

interChange Provider Important Message

Hospital Monthly Important Message Updated as of **3/14/2023**

***All red text is new for 3/14/2023**

CMAP Addendum B January 2023

The Department of Social Services (DSS) and Gainwell have updated the CMAP Addendum B to incorporate the 2023 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service January 1, 2023 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 was added to the Hospital Modernization page on the www.ctdssmap.com Web site.

Any procedure code that is “NEW”, changed or deleted was updated on January 25, 2023. Any claims with new procedure codes were identified and reprocessed and appeared on the hospital’s February 8, 2023 Remittance Advice with an Internal Control Number (ICN) beginning with region code 61 or 27.

Annual 3M Grouper Updates

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

Please note that the updated DRG calculator has been updated and posted to the www.ctdssmap.com Web Portal.

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 [2023-09](#) - Reimbursement for Intermediate Substance Use Disorder (SUD) Treatment at Outpatient Hospitals

Effective for dates of service on and after March 1, 2023, the Department of Social Services (DSS) will require that any Connecticut Medical Assistance Program (CMAP) providers enrolled as an Outpatient Hospital be certified to provide and be reimbursed for the following intermediate substance use disorder (SUD) treatment services:

Please refer to the provider bulletin for additional information.

TPL Audit Report - **February 2023**

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on **March 1, 2023**.

- Charlotte Hungerford Hospital
- Connecticut Children’s Medical Center
- The Hospital of Central Connecticut
- Prospect Manchester Hospital, Inc

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- Saint Mary's Hospital (2)
- Yale New Haven Hospital

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 near future:

- Bristol Hospital Inc - Outpatient - 4/27/23
- The Charlotte Hungerford Hospital - Inpatient - 5/9/23
- The Charlotte Hungerford Hospital - Inpatient - 6/7/23
- Connecticut Children's Medical Center - Inpatient - 4/2/23
- Natchaug Hospital - Psychiatric/Outpatient - 5/29/23
- Natchaug Hospital - Psychiatric/Inpatient (under 21) - 5/29/23
- Natchaug Hospital - Psychiatric/Inpatient (21-64) - 5/29/23
- Natchaug Hospital - Psychiatric/Inpatient (65+) - 5/29/23
- St Francis Hospital and Medical Center (1) - Inpatient - 4/30/23

Reminders/Upcoming Changes

Inpatient Claims DRG Assignment Issue on Claims that initially suspended

Gainwell Technologies has identified an issue for inpatient sterilization claims that initially suspended, where DRG assignment is incorrect on the recycled claims. A system change is in process. When corrected, Gainwell will identify and re-process any claims that process incorrectly. An important message will be posted when the issue is corrected, and claims are scheduled for re-processing.

Hysterectomy Consent Forms, Sterilization Consent Forms or Electronic Claim Attachments

Hospitals who wish to submit Hysterectomy Consent Forms, Sterilization Consent Forms or Electronic Claim Attachments may fax the documents to 1-860-986-7995 or email them to ctxix-claimattachments@gainwelltechnologies.com. For any questions related to receipt of those forms, please contact the Provider Assistance Center at 1-800-842-8440.

Inpatient Delivery Stays and Prior Authorization Reminder

As a reminder, the Department of Social Services' (DSS) criterion for identifying a delivery for an inpatient stay is based on the primary diagnosis code submitted on the claim. If the primary reason for the stay was a delivery, Prior Authorization (PA) is not required. The list of diagnosis codes to identify a delivery stay is expansive. However, examples of diagnosis codes can be found in this important message: [Inpatient Delivery Stays IM](#).

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Other Insurance and Medicare Crossover Claim Submission Helpful Resources

Hospitals are reminded that other insurance and Medicare claim submission instructions can be found in Chapter 11 - Institutional Other Insurance/Medicare Billing Guide. This chapter is available on the www.ctdssmap.com Web site by selecting Information > Publications and scrolling down to Chapter 11. From the drop-down box, select Institutional Other Insurance/Medicare Billing Guide.

To assist providers with understanding other insurance/Medicare related claim denials, providers may refer to Chapter 12 of the Provider Manual, also available on the www.ctdssmap.com Web site by selecting Information > Publications and scrolling down to Chapter 12. This chapter is revised as existing EOBs are modified and new EOBs are added

For other insurance/Medicare claims, you will be required to enter the code identifying the reason the other insurance carrier did not pay in full. The claim adjustment reason code can either be found on the Explanation of Benefit (EOB) from the other insurance carrier or in the Implementation Guide by accessing the following site: www.wpc-edi.com. After accessing the Web site, click on “Code List” (viewable on-line at no cost), then “Claim Adjustment Reason Codes.”

The following bulletins can also be referenced for other insurance/Medicare claim submission instructions:

- PB [2021-73](#) - Other Insurance/Medicare Claim Submission Instruction Reminders - for general reminders.
- PB [2021-74](#) - Outpatient Crossover Claim Pricing Changes- for changes to outpatient crossover claim requirements when submitted via the ASC X12N 837 Health Care Claim transaction. Although a date has yet to be determined by DSS, providers submitting Medicare crossover claims will be required to submit Medicare data at the claim detail level in the future and should be making those changes now.
- PB [2021-95](#) - Outpatient Crossover Electronic 837I Claim Submission and Pricing Changes - provides more detail on the changes in PB 2021-74.
- PB [2021-96](#) - Outpatient Crossover Electronic 837I Claim Submission and Pricing Changes - provides more detail on the changes in PB 2021-74.
- PB [2022-87](#)- Outpatient Crossover Claims - New Web Claim Submission Panel - for specific instruction on using the new Web claim submission panel.

ctxihospipay 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 ctxihospipay@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.