

# interChange Provider Important Message

## Hospital Monthly Important Message Updated as of 04/13/2021

\*all red text is new for 04/13/2021

### CMAP Addendum B April 2021

The Department of Social Services (DSS) will be updating the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2021 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service April 1, 2021 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 March 30, 2021 with an April 1, 2021 effective date for dates of service April 1, 2021 and forward. Gainwell Technologies has determined there were no outpatient claims that processed with the incorrect payment for dates of services April 1, 2021 and forward.

Any procedure code that is “NEW”, changed or deleted will be updated in the near future. A separate communication will go out once the system has been updated.

### Inpatient Claims Suspending

The update to the ICD-10 (International Statistical Classification of Diseases) diagnosis codes effective January 1, 2021 (E.g. M35.81 “Multisystem inflammatory syndrome”) previously caused inpatient Diagnostic Related Group (DRG) claims with header Through Date of Service (TDOS) January 1, 2021 and forward to suspend with either Explanation of Benefit (EOB) code 0693 “Invalid Principal Diagnosis” or EOB code 0920 “3M Grouper Error.” This issue was corrected, and the suspended claims were processed in the March 12, 2021 claim cycle and appeared on the March 16, 2021 RA.

### Inpatient Claims Missing DRG Information

Gainwell Technologies identified an issue with inpatient claims processed between January 27, 2021 and February 3, 2021 that were missing the DRG code on the claim. Gainwell Technologies corrected the issue and the identified claims were adjusted and appeared on the hospital’s March 16, 2021 RA with an Internal Control Number (ICN) beginning with 52.

### Present on Admission (POA) Indicator

Gainwell Technologies identified an issue with inpatient claims denying for Present on Admission (POA) indicator when the hospital billed for diagnosis code Z11.52 and Z86.16 and the POA indicator was blank. The diagnosis codes were corrected on February 3, 2021 and are now exempt from requiring a POA indicator and any inpatient claims that denied for EOB code 752 “Present on Admission Indicator Missing or Invalid” can be re-submitted for processing.

### Reinstatement of Prior Authorization Requirements Previously Modified by PB 2020-33 CMAP COVID-19 Response - Bulletin 23 (Important Message published 3/26/2021)

As of publishing of this Important Message, Executive Order (EO) 7EE, Section 4 is set to expire as of April 20, 2021 thereby eliminating the Department of Social Services’ (DSS) authority to waive or modify existing prior authorization (PA) requirements. As such, **effective for dates of service April 20, 2021 and forward, CMAP enrolled providers MUST obtain PA or PA thresholds are being revised for the following services:**

- In-state and Border Inpatient Hospital Admissions
- Outpatient Behavioral Health Services
- Advanced Radiology and Imaging Services

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As a measure to assist providers in the response to the state public health emergency (PHE) declared to address the spread of COVID-19, DSS, under the authority of Executive Order 7EE, Section 4, temporarily waived or modified the prior authorization requirements for the services listed above. In the absence of continuation of this EO, DSS will not have the authority to continue to waive or modify the PA requirements. Please refer to PB 2020-33 and PB 2020-18 for additional details related to the modifications. Please note that it is possible that further extensions of such temporary authority to waiver or modify the PA requirements beyond April 20, 2021 may occur, and DSS is closely monitoring the situation and will work to notify providers as expeditiously as possible of any such change. However, as of publishing of this IM, hospitals should start the process to secure PA for services in any of the above categories for dates of service April 20, 2021 and forward.

## Catch-Up Vaccinations of Children Notifications

In partnership with the CT Department of Public Health, please click on the link below for important information for providers enrolled in the Connecticut Vaccine Program regarding Catch-Up Vaccinations of Children.

[https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Vaccination\\_Catchup.pdf](https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Vaccination_Catchup.pdf)

## Provider Bulletins

### Provider Bulletin 2021-23 - CMAP COVID-19 Response Bulletin 51: Updated Guidance COVID-19 Vaccine Administration - Medical Practitioners

Effective for dates of service as specified below, through the end of the public health emergency (PHE), the Department of Social Services (DSS) is:

- updating the COVID-19 vaccine administration reimbursement to \$40.00 and adding applicable coding for administration of the Janssen COVID19 vaccine,
- updating the guidance for vaccine administration for individuals covered under the Limited Benefit programs,

This provider bulletin provides additional and updated guidance related to the administration of COVID-19 vaccines and must be applied in combination with *PB 2021-05 "CMAP COVID19 Response Bulletin 48: COVID-19 Vaccine Administration - Medical Practitioners."*

A claim submitted for the administration of a COVID-19 vaccine by an outpatient hospital must include both the procedure code (0001A, 0002A, 0011A, 0012A and 0031A) for the administration with Revenue Center Code (RCC) 770 "Prevent Care Svcs" and the procedure code for the vaccine product administered 91300, 91301 or 91303 (including the National Drug Code (NDC)).

A separate notification will go out when CMAP Addendum B is updated and the system is ready to accept claims submitted with the Janssen COVID-19 vaccine. Any outpatient claims submitted prior to the update will be denied and the hospital will be required to re-submit the claim.

### Provider Bulletin 2021-16 - An Act Concerning Diabetes and High Deductible Health Plans

Public Act 20-4, An Act Concerning Diabetes and High Deductible Health Plans, allows pharmacists to prescribe insulin, glucagon, and diabetic devices under certain conditions and requires these prescriptions to be submitted to the Connecticut Prescriptions Monitoring and Reporting System (CPMRS).

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## Reminders / Updates:

### **Healthcare Common Procedure Coding System (HCPCS) unit updates**

The units were updated on the following CPT/HCPC codes on February 20, 2021:

J9144 increased from 99 units to 180 units and J9317 was increased from 99 unit to 288 units.

These procedure codes would have partially paid and hit Explanation of Benefits (EOB) code 9991 “Billed Units Have Been Cutback to Contract Maximum” on the hospital’s outpatient claims. The hospital can adjust these procedure codes if they did not allow the correct units.

**Health Care Acquired Condition (HCAC) / Present on Admission (POA)** document on the Hospital Modernization page on [www.ctdssmap.com](http://www.ctdssmap.com) was updated on March 15, 2021 with the most current information and helpful links to Centers for Medicare and Medicaid Services (CMS) sites.

### **Provider Bulletin 2020-83 Spravato® Coverage Guidelines**

Effective January 1, 2021 DSS implemented a Prior Authorization (PA) requirement for the coverage of Esketamine nasal spray, marketed as Spravato®, for HUSKY A, HUSKY B, HUSKY C, and HUSKY D members. Hospitals are reminded to use the NPI or AVRS ID they bill under when requesting a PA through Beacon Health.

## Provider Manual Chapter 12

### **Explanation of Benefit (EOB) Code 5454 - COVID 19 Admin Must be Billed with COVID 19 Vaccine**

Cause: A claim was submitted with procedure code 0001A, 0002A, 0011A, 0012A or 0031A without the procedure code for the vaccine product administered, including the National Drug Code (NDC).

Resolution: Verify the coding on the claim and re-submit the claim.

### **Explanation of Benefit (EOB) Code 5455 - APC - COVID 19 Lab Add-On Code Reported W/O Primary Proc**

Cause: An outpatient claim was submitted with procedure code U0005 without one of its primary procedure U0003 or U0004 on the same date of service.

Resolution: Verify the coding on the claim and re-submit the claim.

### **COVID-19 (Coronavirus) Information and Frequently Asked Questions (FAQs) - (Updated 3/31/2021)** **Important Message**

The FAQ document is located on the [www.ctdssmap.com](http://www.ctdssmap.com) Web page on the home page under Important Messages.

Appendix 1 - This spreadsheet lists the procedure codes, and when applicable the revenue center codes that are eligible to be billed when performed as via telemedicine (synchronized audio and visual) or telephonically (audio-only) during the Temporary Effective Period in response to COVID-19. Hospitals must refer to the corresponding provider bulletins for billing guidance, including effective dates and applicable fee schedules. Hospitals must continue to follow CMAP Addendum B regarding reimbursement.

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## TPL Audit Report - April 2021

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on April 1, 2021:

Greenwich Hospital, Natchaug Hospital, Middlesex Hospital, Day Kimball Hospital, Prospect Manchester Hospital, Prospect Rockville Hospital, and Hartford Hospital.

## 3M Health Information Systems Tool - [www.aprdrgassign.com](http://www.aprdrgassign.com)

3M has just rolled out an update to the Web site which includes new features and functionality, as well as a new login process. User information was not migrated over from [www.aprdrgassign.com](http://www.aprdrgassign.com). Every user needs to create an account by clicking the [Register](#) link.



Username

Password

[Forgot Password](#)

[Forgot Username](#)

For existing users, Authorization Code is the original username for aprdrgassign.com. For CT hospital users the original username was CTHosp. All fields must be populated.

**Register User**

NOTE: Existing users can use their original username as the authorization code.  
Please note that this feature will eventually be removed at a future date.

Please enter a unique username (for example: jsmith). Do not use your authorization code as a username.

After pressing the [REGISTER] button, a verification email will be sent. Open the email and click the link in the email body to complete the registration process. You will not be able to log-in before verifying your email.