interChange Provider Important Message

Hospital Monthly Important Message Updated as of 04/08/2020

*all red text is new for 04/08/2020

Provider Assistance Center (PAC)

If hospitals are experiencing extended call wait times, hospitals may email the provider assistance call center with their question at ctdssmap-provideremail@dxc.com. Please be sure to include your name and phone number with your inquiry.

Hospitals are reminded the provider assistance center does not verify client eligibility for current dates of service. Hospitals need to log into their secure Web portal account at www.ctdssmap.com in order to verify a client's eligibility. Hospitals are reminded that the self-service functions including Client Eligibility, Web Claim Submission, Claims Status Inquiry, Paid Claim Adjustments, Pharmacy Prior Authorization Request Submissions and Prior Authorization status requests are available to providers through their secure Web portal account.

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@dxc.com.

Hospitals who wish to submit Trauma Questionnaire Responses may fax them to 1-833-577-3519 or email them to CTXIX-TraumaMailbox@dxc.com.

Provider Bulletins

Provider Bulletin 2020-09 New Coverage of Specified Telemedicine Services Under the Connecticut Medical Assistance Program (CMAP)

Provider Bulletin 2020-10 CMAP COVID-19 Response - Bulletin 1: Emergency Temporary Telemedicine Coverage

Provider Bulletin 2020-14 CMAP COVID-19 Response - Bulletin 4: Expanded Telemedicine and New Audio-Only (Telephonic) Services

Effective for dates of service March 13, 2020 and forward, in accordance with section 17b245e of the 2020 supplement to the Connecticut General Statutes, the Department of Social Services (DSS or Department) will implement full coverage of specified synchronized telemedicine, which is defined as an audio and video telecommunication system with real-time communication between the patient and practitioner.

The hospital can bill for the following behavioral health services for establish patients performed as telemedicine services as an all-inclusive outpatient claim following current billing instruction from CMAP Addendum B for procedure codes 90832-90834, 90836-90838 and 90847.

Effective for dates of service March 18, 2020 and forward the hospitals can bill these services if they are done telephonically (audio-only). If they are done via the telephone, the hospitals would need to bill with Revenue Center code (RCC) 914 and either procedure code 98967 (11-20 minutes) or 98968 (21-30 minutes). If the telephone call exceeds 41 minutes the hospital can bill both CPT codes on the same date of service.

Psychiatric Diagnostic Evaluations (procedure code 90791 or 90792) can only be done through telemedicine only.

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The hospital should not be billing for Evaluation and Management (E&M) Services Rendered to Established Patients via the Telephone. These services are not listed on CMAP Addendum B as a covered service and should be billed under the physician/physician group provider ID.

Provider Bulletin 2020-12 CMAP COVID-19 Response - Bulletin 2: Laboratory Testing Coverage

Effective for dates of service March 18, 2020 and forward, laboratory providers must use one of the following HCPCS for the billing of COVID-19 diagnostic tests: U0001 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel – To be used for tests developed by the Centers for Disease Control (CDC) or U0002 2019- nCoVCoronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets) – To be used for non-CDC laboratory tests.

Reimbursement for the tests will be set at the Medicare rate and the Laboratory fee schedule will be updated accordingly.

Provider Bulletin 2020-23 CMAP COVID-19 Response - Bulletin 8: Emergency Temporary Telemedicine Coverage for Physical Therapy, Occupational Therapy & Speech Therapy Services

Effective for dates of service from March 20, 2020 until DSS has notified providers in writing that the state has deemed COVID-19 no longer to be a public health emergency (the "Temporary Effective Period"), specified physical therapy (PT), occupational therapy (OT) and speech & language pathology (SLP) services will be permissible to be rendered to established patients only when rendered via synchronized telemedicine, which is defined as real time live audio and video technology, in accordance with the provisions below.

Outpatient hospitals must continue to follow CMAP Addendum B regarding reimbursement for PT, OT and SLP services. The following Revenue Center Codes (RCCs) are approved for telemedicine and must continue to be billed by the hospital when PT, OT or SLP services are rendered via telemedicine:

RCC 421 - PT visit, RCC 431 - OT visit and RCC 441 - SLP visit

PT, OT and SLP services are paid as an all-inclusive rate to the hospital and professional services cannot be billed separately. Prior Authorization guidelines still apply to PT, OT and SLP services.

Provider Bulletin 2020-25 CMAP COVID-19 Response - Bulletin 10: Expanded Use of Synchronized Telemedicine for Specified Behavioral Health Group Therapy Services and Autism Spectrum Disorder Services

Effective for dates of service from March 23, 2020 until DSS has notified providers in writing that the state has deemed COVID-19 no longer to be a public health emergency (the "Temporary Effective Period"), BH group therapy and ASD services will be permissible to be rendered via synchronized telemedicine, which is defined as an audio and video telecommunication system with real-time communication between the patient and practitioner. These services cannot be rendered using audio-only (telephone).

Outpatient hospitals must continue to follow the Connecticut Medical Assistance Program (CMAP) Addendum B regarding reimbursement for outpatient hospital behavioral health (BH) services. All BH services rendered in the outpatient hospital must continue to be billed by the hospital.

Frequently Asked Questions (FAQs) About CMAP's Response to COVID-19 (Coronavirus)

The FAQ document is located on the www.ctdssmap.com Web page on the home page under Important Messages.

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CMAP Addendum B April 2020

The Department of Social Services (DSS) will be updating the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2020 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service April 1, 2020 and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on April 2, 2020 with an April 1, 2020 effective date for dates of service April 1, 2020 and forward. DXC Technology has determined there were no outpatient claims that processed with the incorrect payment for dates of services April 1, 2020 and forward.

3M Grouper (DRG Inpatient Admissions)

The update to the ICD-10 (International Statistical Classification of Diseases) related to the new COVID-19 diagnosis code effective April 1, 2020 may cause inpatient Diagnostic Related Group (DRG) claims with header Through Date of Service (TDOS) April 1, 2020 and forward to suspend with either Explanation of Benefit (EOB) code 0693 "Invalid Principal Diagnosis" or EOB code 0920 "3M Grouper Error" until the new 3M Grouper is loaded. Once the updated grouper version is loaded into the system the claims will be re-cycled for processing. An important message will be posted once the new grouper version has been scheduled to be loaded into the system.

Provider Bulletin 2020-05 - Increasing the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices

DSS has updated the reimbursement rates for select Long-Acting Reversible Contraceptive (LARC) devices. Effective for dates of service March 1, 2020 and forward, DSS increased the reimbursement rates for the following LARC devices on the physician office and outpatient fee schedule procedure code J7297 "Liletta, 52 mg" and J7300 "Paragrad" and on the family planning clinic fee schedule procedure code J7297 was updated. The reimbursement rates for LARCs on the family planning fee schedule is based on 340-B pricing.

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 and no claims after that date will be allowed until the re-enrollment is completed.

This 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:

- The Hospital of Central Connecticut – Outpatient Hospital – 05/01/2020

HOLIDAY CLOSURE

Please be advised, DSS and DXC Technology will be closed on Friday, April 10, 2020 in observance of the Good Friday Holiday. DSS and DXC Technology will re-open on Monday, April 13, 2020.