then they will escalate your inquiry.

ctxixhosppay Email Box
As a reminder, hospitals should direct their inquiries to the Provider Assistance Center at 1-800-842-8440. If hospitals are experiencing extended call wait times, hospitals may email the provider assistance call center with their question at ctdssmap-provideremail@gainwelltechnologies.com. Please be sure to include your name and phone number with your inquiry.

The ctxixhosppay@gainwelltechnologies.com email box should only be used to submit **APC and DRG** related questions. **All other inquiries will be re-directed to the Provider Assistance Center at 1-800-842-8440.**

Holiday Closures

Please be advised, that the Department of Social Services (DSS)' and Gainwell Technologies' offices will be closed on Monday, January 20, 2025 in observance of the Martin Luther King Holiday. The Department of Social Services (DSS) and Gainwell Technologies will re-open on Tuesday, January 21, 2025.

The Department of Social Services (DSS)' office will be closed on Wednesday, February 12, 2025 in observance of the Lincolns' Birthday Holiday; the Department of Social Services (DSS) will re-open on Thursday, February 13, 2025.

Both the Department of Social Services (DSS) and Gainwell Technologies' offices will be closed on Monday, February 17, 2025 in observance of Presidents' Day Holiday; the Department of Social Services (DSS) and Gainwell Technologies will re-open on Tuesday, February 18, 2025.