

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 11/19/24

*All red text is new for 11/19/24

CMAP Addendum B October 2024

The October version of CMAP Addendum B has been updated and posted to the Hospital Modernization page www.ctdssmap.com Web site. An important message was posted on October 30, 2024 to announce the updates. [Attention Outpatient Hospitals: CMAP Addendum B Updated \(October 1, 2024\)](#)

The Department of Social Services (DSS) and Gainwell Technologies have updated 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).

An updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B V25.3 has been 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.

3M Grouper Updates

The new version of the Diagnosis Related Grouper (DRG) has been implemented on October 30, 2024. Claims submitted on 10/30/24 with dates of discharge October 1, 2024 and forward will use the new version of the grouper.

As a result, any claims that were suspended with either Explanation of Benefit (EOB) code 0693 “Invalid Principal Diagnosis” or EOB code 0920 “3M Grouper Error” will be re-cycled for processing and will appear on the hospital’s November 13, 2024 Remittance Advice. **Although this was a new version of the grouper, there were no changes to DRG rates or weights.**

Any inpatient claims with a discharge date October 1, 2024 and forward that was processed at the incorrect DRG code will be identified and reprocessed and will appear on the hospital’s November 26, 2024 Remittance Advice.

There were also updates made to the DRG Calculator, adding, deleting and updating descriptions to the DRG Codes in the calculator. These changes are effective for dates of service October 1, 2024 and forward.

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Prior Authorization Required for Specific J-codes for Outpatient Hospitals and Outpatient Chronic Disease Hospitals:

Effective for dates of service November 15, 2024, and forward, consistent with current policy or current CMAP requirements, prior authorization (PA) is being added to the following procedure codes for outpatient hospitals and outpatient chronic disease hospitals:

- J0172 Injection aducanumab-avwa 2 mg
- J0174 Injection lecanemab-irmb 1 mg
- J0224 Injection lumasiran 0.5 mg
- J1413 Injection delandistrogene moxeparvovec-rokl
- J1426 Injection casimersen 10 mg
- J1427 Injection viltolarsen 10 mg
- J1429 Injection golodirsen 10 mg
- J3241 Injection teprotumumab-trbw 10 mg
- J7330 Autologous cultured chondrocytes implant

For dates of service November 15, 2024, and forward, failure to obtain PA for the above codes will result in a claim denial.

Providers can access the medical authorization portal and HUSKY Health policies at <https://portal.ct.gov/HUSKY>.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.

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 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 were retroactively adjusted. Gainwell Technologies has identified and reprocessed these claims on August 27, 2024 and any additional claims were completed and posted to the hospital's remittance advice in the two (2) claim cycles in September 2024, without any additional work on the part of providers.

The fee schedules were updated on 10/21/2024.

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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 [2024-62](#) - Submission of Prior Authorization (PA) Requests for Medical Goods and Services

This bulletin serves as a reminder of the minimum documentation required when submitting authorization and reauthorization requests for outpatient goods and services. This bulletin (PB) will supplement guidance found in PB 22-11 Submission of Prior Authorization (PA) Requests for Medical Goods and Services.

Please refer to the provider bulletin for additional information.

TPL Audit Report - November 2024

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

- BRISTOL HOSPITAL
- CONNECTICUT CHILDRENS MEDICAL CENTER
- HOSPITAL FOR SPECIAL CARE
- JOHNSON MEMORIAL HOSPITAL INC
- PROSPECT MANCHESTER HOSPITAL, INC
- SAINT FRANCIS HOSPITAL AND MEDICAL CENTER (2)
- SAINT MARY'S HOSPITAL INC
- STAMFORD HOSPITAL (2)
- THE DANBURY 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 Francis Hospital and Medical Center - Outpatient - 11/20/24
- SVMC Holdings, Inc - Psych - 12/27/24
- Norwalk Hospital Association - Outpatient - 1/3/25
- 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.

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Authorizations when clients have Medicare or Other Insurance

Hospitals are required to obtain authorization prior to the service being rendered when the client has Other Insurance (OI), and the service requires prior authorization. Prior authorization is not needed when the client has Medicare as their primary insurance and Medicare covers the service. In these situations, the hospital is submitting Medicare's co-insurance and/or deductible to be considered as secondary to Medicaid.

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.

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, the Department of Social Services (DSS) will be closed on Thursday, November 28, 2024 in observance of the Thanksgiving Day Holiday. DSS offices will re-open on Friday, November 29, 2024. Gainwell Technologies will be closed on Thursday, November 28, 2024 and Friday, November 29, 2024 in observance of the Thanksgiving Day Holiday. Gainwell Technologies will re-open on Monday, December 2, 2024.