

interChange Provider Important Message

Hospital Monthly Important Message Updated as of **5/9/2023**

***All red text is new for 5/9/2023**

CMAP Addendum B April 2023

The Department of Social Services (DSS) has updated the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2023 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service April 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 V24.1 have been posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on March 31, 2023 with an effective date for dates of service April 1, 2023 and forward.

Any procedure code that is “NEW”, changed or deleted was updated on April 26, 2023.

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.

The April changes and older versions of CMAP Addendum B can be found on the Hospital Modernization page under “CMAP Addendum B Changes and Historical Versions.”

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 [2023-22](#) - Updated Billing Guidance Regarding COVID-19 High-Throughput Technology Billed Under Procedure Codes U0003, U0004 and U0005

Effective for dates of service on or after May 12, 2023, which is the day after the federal COVID-19 public health emergency declaration ends, COVID-19 clinical diagnostic lab tests with the use of high-throughput technologies will no longer be reimbursed. This update applies to all HUSKY Health programs (HUSKY A, B, C and D) and the COVID-19 Testing Group.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2023-30](#) - COVID-19 Vaccine Administration Guidance

Effective for dates of service on and after May 12, 2023, which is the first day after the federal COVID-19 public health emergency declaration ends, the Department of Social Services (DSS) will continue to reimburse for the administration of COVID-19 vaccines that are either granted full Food and Drug Administration (FDA) approval or for vaccines that are granted or continue to operate under Emergency Use Authorization (EUA status). This coverage applies for dates of service May 12, 2023, and forward

interChange Provider Important Message

for individuals covered under HUSKY Health A, B, C, D, Tuberculosis Limited Benefit (TB)* and Family Planning Limited Benefit (FAMPL)*.

*Coverage for COVID-19 vaccine administration will continue for members covered under the TB and FAMPL programs for dates of service May 12, 2023, through September 30, 2024.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2023-31](#) - Sunsetting Provider Bulletins Issued in Response to the COVID-19 Public Health Emergency

Effective for dates of service on or after May 12, 2023, which is the first day after the federal COVID-19 public health emergency declaration ends, the Department of Social Services (DSS) is sunsetting COVID-19 Response provider bulletins (PBs) and the COVID-19 Information and FAQs issued during the COVID-19 Public Health Emergency (PHE). This update applies to services rendered under HUSKY A, B, C, D and Home and Community Based Services (HCBS) waivers.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2023-32](#) - Discontinuation of the Optional COVID-19 Testing Group - Effective May 12, 2023

Effective for dates of service on and after May 12, 2023, which is the first day after the federal COVID-19 public health emergency declaration ends, the Department of Social Services (DSS) will no longer have federal authority to cover and reimburse for services under the optional Medicaid coverage group, "COVID-19 Testing Group."

Please refer to the provider bulletin for additional information.

Provider Bulletin [2023-34](#) - Public Health Emergency Eligibility Unwinding

The Families First Coronavirus Response Act (FFCRA) mandated continuous Medicaid enrollment throughout the federally-declared COVID-19 public health emergency (PHE) period for nearly all of those enrolled in Medicaid on or after the date of enactment on March 18, 2020, through the end of the month in which the PHE declaration ends. The continuous enrollment provision changed Medicaid's regular eligibility renewal and redetermination process by prohibiting termination of ineligible individuals except for those who do not have a qualifying immigration status, voluntarily disenroll, are deceased, or are no longer a state resident.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2023-37](#) - Addition of Prior Authorization on Select Radiology Procedure Codes

Effective for dates of service May 1, 2023 and forward, consistent with existing authorization requirements for physician and independent radiologists, the Department of Social Services (DSS) is adding prior authorization (PA) to the following procedure codes for outpatient hospitals:

Please refer to the provider bulletin for additional information.

interChange Provider Important Message

TPL Audit Report - April 2023

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

- Griffin Hospital
- Johnson Memorial Hospital
- Middlesex Hospital
- Natchaug Hospital
- Saint Francis Hospital and Medical Center
- State of Connecticut - DBA John Dempsey Hospital
- William W. Backus Hospital (2)

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:

- Day Kimball Hospital - Outpatient - 8/3/23
- Norwalk Hospital Association - Inpatient - 6/25/23

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 processed incorrectly. An important message will be posted when the issue has been corrected, and claims are scheduled for re-processing.

DRG Grouper Updates

CMS has moved to updating ICD-10 diagnosis codes/surgical procedure codes to twice a year in April and October. As a result, the Diagnosis Related Grouper (DRG) was updated on April 19, 2023. Claims submitted on 4/19/23 with DOS 4/1/23 and after will use the new version of the grouper. Although this is a new version of the grouper, there are no changes to DRG rates or weights.

Updated Prior Authorization Grid for Outpatient Hospitals

DSS has updated the "Prior Authorization Grid for Outpatient Hospitals". The most current grid can be found on the Hospital Modernization page, using the link shown below:

interChange Provider Important Message

Important Messages - Connecticut Hospital Modernization

[Prior Authorization Grid for Outpatient Hospitals](#)

[Hospital Monthly Important Message \(Posted 4/11/22\)](#)

[CMAP Addendum B \(excel\)](#)

[Provider Type and Specialty to Revenue Center Code Crosswalk](#)

[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.

[Holiday Closures](#)

Please be advised that both DSS' and Gainwell Technologies' offices will be closed on Monday, May 29, 2023 in observance of the Memorial Holiday, DSS and Gainwell Technologies will re-open Tuesday, May 30, 2023.