

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 3/7/2022

**all red text is new for 3/7/2022*

CMAP Addendum B January 2022

The Department of Social Services (DSS) has updated the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2022 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service January 1, 2022 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 V23.0 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 February 9, 2022. Any claims with new procedure codes were identified and reprocessed, and appeared on the hospital’s February 23, 2022 Remittance Advice with an Internal Control Number (ICN) beginning with region code 61.

DRG Calculator

The DRG Calculator was updated and added to the Hospital Modernization Web Page effective for dates of discharge January 1, 2022 and forward.

The DRG Calculator has been updated to reflect the DRG Weights, Average Length of Stays (ALOS) and Outlier Thresholds effective for discharge dates January 1, 2022 and forward. These updates are located under the DRG Table tab in the DRG Calculator. DSS has updated the hospital’s Adjusted Base Rate, IME Factor, Cost-to-Charge ratio, Behavioral Health and Rehab per diem rates for discharge dates January 1, 2022 and forward. These updates are located under the Provider Table CT tab in the DRG Calculator.

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 [2022-10](#) - The Addition of COVID-19 Proprietary Laboratory Analyses Codes to the Independent Laboratory Fee Schedule

Effective for dates of service listed below until the Department of Social Services (DSS) declares COVID-19 to no longer be a public health emergency, the following COVID-19 Proprietary Laboratory Analyses (PLA) codes are being added to the Independent Laboratory fee schedule.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-12](#) - CMAP COVID-19 Response Bulletin 58: COVID-19 Vaccine Counseling- Only for Pediatric Members

Effective for dates of service retroactive to April 21, 2021 and through the last day of the first quarter that begins one year after the end of the COVID-19 public health emergency, as required by guidance from the U.S. Centers for Medicare and Medicaid Services (CMS) based on CMS’ interpretation of section

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9811 of the American Rescue Plan Act of 2021 (ARPA), Public Law 117-2, the Department of Social Services (DSS) will reimburse for COVID-19 vaccine counseling-only visits for HUSKY Health members under the age of 21 as part of the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit while the COVID-19 vaccine administration provisions added by section 9811 of ARPA remain in effect.

COVID-19 vaccine counseling-only visits are considered professional services only and the hospital will not receive separate or additional reimbursement for procedure code 99401. Hospitals are eligible to bill a clinic visit (G0463: Hospital outpatient clinic visit for assessment and management of a patient) when COVID-19 counseling-only services are rendered in the outpatient hospital setting.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-13](#) - Add-on Rate for Ventilation Bed Stays for Chronic Disease Hospitals

Effective for dates of service retroactive to October 1, 2021, and through the end of the federal public health emergency (PHE), as extended, the Department of Social Services (DSS) is reimbursing a \$500.00 add-on rate for ventilation beds (vent beds) for Chronic Disease Hospitals (CDHs) in addition to the rate that applies for each bed day. Vent bed stays will be identified by adding diagnosis code Z99.11 (dependence on a ventilator) as the header/primary diagnosis on the claim.

Please refer to the provider bulletin for additional information.

TPL Audit Report - March 2022

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on **March 1, 2022**.

- Bridgeport Hospital
- Bristol Hospital
- Johnson Memorial Hospital Inc.
- Lawrence and Memorial Hospital
- Middlesex Hospital
- Norwalk Hospital Association

As a reminder, failure to respond to an audit will result in a recoupment of claims. Any claims recouped can be identified by a region code 52 and the Explanation of Benefit (EOB) code 8282 - CLAIM HAS BEEN RECOUPED DUE TO TPL AUDIT FAILURE.

Re-enrollment Reminder for Hospitals

The hospitals 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:

- Lawrence and Memorial Hospital - inpatient - 3/13/2022
- Lawrence and Memorial Hospital - outpatient - 3/16/2022
- Lawrence and Memorial Hospital - inpatient - 3/27/2022

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- William W. Backus Hospital - inpatient - 4/10/2022
- State of Connecticut DBA John Dempsey Hospital - outpatient - 5/30/2022
- Stamford Hospital - outpatient - 6/30/2022

Reminders/Upcoming Changes

Reprocessed this Cycle: PB 2022-10 - The Addition of COVID-19 Proprietary Laboratory Analyses Codes to the Independent Laboratory Fee Schedule - Claim Reprocessing

PB 2022-10 The Addition of COVID-19 Proprietary Laboratory Analyses Codes to the Independent Laboratory Fee Schedule was distributed to providers in February 2022 to address the addition of procedure codes to the lab fee schedule. Any claims previously submitted with the impacted procedure codes will be systematically identified and reprocessed in the upcoming financial cycle. The reprocessed claims will appear on your March 8, 2022 Remittance Advice (RA) with an Internal Control Number (ICN) that begins with region code 52 and 27.

Medicare Part A and B Crossover Claims

Medicare Part A and B crossover claims that should have crossed over directly from Medicare between February 14 and February 18, 2022 were not received for processing in the February 18, 2022 financial cycle. Those Medicare Part A and B files were received from the Center for Medicare and Medicaid Services (CMS) in time for processing in the March 4, 2022 financial cycle and will appear on your March 8, 2022 Remittance Advice (RA).

Transition to Gainwell Technologies for ctixhosppay Email Box

Gainwell Technologies is pleased to announce that the hospital email box has migrated to @gainwelltechnologies.com. While emails sent to ctixhosppay@dx.com will auto forward for a short period of time, hospitals are encouraged to begin using the ctixhosppay@gainwelltechnologies.com email address. Documentation, such as the Hospital Modernization page, will soon be updated to reflect the correct email address. As a reminder, hospitals should direct most of their inquiries to the PAC.

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