interChange Provider Important Message

Hospital Monthly Important Message Updated as of 05/10/2018

*all red text is new for 05/10/2018

The following documents were recently updated:

CMAP Addendum B

An updated PDF and Excel version of the Connecticut Medical Assistance Program (CMAP) Addendum B was added to the Hospital Modernization page on the www.ctdssmap.com Web site. These changes are effective for dates of service April 1, 2018 and forward.

Any NEW procedure codes that were added to CMAP Addendum B with an effective date of April 1, 2018 and forward were updated on May 10, 2018.

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system prior to April 1, 2018. Any claims that were submitted for dates of service April 1, 2018 and forward that had a status indicator of G or K were processed at the correct payment rate.

CMAP Addendum B Reprocessing Timeline

CMAP Addendum B Version	Effective Date	Updated	Adjustment Dates	Tentative Target Date
V17.2	July 1, 2016	September 28, 2016	July 1, 2016 – September 27, 2016	Mid July 2018
V17.3	October 1, 2016	November 30, 2016	October 1, 2016 to November 29, 2016	Mid July 2018
V18.0	January 1, 2017	March 1, 2017	January 1, 2017 to February 28, 2017	Mid July 2018
V19.0	January 1, 2018	February 28, 2018	January 1, 2018 to February 27, 2018	Mid July 2018
V19.1	April 1, 2018	May 10, 2018	N/A	

DXC Technology will be adjusting claims with APC weight changes, status indicator changes, "NEW" codes and other change indicated by an "X" in the change field on the CMAP.

Provider Manual Chapter 8 Updated

Added modifier JG "Drug or biological acquired with 340B drug pricing program discount" and TB "Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes."

CMS established two Healthcare Common Procedure Coding System (HCPCS) Level II modifiers to identify 340B-acquired drugs: Modifier "JG" Drug or biological acquired with 340B drug pricing program discount. Modifier "TB" Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes. When applicable, providers are required to report either modifier "JG" or "TB" on OPPS claims (bill type 13X) beginning January 1, 2018.

Provider Manual Chapter 10 Updated

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On February 26, 2018 DXC updated the Automated Voice Response System (AVRS) for Third Party Liability (TPL) and Medicare to no longer provide policy information. For TPL we only provide carrier code and carrier name. For Medicare we only provide the coverage information.

Outstanding Questions

Outpatient Therapies Claims

- 5/1/2018 - The hospitals have requested DXC Technology to review outpatient therapies claims not reimbursing up to the flat rate due to the first detail billing less than the contract rate and the second detail denying as a duplicate.

  DXC Technology has identified an outpatient therapy issue were the therapies claims were paid over the flat rate due to duplicate payments for one date of service.

  The system was updated to correct both of these issues on April 24, 2018 and DXC Technology will ID and reprocess any claims that failed to pay at the flat rate. The ID and reprocess is tentatively scheduled for the first cycle in June.

Advanced Beneficiary Notice (ABN) Forms

- 5/1/2018 - Hospital claim denied for Explanation of Benefit (EOB) code 2502 "Bill Medicare First." The hospital has an Advanced Beneficiary Notice (ABN) form and in this case is not billing Medicare first. At this time there are only posted instructions for home health providers when there is an ABN form and there are no specific instructions for hospitals to follow. Changes in processing guidelines may have implications beyond hospitals so DSS and DXC are still reviewing billing guidelines for all providers including hospitals.

Inpatient DRG Claims in Suspended Status

Inpatient Diagnostic Related Group (DRG) hospital claims are currently displaying the claim status as "Adjusted/Voided" or "Suspended" under claim inquiry on the www.ctdssmap.com Web site.

To identify the suspended claims, the Internal Control Number (ICN) will begin with 5518125 through 5518127 and the claim will be in a "Suspended" claim status. The original claim will be in an "Adjusted / Voided" claim status.

DXC Technology is in the process of reviewing Inpatient DRG claims previously processed. In cases where the inpatient claim processed at the wrong DRG weight or DRG code, the claims is tentatively scheduled to be adjusted in the 2nd cycle in June.

Any inpatient claims that processed correctly and do not require an adjustment will be deselected and the original claim will change back to a "Paid" Status. This is tentatively scheduled to be prior to the May 18, 2018 claim cycle.

At this time, no claims have been adjusted and there was **no financial impact** to the hospitals in the first claim cycle in May as the selection process began after the May 4, 2018 claim cycle.

Provider Bulletin 2018-23 - New Genetic Testing Prior Authorization Forms

Effective May 1, 2018, all Connecticut Medicaid-enrolled providers are required to submit requests for genetic testing using the newly created Genetic Testing Prior Authorization Request Form or the Whole Exome Sequencing and Whole Genome Sequencing Prior Authorization Request Form.

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Both forms are available on the HUSKY Health Web site at: www.ct.gov/husky. To access the forms, click on For Providers, followed by Prior Authorization Forms and Manuals under the Prior Authorization menu item.

Reminders / Updates

Healthcare Common Procedure Coding System (HCPCS) unit updates

The units were updated on the following CPT/HCPC codes on Wednesday May 2, 2018.

86631 increased from 1 unit to 6 units, 86632 increased from 1 unit to 3 units, 86658 increased from 1 unit to 12 units, and A9517 increased from 99 units to 200 units.

These procedure codes would have partially paid and hit EOB code 9991 "Billed Units Have Been Cutback to Contract Maximum" on the hospital's outpatient claims.

Consent Forms

Hysterectomy (W-613) and Sterilization OMB No. 0937-0166 Forms should be submitted to:

DXC Technology
P.O. Box 2971
Hartford, CT 06104

Hospital Refresher Workshop Materials

The workshop power point presentation which includes information on CMAP Addendum B, 3M tool to calculate the DRG code on an inpatient claim and instructions on how to use the DRG calculator is posted on the www.ctdssmap.com Web site. To access the presentation go to the Hospital Modernization page and click on the Provider Training link in the quick link box. Under materials, click on the Hospital Workshop. Click on the hospital refresher workshop 2018 to download the presentation.

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 and no claims after that date will be allowed until the re-enrollment is completed.

This will impact claims processing and the hospitals' ability to verify eligibility until the re-enrollment has been completed.

Organizations and individual providers with Secure Web portal access can view their re-enrollment due date on the Home page of their Secure Web portal once logged in. The following hospitals have re-enrollment due dates coming up in the near future:

- Norwalk Hospital – Inpatient Acute Care Hospital – 06/13/2018

HOLIDAY CLOSURE

Please be advised that the Department of Social Services (DSS) and DXC Technology will be closed on Monday, May 28, 2018 in observance of the Memorial Day holiday. Both DSS and DXC Technology offices will re-open on Tuesday, May 29, 2018.