interChange Provider Important Message

Hospital Monthly Important Message Updated as of 11/12/2019

*all red text is new for 11/12/2019

CMAP Addendum B October 2019

The Department of Social Services (DSS) will be updating the Connecticut Medical Assistance Program (CMAP) Addendum B for dates of service October 1, 2019 and forward in October. 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, 2019. Any claims submitted for dates of service October 1, 2019 and forward that have a status indicator of G or K will process at the correct payment rate.

The APC grouper version Oct V20.3 was updated to start processing outpatient and outpatient crossover claims on November 12, 2019.

3M Grouper

The System started processing using APR-DRG V37 on November 12, 2019. Prior to the update of the ICD-10 (International Statistical Classification of Diseases) diagnosis codes and surgical procedure codes, inpatient DRG claims with header Through Date of Service (TDOS) October 1, 2018 and forward were being suspended with either Explanation of Benefit (EOB) code 0693 "Invalid Principal Diagnosis" or EOB code 0920 "3M Grouper Error." These claims are tentatively scheduled to be released for processing in the November 22, 2019 claim cycle.

DRG Weight, Average Length of Stay (ALOS) and Outlier Threshold Updates – January 1, 2020

Per the amendment to Attachment 4.19-A of the Medicaid State Plan, the Department 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, 2020.

Autism Services

Outpatient Autism claims should be billed as outpatient claims with the following CPT/HCPCS/RCC combination and prior authorization should be received from Beacon Health Options under the hospital's NPI and AVRS ID.

RCC	Descriptions	Billable CPT/HCPC
919	Autism	97158, H0031, H0032, H0032 modifier TS, H0046, H2014, 90791 with modifier U5

To access the fee schedule, go to the www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the Clinic - Clinic and Outpatient Hospital Behavioral Health fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open". The rates are loaded under rate type OMH on the fee schedule.

Please refer to Provider Bulletins 2018-82 and 2016-47 for additional information.

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DXC Reprocessing

DXC Technology had identified and reprocessed outpatient claims for clients with the Tuberculosis benefit plan that processed without a Tuberculosis diagnosis code. DXC Technology has reprocessed and denied the outpatient claims with Explanation of Benefit (EOB) code 4745 "Diagnosis Code Restriction under Client's Benefit Plan" in the November 8, 2019 claim cycle. The claims will appear on the November 13, 2019 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 50.

DXC Technology had identified a claims processing issue where details on certain claims were denied in error for EOB 4963 " Gender is restricted for procedure code under provider contract" and/or EOB 4801 "Procedure is not covered, Check Prior Authorization, FTC, Referring Provider, Quantity Restrictions". The impacted claims have been reprocessed and appeared on your October 23, 2019 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 52 or 27.

TPL Audit Report - November 2019

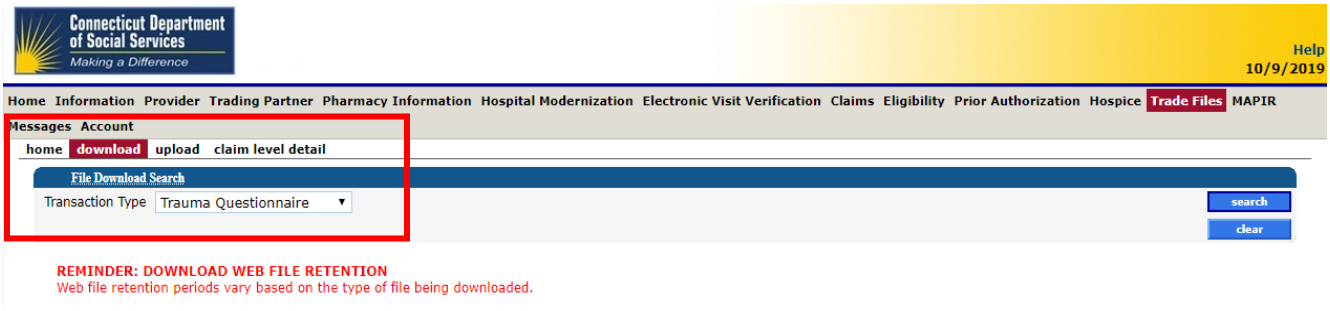
The Third-Party Audit reports were sent to the following hospitals on November 1, 2019:

Lawrence and Memorial and Windham Community Memorial Hospital.

Trauma Questionnaire

Hospitals are reminded they have the option to fax their trauma questionnaire form and any supporting documentation to DXC Technology to fax# 1-833-577-3519.

DXC Technology has updated the delivery process of how trauma questionnaires are sent to the hospitals. The hospitals will now receive all trauma questionnaires in one downloadable PDF file on their secure Web account at www.ctdssmap.com. Once logged on, select Trade files > download and under Transaction Type select Trauma Questionnaire. Hospitals will receive an eDelivery letter each month when the Trauma Questionnaire PDF file is available for download.



Medicare Exhausted Inpatient Claims

Medicaid's payment will be limited to the full coinsurance and/or deductible on an inpatient Medicare crossover claim where Medicare has been exhausted. When Medicare is exhausted during a hospital stay, it is no longer acceptable to cut back the dates of service on the crossover claim and then bill Medicaid directly, via an inpatient claim, for the dates of service after Medicare has been exhausted. The Medicare inpatient crossover claim should be submitted in its entirety to include the total stay. Medicaid's payment will only be for the Medicare coinsurance and/or deductible.
Medicaid will continue to consider the Part B covered charges of an inpatient stay when Medicare has been exhausted. There are no billing changes for these outpatient crossover claims.

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If Medicare Part A denies the entire stay as exhausted the hospital should submit part B charges to Medicare for processing and if Medicare Part B makes a payment, the non-crossover inpatient claim must be billed by indicating the Part A denial and Part B payment. The Part B payment in the paid amount field must equal the sum of the Medicare paid amount, coinsurance amount and the deductible amount located on the Explanation of Medicare Benefits.

When Medicare denies the entire stay as exhausted and the client has Qualified Medicare Beneficiary (QMB) Medicare Covered Services only, there will be no reimbursement for the non-crossover inpatient claim.

If the hospital is determining whether to bill the clients for Inpatient Part A claims denied by Medicare due to benefits being exhausted, the hospital needs to contact the Centers for Medicare & Medicaid Services (CMS) for guidance.

Provider Manual Chapter 12 – Claim Resolution Guide

Provider manual chapter 12 provides a detailed description of the cause of each Explanation of Benefits (EOB) and more importantly the necessary directions to resolve the error. This guide also provides where hospital can go to find additional information to assist with correcting their claims.

National Correction Coding Initiative (NCCI) Edits

Explanation of Benefits (EOB) Code 5924 "Claim denied, CCI greater and lesser procedures are not covered on same date of service."

EOB 5925 "CCI column 1 code or mutually exclusive code was billed on the same date as previous column 2 code."

EOB 5926 "CCI column 2 code was billed on the same date as previous column 1 or mutually exclusive code."

Procedure to Procedure (PTP) edits are defined as pairs of HCPCS/CPT codes that should not be reported together on the same date of service for a variety of reasons and prevent reimbursement for both procedures.

Visit the CMS Web site https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html for PTP code edits and the use of modifiers to bypass these edits.

Hospital Training Material

The hospital training material is available on www.ctdssmap.com Web site under the Hospital Modernization page under "Provider Training" on the right side of the page. Once on the training page click on the hospital workshops link under materials to download the hospital refresher workshop power point which included information on APC and DRG processing.

HOLIDAY CLOSURE

Please be advised, the Department of Social Services (DSS) and DXC Technology will be closed on Thursday, November 28, 2019 in observance of Thanksgiving. DXC Technology's office will also be closed on Friday, November 29, 2019 in observance of Thanksgiving. DSS will be open on Friday, November 29, 2019.