

# interChange Provider Important Message

## Hospital Monthly Important Message Updated as of 2/14/25

\*All red text is new for 2/14/25

### CMAP Addendum B January 2025

The January version of CMAP Addendum B has been updated and posted to the Hospital Modernization page on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site.

The Department of Social Services (DSS) has updated 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 has been posted to the Hospital Modernization page on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site.

Any procedure code that is “NEW”, changed or deleted was updated on January 28, 2025. Any claims with the new procedure codes were identified and reprocessed and will appear on the hospital’s March 11, 2025 Remittance Advice with Internal Control Numbers (ICNs) beginning with region code 61 or 27.

APC Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on 12/31/24 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.”

### 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](http://www.ctdssmap.com) Web site with the most current information.

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## 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.

## 2024 1099s Available on CMAP Web Site

The purpose of this Important Message is to alert providers that the 1099s for year 2024 will be available for download from the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by Monday, January 27, 2025. This functionality to download 1099s is available for all Master Users and any subordinate clerk accounts who have access to download PDF Remittance Advice files. The 2024 1099s will also be mailed via the USPS to providers the week of January 27, 2025.

## Attention Electronic Billers and Trading Partners: Change to Electronic Data Interchange (EDI) requirements Important Message

IMPORTANT NOTE: Hospitals, please verify that your clearinghouses/vendors that send your electronic files to CMAP are aware of this upcoming change and that the vendors have updated their contact information for their CMAP EDI trading partner Secure Portal ID.

On March 31, 2025, Gainwell Technologies in support of the Connecticut Medical Assistance Program (CMAP) will implement a new component of the system. CMAP uses EDI standards to verify the format of healthcare related information (for example, claims, payments, and eligibility) when it is shared between Trading Partners and CMAP.

Please refer to the important message on the home page of the Web site [www.ctdssmap.com](http://www.ctdssmap.com).

## Outpatient Hospital Certification Letter Upload Instructions and Billing Reminder

1115 Outpatient hospital providers receiving level 1 or level 2 certification will need to upload their certification letter through their secure web portal at [www.ctdssmap.com](http://www.ctdssmap.com) and enter certification effective and end dates by February 28, 2025.

Please refer to the important message on the home page of the Web site [www.ctdssmap.com](http://www.ctdssmap.com).

## 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.

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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.

## **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 [2025-04](#) Wegovy Coverage for Risk Reduction of Major Adverse Cardiac Event (MACE) in Adults with Established Cardiovascular Disease and either Obesity or Overweight

Effective February 3, 2025, the Department will reimburse for new prescriptions for Wegovy through the pharmacy benefit when prescribed to reduce the risk of Major Adverse Cardiac Event (MACE) in adults 18 and older with established cardiovascular disease and either obesity or overweight. This prescription will be reimbursed under the HUSKY Health Programs (A, B, C and D) for those meeting the specified criteria.

Please refer to the bulletin for required medical history, prior authorizations, and exclusions.

Provider Bulletin [2025-07](#) January 2025 - Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes

Effective for dates of service retroactive to January 1, 2025, and forward, the Connecticut Medical Assistance Program (CMAP) is adjusting the reimbursement for certain clinical diagnostic laboratory services under the HUSKY Health Program.

Please refer to the provider bulletin for additional information.

## **TPL Audit Report - February 2025**

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

- DAY KIMBALL HOSPITAL
- MIDSTATE MEDICAL CENTER
- WINDHAM COMMUNITY MEMORIAL HOSPITAL
- HARTFORD HOSPITAL
- NORWALK HOSPITAL ASSOCIATION
- STATE OF CONNECTICUT DBA JOHN DEMPSEY HOSPITAL
- LAWRENCE AND MEMORIAL HOSPITAL
- HARTFORD HOSPITAL
- PROSPECT WATERBURY, INC.
- BRIDGEPORT HOSPITAL (2)
- SVMC HOLDINGS, INC (2)

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## 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
- Bridgeport Hospital - Outpatient - 8/13/2025
- Yale New Haven Hospital - 8/20/2025

## 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](http://www.ctdssmap.com), hospitals have been instructed to contact the benefit center or email [ExpeditedHusky.DSS@ct.gov](mailto: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](mailto:ctdssmap-provideremail@gainwelltechnologies.com)
- MAIL: Written Correspondence - PO Box 2991 - Hartford, CT 06104.

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

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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](mailto:ctdssmap-provideremail@gainwelltechnologies.com). Please be sure to include your name and phone number with your inquiry.

The [ctxixhosppay@gainwelltechnologies.com](mailto: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.**