

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 06/13/2018

*all red text is new for 06/13/2018

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.

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Outstanding Questions

Outpatient Therapies Claims

- **6/1/2018** - The hospitals have requested DXC Technology to review outpatient therapy 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 therapy 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 paid less than or greater than the flat rate. The ID and reprocess is tentatively scheduled for the 2nd cycle in June.

Advanced Beneficiary Notice (ABN) Forms

- **6/1/2018** - 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 code, any inpatient claims that require an adjustment will continue to remain in a suspended status until the claims are adjusted which is scheduled to take place in the 2nd cycle in June.

Provider Bulletin 2018-30 - Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule

The Department of Social Services (DSS) and DXC Technology published the Connecticut Medical Assistance Program Electronic Claims Submission, Remittance Advice (RA), Check and Electronic Funds Transfer (EFT) issue dates and 835 schedule for July to December 2018.

Reminders / Updates

Family Planning Services Only Benefit Plans

Family Planning Services Limited benefit provides confidential coverage for select family planning services when the primary reason for the visit is to prevent pregnancy or limit/regulate the number and spacing of children. Coverage is also provided for limited family planning related services, which are provided as part of or as follow up to the primary family planning visit.

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Please refer to table 3a in the Fee Schedule Instructions labeled Family Planning Service Diagnosis Codes. From the Web site www.ctdssmap.com under provider click on → provider fee schedule download → Fee Schedule Instructions link then scroll to table 3a for a list of ICD-10 Diagnosis codes that are covered under the Family Planning Services Only benefit plan.

For additional eligibility information on other benefit plans please refer to the Eligibility Response Quick Reference Guide located under publications on the Web site www.ctdssmap.com or under the provider's secure site under eligibility.

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.

HOLIDAY CLOSURE

Please be advised that the Department of Social Services (DSS) and DXC Technology will be closed on Wednesday, July 4, 2018 in observance of the Independence Day holiday. Both DSS and DXC Technology offices will re-open on Thursday, July 5, 2018.