

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 11/8/2021

*all red text is new for 11/8/2021

CMAP Addendum B October 2021

The October version of CMAP Addendum B has been posted to the Hospital Modernization page on the www.ctdssmap.com Web site.

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.

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, 2021 may cause inpatient Diagnostic Related Group (DRG) claims with header Through Date of Service (TDOS) October 1, 2021 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. **The updated grouper version was loaded into the system on October 28, 2021 and any previously suspended claims have been re-cycled and will appear on providers’ November 9, 2021 Remittance Advice.**

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, 2022.

A provider bulletin will be distributed in December 2021 reminding hospitals of the annual update to the inpatient hospital adjustment factors and the APR-DRG weights, effective January 1, 2022. Once the DRG calculator has been updated and posted to the www.ctdssmap.com Web portal with that most current information, additional provider notification will be distributed.

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.

interChange Provider Important Message

Provider Bulletin [2021-83](#) - Billing Guidance for Chimeric Antigen Receptor (CAR-T) Cell Treatments

The Department of Social Services (DSS) is issuing guidance for the billing of Chimeric Antigen Receptor (CAR-T) Cell Treatment when the infusion/administration of the genetically modified cells is performed as part of an authorized inpatient admission.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2021-89](#) - CMAP COVID-19 Response Bulletin 56: Booster Doses COVID-19 Vaccine Administration

Consistent with the Food and Drug Administration (FDA) Emergency Use Authorization (EUA), effective for dates of service as specified for each code and through the end of the federal public health emergency (PHE), the Department of Social Services (DSS) will reimburse for the administration of booster doses of the Pfizer-BioNTech, Moderna and Janssen COVID-19 vaccines, for members covered under: HUSKY Health (A, B, C and D), Tuberculosis Limited Benefit, Family Planning Limited Benefit, and the COVID-19 Testing Group.

Please refer to the provider bulletin for additional information. Additionally, CMAP Addendum B will be updated to indicate that the codes indicated in the bulletin are payable.

TPL Audit Report - November 2021

There were no Third-Party Liability (TPL) Audit reports sent to hospitals on November 1, 2021.

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

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 **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:

- Prospect Rockville Hospital, Inc - inpatient and outpatient - 12/14/2021
- Prospect Waterbury, Inc - inpatient and outpatient - 12/14/2021
- St Mary's Hospital - inpatient - 12/28/2021
- Danbury Hospital - inpatient and outpatient - 1/3/2022
- The Hospital of Central Connecticut - inpatient and outpatient - 1/13/2022
- St. Francis Hospital and Dental Center - hospital dental clinic - 2/7/2022
- The Hospital of Central Connecticut - inpatient - 2/17/2022

interChange Provider Important Message

Reminders/Upcoming Changes

Claims Re-processing

Gainwell Technologies identified and reprocessed claims with dates of service August 12, 2021 through October 28, 2021 which incorrectly denied for Explanation of Benefit (EOB) code 4985 - Procedure Restriction for RCC under Provider Contract. The denials occurred on claims submitted with procedure code 0003A (ADM SARSCOV2 30MCG/0.3ML 3RD Pfizer-Biontech) or 0013A (ADM SARSCOV2 100MCG/0.5ML 3RD Moderna) and revenue center code (RCC) 770 (Prevent Care Svc). The impacted claims were reprocessed and will appear on your November 9, 2021 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 27 or 52. Please note that any claims incorrectly submitted with procedure code 0003A or 0013A with RCC 771 (Vaccine Administration) will need to be resubmitted by the provider to confirm with billing requirements.

As a follow up to [PB 2020-48](#), REVISED CMAP COVID-19 Response - Bulletin 32: Services Covered under the Optional Medicaid Coverage Group "COVID-19 Testing Group" for Uninsured Connecticut Residents, DSS has retroactively added procedure codes G0380 - G0384 as payable procedure codes for clients enrolled in the Limited COVID-19 Coverage Group, retroactive to March 18, 2020. Gainwell Technologies will identify, and re-process claims with dates of service March 12, 2020 through October 19, 2020 for claims that meet the above criteria. The impacted claims will be reprocessed and will appear on your November 23, 2021 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 52. Impacted providers will also be notified via a banner page message on that date.

COVID-19 Vaccine Administration and Booster Doses

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. An outpatient hospital claim submitted for the administration of a COVID-19 vaccine must include both the procedure code (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0034A and 0064A) for the administration with Revenue Center Code 770 "Prevent Care Svs" and the procedure code for the vaccine product administered 91300, 91301, 91303 or 91306 (including the national drug code - NDC). Please refer to provider bulletins [PB21-05](#), [PB21-63](#) and [PB21-89](#) for additional guidance.

Additionally, guidance will soon be forthcoming on vaccine administration for pediatric members.

Change to Billing Requirements for Long-Acting Reversible Contraceptives (LARCs)

Currently, when a long-acting reversible contraceptive (LARC) insertion is part of the inpatient claim, hospitals are instructed to bill for the service under Revenue Center Code 253 (Drugs/Takehome) on an outpatient claim even though the service was done as part of the inpatient stay. Changes are forthcoming to allow the service to be billed as part of the inpatient claim, in addition to allowing it to be separately payable from the DRG reimbursement. More detailed guidance, with the effective date of the change, will be issued in a future provider bulletin.

Reminder about Outpatient Crossover Claim Pricing Changes

Outpatient hospital providers are reminded to view [PB 2021-74](#) for outpatient crossover claim pricing changes. As a reminder, the change to submit Medicare information at the claim detail is not yet required. However, this will be required in the future and hospitals should begin modifying their systems now to support that. Claim billing instructions can be found in Chapter 11 Institutional Other Insurance/Medicare Billing Guide. Further guidance and reminders will also be published for providers.

interChange Provider Important Message

Note that Medicare claims automatically submitted to Gainwell Technologies through GHI are already submitted at the detail level.

Additionally:

- If you are an outpatient hospital already submitting at the claim detail, only then can you submit copay information, using claim adjustment reason code = 3.
- When a provider is submitting a crossover claim to CMAP at the detail level and also submitting other payer information on that same claim, that must be consistent and be at the detail level as well.
- There are some new Explanation of Benefit (EOB) codes that have been added to support this change. Providers can use Chapter 12 Claim Resolution Guide to assist in resolving those edits.
- Medicaid will not make any payment on a detail that has been submitted with an adjustment reason code that indicates Medicare denied the detail. In this instance, EOB 2536 “Ineligible for payment as no Medicare payment submitted on detail” set will set on that claim.
- DSS and Gainwell Technologies are in the process of modifying the Web claim submission panels available at www.ctdssmap.com via a provider’s Secure Web portal account. Notification will be published when those changes are available to providers.

Holiday Closures

Please be advised, the Department of Social Services (DSS) and Gainwell Technologies will be closed on Thursday, November 11, 2021 in observance of the Veterans Day holiday. Both the DSS’ and Gainwell Technologies’ offices will re-open on Friday, November 12, 2021.

DSS’ office will be closed on Thursday, November 25, 2021 in observance of the Thanksgiving holiday, and will re-open on November 26, 2021. Gainwell Technologies will be closed on Thursday, November 25 and Friday, November 26, 2021 in observance of the Thanksgiving holiday, and will re-open on Monday, November 29, 2021.