

interChange Provider Important Message

Hospital Monthly Important Message Updated as of **10/15/24**

***All red text is new for 10/15/24**

CMAP Addendum B July 2024

The Department of Social Services (DSS) is in the process of updating the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2024 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) for dates of service October 1, 2024 and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

The PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B is in the process of being updated for the end of October. Hospitals will be notified when the updates are 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 September 27, 2024 with an effective date for dates of service October 1, 2024 and forward.

The forthcoming Addendum B 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.

Older versions of CMAP Addendum B can be found under the Hospital Modernization page under “CMAP Addendum B Changes and Historical Versions.”

October ICD-10 Updates

ICD-10 updates for both diagnosis and surgical procedure codes are effective October 1st. There are 371 ICD-10 surgical codes being added and 61 being discontinued and there are 252 diagnosis codes being added and 36 discontinued. New codes will not be recognized until the new diagnosis related grouper (DRG) is installed. Inpatient claims submitted with new diagnosis or surgical codes will suspend and then be finalized once the new grouper is in place. Inpatient claims with header Through Date of Service (TDOS) October 1, 2024 and forward to suspend with either 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.

3M Grouper Updates

The new version of the Diagnosis Related Grouper (DRG) will be implemented the end of October 2024. Hospitals will be notified of the update via an Important Message. Although this was a new version of the grouper, **there were no changes to DRG rates or weights.**

The Diagnosis Related Grouper (DRG) was implemented on 7/24/2024. Claims submitted on 7/24/24 with DOS 7/1/24 and later use this version of the grouper. Although this was a new version of the grouper, **there were no changes to DRG rates or weights.**

Recoupment of Interim Payments Due to Cyber Attack:

DSS has been monitoring claim levels for all providers that received an interim payment due to the Change Healthcare Cyber Attack and has determined that some hospitals are back to normal payment levels based on their claim cycle payments in April and May. Hospitals determined to be back at their normal payment levels will have the full interim payment recouped in the May 24, 2024 claim cycle. Hospitals will see this in their Remittance Advice (RA) dated May 29, 2024. Hospitals should expect to see the interim payment recouped in full in a future claim cycle, no later than September 30, 2024. You

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can identify an interim payment recoupment by the reason code 8409 "Provider Interim Payment," under account receivables.

Reimbursement Rate Increases for Select Behavioral Health Services for Children

As of August 13, 2024, DSS increased the reimbursement rates of select behavioral health services (including family therapy services) for HUSKY Health members ages 20 years old and under for dates of service July 1, 2024 and forward.

Claims processed prior to August 13, 2024 where the detailed billed amount is greater than the new allowed amount will be retroactively adjusted. Gainwell Technologies will identify and reprocess these claims without any additional work on the part of providers.

The fee schedules are being updated and when available we will update this important message (approximately October 21, 2024).

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 [2024-52](#) - (1) Updated COVID-19 Vaccine Administration Guidance and Reimbursement (2) Pharmacy Coverage for at home COVID Test kits

Effective for dates of service on and after October 1, 2024: COVID-19 Vaccine Coverage End Date - Tuberculosis (TB) and Family Planning Limited Benefit (FAMPL)

Reimbursement to Outpatient Hospitals will be based on the reimbursement for each specified vaccine administration procedure code as set forth in CMAP Addendum B. Reimbursement for outpatient hospital services will continue to follow the Outpatient Prospective Payment System (OPPS) / Ambulatory Payment Classification (APC) methodology. Please note that when the vaccine administration is provided in the outpatient hospital setting and the outpatient hospital bills for the administration, there will be no separate reimbursement for professional services.

HUSKY B Cost Share Requirements: As a reminder providers are prohibited from collecting cost share for preventive services under HUSKY B, which includes vaccinations.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2024-60](#) Pharmacy Local Fax Number Discontinuation

Effective immediately the Local Pharmacy Prior Authorization Fax number for CT Medicaid/Husky Health (860-269-2035) is no longer in service.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2024-61](#) Policy Updates and Changes to Clinical Review Criteria

New Policies - Effective November 1, 2024
Policy Updates - Effective November 1, 2024

Please refer to the provider bulletin for additional information.

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TPL Audit Report - October 2024

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on October 1, 2024.

- THE HOSPITAL OF CENTRAL CONNECTICUT
- NATCHAUG HOSPITAL
- THE CHARLOTTE HUNGERFORD HOSPITAL
- MIDDLESEX HOSPITAL
- WILLIAM W. BACKUS HOSPITAL

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 next **6 months**:

- ST Mary's Hospital Inc - Outpatient - 11/6/24
- ST Francis Hospital and Medical Center - Outpatient - 11/20/24
- SVMC Holdings, Inc - Inpatient Psych - 12/27/24
- Norwalk Hospital Association - Outpatient - 1/3/25
- Yale-New Haven Hospital - Dental Clinic - 3/26/25
- Connecticut Children's Medical Center - Outpatient - 3/26/25

Reminders/Upcoming Changes

Newborn Form W-416 Delays

The typical turnaround time is 24 hours for processing this form. If after 3 business days hospitals do not see the newborn's client ID and are not able to find it on www.ctdssmap.com, hospitals have been instructed to contact the benefit center or email ExpeditedHusky.DSS@ct.gov.

Inpatient Hospital Claims require a Prior Authorization (PA)

Make sure that when you receive two separate per-diem (Rehab or Behavioral Health) PAs, that the PA date ranges do not overlap - when this happens the claim ONLY picks up one of the PAs. A denial could be received for the dates on the second PA.

Written Correspondence

For timely filing claims the hospital provider can do one of the following three (3) things:

Submit all claims on paper to Gainwell Technologies by

- FAX: 1-877-413-4241
- EMAIL: ctdssmap-provideremail@gainwelltechnologies.com
- MAIL: Written Correspondence - PO Box 2991 - Hartford, CT 06104.

Make sure that a cover letter is attached and that you state the reason why you are sending in the claims on paper.

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Claim Denials

If your claim denies please refer to provider manual 12 “[Claim Resolution Guide](#)”. This chapter provides a detailed description of the cause of the Explanation of Benefit (EOB) code and more importantly, the necessary correction to the claim, if appropriate, in order to resolve the error condition. If you need additional assistance, please contact the Provider Assistance Center at 1-800-842-8440 and if PAC is unable to assist, then they will escalate your inquiry.

ctxixhosppay 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 ctxixhosppay@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 the Department of Social Services (DSS) and Gainwell Technologies (GT) offices will be closed on Monday, November 11, 2024 in observance of the Veteran’s Day Holiday, the Department of Social Services (DSS) and Gainwell Technologies (GT) will re-open on Tuesday, November 12, 2024.