interChange Provider Important Message

Hospital Monthly Important Message Updated as of 10/12/2016

*all red text is new for 10/12/2016

Hospital Modernization - Ambulatory Payment Classification (APC)

Hospitals can refer to the Hospital Modernization Web page on the www.ctdssmap.com Web site for information pertaining to the APC implementation. Please send all APC related questions to Hewlett Packard Enterprise at the following e-mail address: ctxixhosppay@hpe.com.

The following documents were recently updated:

- **CMAP Addendum B – Updated 9/30/2016**

The updated PDF and Excel CMAP Addendum B for the 2nd Quarter has been approved by the Department and added to the hospital modernization page on the www.ctdssmap.com Web site. These changes will be effective for date of service July 1, 2016 and forward. We have also posted a new PDF document titled "CMAP Addendum B Changes" to the hospital modernization page. This will also highlight what was new, deleted or changed (*) on the CMAP Addendum B for July 1, 2016. There are 2 new tab on the excel version of the CMAP Addendum B called "Changes-Aug2016" and "Changes Sept2016". This will also highlight what was new, deleted or changed (*) on the CMAP Addendum B for July 1, 2016.

Hewlett Packard Enterprise will be performing an ID and re-process for claims that would process differently based on the updates to Addendum B for dates of service July 1, 2016 and forward tentatively scheduled in a special cycle in November.

- **Provider Manual Chapter 1 – Introduction**

Removal of P.O. Boxes based on elimination of paper claims.

- **Provider Manual Chapter 12- Claim Resolution Guide**

Added cause and resolution of Explanation of Benefit (EOB) codes 4985 "Procedure restriction for RCC under provider contract" and 5025 APC duplicate claim – APC Service must be on same claim for date of service".

Provider Bulletin 2016-64 - Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health and CADAP Programs)

The Department of Social Services (DSS) and Hewlett Packard Enterprise has published the Connecticut Medical Assistance Program Electronic Claims Submission, Remittance Advice (RA), Check and Electronic Funds Transfer (EFT) issue dates and 835 Schedule for Jan 2017 – June 2017 cycles.

Outstanding Questions

Inpatient Admissions Following Outpatient or Emergency Department Services including Observation Stays.

In response to the hospitals' inquiries and feedback DSS and Hewlett Packard Enterprise is creating a bulletin in order to clarify billing requirements for their inpatient stays following an outpatient service or observation stay for dates of services on and after July 1, 2016 and forward. Target date October 31, 2016.

Hewlett Packard Enterprise

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Medicare HMO lab crossover claims not considering the Medicare HMO co-pay.

- 10/1/2016 - DSS has agreed to re-process hospitals denied claims going back to January 1, 2014 claims to be re-processed in a special cycle target date November 2016.

- 10/1/2016 - The system was updated on September 27, 2016 to allow claims to be considered for payment.

Transgender gender clients and the eligibility process.

The hospital was asking who they can contact to provide updates to the client's eligibility in these cases and if they can bill with condition code 45 "Ambiguous Gender Category" to override claims that deny due to gender not matching.

- 10/01/2016 - The system was updated on September 27, 2016 to allow claims to be considered for payment.

Inpatient Hospital REHAB claims

Inpatient DRG claims are denying for PA when the claim has a Medical DRG, but the hospital received a REHAB per-diem PA from CHN. Hewlett Packard Enterprise had reviewed these inpatient claim denials with DSS.

- 10/01/2016 - The Department has agreed that these claims should consider the rehab prior authorization and pay at the per diem amount and Hewlett Packard Enterprise is working on updates to the system to allow claims to be considered for payment. Target tentatively for December 2016.

Outpatient Prospective Payment System and Inpatient Only Procedures

DSS has made changes to some procedure codes on CMAP's Addendum B that were considered an inpatient only procedure. Previously, these services had a payment type of "NO" and were not covered in the outpatient setting. DSS has agreed that some of these procedures can be performed in an outpatient setting and these procedures will now show on the CMAP Addendum B with a payment type of SURG "Surgical procedures manually priced" and a payment rate of MP "Manual Priced".

Currently these service will continue to deny with Explanation of Benefit (EOB) 304 "APC – Services Considered an Inpatient Procedure" until there is a system update to suspend these outpatient claims with EOB code 6000 "Claim was Manually Priced or Denied for Missing Information" for DSS to manually price the procedure code and release for payment.

A follow up important message will be sent once the system is updated to start suspending these outpatient claims.

Please be aware these services can still be performed as inpatient as long as it meets the inpatient Level of Care (LOC).

Outpatient Hospital Behavioral Health Prior Authorization Issue

Behavioral health services for date of service July 1, 2016 and forward that were previously suspended with Explanation of Benefit (EOB) code 3003 "Prior Authorization is Required for Payment of this Service" and re-processed in the September 9. 2016 claim cycle. Some claims were denied with EOB code 3003 even though there was a PA on file the claim. The prior

authorization for these claims are currently being corrected by Value Options and once corrected these claims will be processed tentatively scheduled in the 2nd cycle in October.

There are Husky A claims that denied for EOB 3003 that is also tentatively schedule to be re-processed in the 2nd cycle in October.

Medically Unlikely Edit (MUE) EOB 770 "MUE Units Exceeded"

The Department of Social Services (DSS) is reviewing procedure code's units against Medicare's units.

The following units were updated on the following codes on September 15, 2016. 96361 increased to 24 units, P9040 increased to 8 units, G0277 increased to 5 units, 59025 increased to 2 units, 96375 increased to 5 units, J9179 increase to 50 units, 77300 increase to 10 units, G0260 increase to 2 units, J9042 increase to 200 units, P9047 increase to 20 units, J9307 increase to 80 units, P9033 increase to 12 units.

The following units were updated on the following codes on October 6, 2016.
86666 increased to 4 units
C9132 increased to 5500 units
J1610 increased to 3 units
86747 increased to 2 units

The following units were updated on the following codes on October 12, 2016.
86160 increased to 4 units
86235 increased to 10 units
J1610 increased to 3 units

If the hospital feels there are additional procedure code in questioned those procedure code, including the ICN of the claim can be sent to ctxixhosppay@hpe.com.

Discounting Factors

Hewlett Packard Enterprise noticed an issue with the discounting factor causing outpatient surgery claims to process differently than expected. Hewlett Packard Enterprise updated their system on September 7, 2016 and previous claims can be adjusted to process correctly.

- 10/1/2016 - Hewlett Packard Enterprise will re-process any outpatient claims that were processed incorrectly in a future claim cycle.

APC Grouper Software

It is up to 3M to develop the software. The Department has given 3M the green light. If the Hospitals are interested in 3M developing a CT version of the grouper, they should be contacting their 3M representative.