interChange Provider Important Message

Hospital Monthly Important Message Updated as of 07/12/2021

*all red text is new for 07/12/2021

CMAP Addendum B July 2021

The Department of Social Services (DSS) will be updating the Connecticut Medical Assistance Program (CMAP) Addendum B for dates of service July 1, 2021 and forward in July. The payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system prior to July 1, 2021. Any claims that are submitted for dates of service July 1, 2021 and forward that have a status indicator of G or K will process at the correct payment rate.

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.

Provider Bulletins

Provider Bulletin 2021-38 - Use Of ICD-10-CM "Z" Codes For Social Determinants Of Health

To better understand and respond to the needs of our HUSKY Health Members, the Department of Social Services (DSS) is strongly recommending inclusion of Social Determinants of Health (SDOH) data on Connecticut Medical Assistance Program (CMAP) claim submissions. DSS continues to explore payment models, such as value-based and acuity-based reimbursements that integrate factors that historically have not been submitted on claims. Z codes can be entered in any diagnosis field other than the primary diagnosis field. If a Z code is used as a primary diagnosis, the claim will deny.

Provider Bulletin 2021-41 - Pediatric Inpatient Psychiatric Services

The Department of Social Services (DSS) has implemented the following two interim rate add-on policies through a Coronavirus Disease 2019 (COVID-19) Disaster Relief Medicaid State Plan Amendment (SPA) in order to expedite the implementation of these policies and to help address the unmet need for pediatric inpatient psychiatric services that has significantly worsened due to COVID-19.

The rate add-on eligibility start date will be the first day of the calendar quarter beginning on or after the effective date of the expanded bed capacity on the hospital certification form and state's approval for the hospital to participate in this rate add-on, except that the start date will be June 1, 2021 for hospitals approved for participation on or before May 31, 2021. The rate add-on will end June 30, 2022.

If authorized by the behavioral health Administrative Services Organization (ASO), the hospital will add Revenue Center Code (RCC) 169 to the claim of the child and the acuity-based rate add-on will increase the per diem rate of 10% for the specific patient bed days for which the add-on was authorized.

Hospitals' current Beacon Health Options authorizations could contain revenue code/list 13 for acute care days and the new revenue code/list 2069 for the pediatric inpatient psychiatric services. In these cases, the hospital should be billing the Pediatric Inpatient Psychiatric authorized days (revenue code/list 2069) with RCC code 169 for the days authorized for the for pediatric inpatient psychiatric services.

Example: The client is in the hospital from July 1st and is discharged on July 11th for 10 days. The hospital has an authorization approved for 7 days acute psych stay and 3 days for the pediatric inpatient psychiatric services. The Prior Authorization (PA) would be for 7 days with revenue code/list 13 for inpatient psych days and for 3 days with revenue code/list 2069 for pediatric inpatient psychiatric services (see below).



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The claim would need to be billed with the following details:

RCC Dates of Service Units/days

124 7/1/2021 - 7/11/2021 7 169 7/1/2021 - 7/11/2021 3

If the entire stay was approved for pediatric inpatient psychiatric services, you would see only 1 PA with revenue code/list 2069 for 10 units and you would only need to bill one detail line:

RCC Dates of Service Units/days

169 7/1/2021 - 7/11/2021 10

Inpatient Hospital Fee Schedule for Organ Acquisition Costs

The table below contains historical and current Organ Acquisition rates for both in-state and out-of-state hospitals for Revenue Center Code (RCC) 810, 811 and 812.

Organ	Flat Fee	Effective date	End date
Kidney	\$83,588	7/1/2021	12/31/2299
Heart	\$109,318	7/1/2021	12/31/2299
Liver	\$174,966	7/1/2021	12/31/2299
Pancreas	See Below	7/1/2018	12/31/2299
Lung	See Below	1/1/2015	12/31/2299

Payment will be the lower of charges or state-wide average.

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 <u>the re-enrollment due date</u> 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 Griffin Hospital inpatient hospital 09/06/2021
- Bristol Hospital inpatient hospital 10/24/2021



^{*}For lung or pancreas acquisition, the hospital must submit their most recent Medicare cost report submitted to CMS to DSS.