

interChange Provider Important Message

Hospital Monthly Important Message Updated as of **11/7/22**

*all red text is new for 11/7/22

CMAP Addendum B October 2022

DSS and Gainwell are in the process of implementing the CMAP Addendum B October 2022 updates. An important message will be posted when the October version of CMAP Addendum B has been posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

Please note that, when that is posted, providers may see a new status indicator (SI) of H on CMAP Addendum B. Procedure codes containing an SI of H are not payable.

The payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system prior to October 1, 2022. Any claims that are submitted for dates of service October 1, 2022 and forward that have a status indicator of G or K will process at the correct payment rate.

Annual 3M Grouper Updates

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Updates

The update to the ICD-10 (International Statistical Classification of Diseases) codes effective October 1, 2022 may cause inpatient Diagnostic Related Group (DRG) claims with header Through Date of Service (TDOS) October 1, 2022 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 has been loaded into interChange, the impacted 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.

Diagnosis Related Grouper (DRG) October Updates

For the October 1, 2022 update, there were no new or deleted DRGs.

Diagnosis Related Grouper (DRG) January Updates - DRG Weight, Average Length of Stay (ALOS) and Outlier Threshold

Per the amendment to Attachment 4.19-A of the Medicaid State Plan, DSS shall pay for hospital inpatient services on a fully prospective per discharge basis using DRG-based payments. Diagnosis related groups will be assigned using the most recent version of the 3M All Patient Refined Diagnosis-Related Grouper (APR-DRG) with each new grouper version released by 3M being implemented the subsequent January 1st. DRG Weights, average length of stays and outlier thresholds for the new version will all have an effective date of January 1, 2023.

A provider bulletin will be distributed in December 2022 reminding hospitals of the annual update to the inpatient hospital adjustment factors and the APR-DRG weights, effective January 1, 2023. Once the DRG calculator has been updated and posted to the www.ctdssmap.com Web site with that most current information, additional provider notification will be distributed.

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Annual Rates/Parameters for the Outpatient Payment Prospective System (OPPS)

Hospitals are reminded that they will receive their annual rates/parameters letter for the Outpatient Payment Prospective System (OPPS) in December.

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 [2022-77](#) - Removal of Prior Authorization for Select Behavioral Health Services

Effective for dates of service September 1, 2022, and forward, the Department of Social Services (DSS) is removing Prior Authorization (PA) on certain procedure codes.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-80](#) - Policy Updates and Changes to Clinical Review Criteria

The purpose of this bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of new policies and upcoming policy changes to clinical review criteria for certain medical services and items.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-84](#) - Notifications: Maternity Admissions with Delivery

Effective for dates of service 11/1/2022 and forward, in-state and border hospitals will no longer need to submit notifications of labor and delivery admissions to the Medical ASO, Community Health Network of Connecticut, Inc.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2022-87](#) - Outpatient Crossover Claims - New Web Claim Submission Panel

Providers were notified of upcoming changes to outpatient crossover claim requirements when submitted via the ASC X12N 837 Health Care Claim transaction in PB 21-95. In the near future, providers submitting Medicare crossover claims will be required to submit Medicare data at the claim detail level.

Please refer to the provider bulletin for additional information.

TPL Audit Report - **October 2022**

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on **November 1, 2022**.

- Connecticut Children's Medical Center
- Hospital of Central Connecticut
- Prospect Manchester Hospital (2)
- Prospect Rockville Hospital

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As a reminder, failure to respond to an audit will result in a recoupment of claims. Any claims recouped can be identified by as having an Internal Control Number (ICN) starting with region code 52 and the Explanation of Benefit (EOB) code 8282 - CLAIM HAS BEEN RECOUPED DUE TO TPL AUDIT FAILURE.

Additionally, providers can view/modify the address that letters are mailed to via the Secure Web portal accounts. For additional information on maintaining address data, providers should refer to Chapter 10 of the Provider Manual, available under Information > Publications on the www.ctdssmap.com Web site.

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:

- Danbury Hospital - Inpatient - 11/29/2022
- Midstate Medical Center - Outpatient - 11/17/2022
- Hospital for Special Care - Inpatient - 2/8/2023
- The Charlotte Hungerford Hospital - Outpatient - 2/27/2023
- Stamford Hospital - Inpatient - 1/26/2023
- Stamford Hospital - Inpatient - 2/6/2023

Reminders/Upcoming Changes

Reminder on Billing Requirements for Clients Transferring from Medical to Psychiatric Unit

Hospital providers are reminded that in order to avoid claim denials, the following process must be followed with regards to clients transferring from medical to psychiatric units. If the client is subsequently transferred to a psychiatric unit, the hospital should administratively discharge (Patient Status 65) the client from medical and re-admit the client to behavioral health (Admit Source D) to qualify for the per diem rate for the behavioral health portion of the stay. There are related instructions in Chapter 8 Hospital of the provider manual.

More COVID Vaccine Updates

Please note that DSS had made updates for additional COVID vaccinations as follows:

- CPT codes 91313, 91312, 0124A, and 0134A were added effective 8/31/22.
- CPT codes 91314, 91315, 0154A & 0144A were added effective 10/12/22.

These codes will be viewable on the updated CMAP Addendum B. Providers will need to resubmit any claims previously denied with those codes.

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Monkeypox Testing/Vaccine Update

Providers should refer to PB [2022-70](#) for information on CPT code 87593 for laboratory testing. Providers should refer to the revised CMAP Addendum B for any vaccine updates once that is posted.

Medicaid Paid Claims Data

The Electronic Data Interchange (EDI) Unit answers questions regarding the HIPAA Electronic Transactions, Gainwell Technologies Provider Electronic Solution software, and electronic claims submission. Additional EDI information is available on the Trading Partner Page of the www.ctdssmap.com Web portal.

Please contact the EDI Help Desk toll free at 1-800-688-0503 Monday through Friday, 8:00 am to 5:00 pm, excluding holidays for any questions, including requests for Medicaid paid claims data.

Faxed inquiries should be directed to 1-877-413-4421.

APR DRG Assignment

In general, every complete inpatient stay is assigned to a single diagnosis related group (DRG) using a computerized algorithm that takes into account the patient's diagnoses, age, procedures performed, and discharge status. This DRG assignment, including outlier payment, is done by 3Ms Health Information Systems tool/software using the criteria submitted on the claim. If providers have questions about DRG assignment or concerns related to such things as DRG downgrades, providers should use the tool 3M has made available to hospitals. Providers will input several data elements on their claim to this tool to determine the correct APR DRG assignment that CMAP then use to price the claim.

APR DRG Assignment Tool

The tool is available on the Web site www.aprdrgassign.com. If the report that is generated from that once you enter all of the data shows a DRG assignment other than what has been assigned to the claim in CMAP, please submit that report to us for further review via the CMAP hospital email box.

DRG Calculator

Each DRG has a relative weight that reflects the typical hospital resources needed to care for a patient in that DRG relative to the hospital resources needed to take care of the average patient.

Base DRG payment is calculated by [Hospital Base Rate * DRG Weight]

As an additional resource to providers, **DRG Weight, Average Length of Stay (ALOS), and Outlier Threshold** for the DRG code are located on the DRG pricing calculator spreadsheet on a tab titled DRG Table CT. This is posted to the Web site www.ctdssmap.com on the Hospital Modernization page under the "DRG Calculator". The DRG weight and ALOS are national standards. The outlier thresholds were developed specifically for CT through the rate setting process. When there are questions about DRG pricing, providers should first refer to this DRG calculator tool for support.

Outlier Payments

For questions related to outlier payments, please see the outpatient Outliers Issue paper located on the DSS Reimbursement Page. Providers can access this by going to www.ctdssmap.com under the "Hospital Modernization" page. On the right side column, click on "DSS Reimbursement Home Page".

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Once on the DSS home page, click on Related Resources and then the link for “Hospital Payment Modernization (HPM) Issue Papers.” Once you click on the link, you will see a list of links. Click on the “Issue Paper - Outpatient Outliers”. This will give you information on how outlier payments are calculated.

[Inpatient Hospital Fee Schedule for Organ Acquisition Cost](#)

Providers are reminded that the Inpatient Hospital Fee Schedule for Organ Acquisition Cost can be found on the www.ctdssmap.com Web site under Provider > Provider Fee Schedule Download. Once on that page, select I Accept and scroll down to select the applicable pdf file. should be unstapled.

[Transition to Gainwell Technologies for ctxixhosppay Email Box](#)

Gainwell Technologies is pleased to announce that the hospital email box has migrated to @gainwelltechnologies.com. Effective September 30, 2022, emails sent to @dxc.com are no longer auto-forwarded to the @gainwelltechnologies.com email address. Senders will receive an undeliverable response returned. Hospitals must only use the ctxixhosppay@gainwelltechnologies.com email address. Documentation, such as the Hospital Modernization page, has also been updated to reflect the correct email address. As a reminder, hospitals should direct most of 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 be used to submit APC and DRG related questions only. All other inquiries should be directed to the Provider Assistance Center at 1-800-842-8440.

[Holiday Closures](#)

Please be advised, the Department of Social Services (DSS) and Gainwell Technologies will be closed on Friday, November 11, 2022 in observance of the Veterans Day holiday. Both the DSS' and Gainwell Technologies' offices will re-open on Monday, November 14, 2022.

Please be advised, the Department of Social Services (DSS) will be closed on Thursday, November 24, 2022 in observance of the Thanksgiving Day holiday. DSS offices will re-open on Friday, November 25, 2022. Gainwell Technologies will be closed on Thursday, November 24, 2022 and Friday, November 25, 2022 in observance of the Thanksgiving Day Holiday. Gainwell Technologies will re-open on Monday, November 28, 2022.