

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 05/11/2021

*all red text is new for 05/11/2021

CMAP Addendum B April 2021

The Department of Social Services (DSS) has updated the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2021 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service April 1, 2021 and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on March 30, 2021 with an April 1, 2021 effective date for dates of service April 1, 2021 and forward. Gainwell Technologies has determined there were no outpatient claims that processed with the incorrect payment for dates of services April 1, 2021 and forward.

Any procedure code that is “NEW”, changed or deleted with an effective date of April 1, 2021 and forward was updated on April 27, 2021.

Older versions of CMAP Addendum B and the CMAP Addendum B Changes documents can be found on the Hospital Modernization page under “CMAP Addendum B Changes and Historical Versions.”

The following procedure code on the April 2021 CMAP Addendum B has an effective date of January 1, 2021: M0245 “Bamlan and etesev infusion”.

Gainwell Technologies Reprocessing

CMS added procedure code M0245 to the Connecticut Medical Assistance Program (CMAP) Addendum B for April 1, 2021 with a retroactive date of January 1, 2021. Any Medicare crossover type C or outpatient claims with dates of service January 1, 2021 and after containing procedure code M0245 have been reprocessed in the May 7, 2021 financial cycle and appear on the hospital’s Remittance Advice dated May 11, 2021.

Claims submitted with procedure code 0031A and Revenue Center Code (RCC) 770 for dates of service from February 27, 2021 through May 4, 2021 were being denied incorrectly. The issue has been corrected and the impacted claims have been reprocessed in the May 7, 2021 financial cycle and appear on the hospital’s Remittance Advice dated May 11, 2021.

Claims with the retroactive rate adjustments for Covid-19 Vaccine Administration codes 0002A, 0011A and 0012A will be mass adjusted in a future cycle.

Inpatient DRG Claims Reimbursing at a Lower Severity of Illness (SOI)

J1282 is a diagnosis code effective January 1, 2021. However, the 3M grouper has not been updated to include any new diagnoses as of January 1, 2021. As a result, the inpatient claims submitted with the diagnosis code are processing at a lower SOI. The grouper is normally updated in the month of October when these claims will be reprocessed. The hospitals are requesting for an earlier resolution as this issue is causing them a loss in reimbursement. The issue is with DSS for consideration.

Provider Bulletins

Provider Bulletin 2021-26 - REVISED Reinstating Prior Authorization Requirements that were Suspended During the Public Health Emergency

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Effective for dates of service May 21, 2021 and forward, all prior authorization (PA) requirements that were suspended or modified as part of the Public Health Emergency (PHE) response to COVID-19 as outlined in PB 2020- 33 - CMAP COVID-19 Response - Bulletin 23: Changes to the Prior Authorization Requirements for Specified Services will be reinstated. The PA requirements will be reinstated due to the current state PHE declaration and the relevant associated executive order (EO) 7EE, Section 4, expiring May 20, 2021.

Providers must submit PA requests to the appropriate administrative service organization for dates of service May 21, 2021 and forward:

Medical Authorizations: Community Health Network of CT (CHNCT) at 1-800-440-5071, between the hours of 8:00 a.m. to 6:00 p.m.

Behavioral Health Authorizations: Beacon Health Options at 1-877-552-8247

Provider Bulletin 2021-28 - New Prior Authorization Requirement for Evrysdi

Effective June 1, 2021, the Department of Social Services (DSS) will implement a Prior Authorization (PA) requirement for prescription benefit coverage of Risdiplam, marketed as Evrysdi™, for HUSKY A, HUSKY B, HUSKY C, and HUSKY D.

The new Evrysdi PA Form is available on the www.ctdssmap.com Web site. From the Home page, go to Information > Publications > Authorization/Certification Forms > Evrysdi PA Form; or from the Home page, go to Pharmacy Information > Pharmacy Program Publications > Evrysdi PA Form.

Provider Bulletin 2021-23 - CMAP COVID-19 Response Bulletin 51: Updated Guidance COVID-19 Vaccine Administration - Medical Practitioners

Effective for dates of service as specified below, through the end of the public health emergency (PHE), the Department of Social Services (DSS) is:

- updating the COVID-19 vaccine administration reimbursement to \$40.00 and adding applicable coding for administration of the Janssen COVID19 vaccine,
- updating the guidance for vaccine administration for individuals covered under the Limited Benefit programs,

This provider bulletin provides additional and updated guidance related to the administration of COVID-19 vaccines and must be applied in combination with *PB 2021-05 "CMAP COVID19 Response Bulletin 48: COVID-19 Vaccine Administration - Medical Practitioners."*

A claim submitted for the administration of a COVID-19 vaccine by an outpatient hospital must include both the procedure code (0001A, 0002A, 0011A, 0012A and 0031A) for the administration with Revenue Center Code (RCC) 770 "Prevent Care Svs" and the procedure code for the vaccine product administered 91300, 91301 or 91303 (including the National Drug Code (NDC)).

CMAP Addendum B has been updated and the system is ready to accept claims submitted with the Janssen COVID-19 vaccine. Any outpatient claims submitted for the Janssen COVID-19 vaccine prior to the update were denied and the hospital can re-submit the claims now.

Reminders/Updates:

COVID-19 (Coronavirus) Information and Frequently Asked Questions (FAQs) - (Updated 5/3/2021) Important Message

The FAQ document is located on the www.ctdssmap.com Web page on the home page under Important Messages.

Appendix 1 - This spreadsheet lists the procedure codes, and when applicable the revenue center codes that are eligible to be billed when performed as via telemedicine (synchronized audio and visual) or

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telephonically (audio-only) during the Temporary Effective Period in response to COVID-19. Hospitals must refer to the corresponding provider bulletins for billing guidance, including effective dates and applicable fee schedules. Hospitals must continue to follow CMAP Addendum B regarding reimbursement.

Catch-Up Vaccinations of Children Notifications

In partnership with the CT Department of Public Health, please click on the link below for important information for providers enrolled in the Connecticut Vaccine Program regarding Catch-Up Vaccinations of Children.

https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Vaccination_Catchup.pdf

Contact for Gainwell Technologies:

For general questions, hospitals can contact the provider assistance center at 1-800-842-8440 or email ctdssmap-provideremail@dx.com.

For questions related to APC/DRG, hospitals can email to ctxixhosppay@dx.com.

TPL Audit Report - May 2021

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on May 1, 2021: Hartford Hospital, Natchaug Hospital, , Yale New Haven Hospital, The Hospital of Central Connecticut, Charlotte Hungerford Hospital, and Day Kimball Hospital.

Holiday Closure

Please be advised that the Department of Social Services (DSS) and Gainwell Technologies will be closed on Monday, May 31, 2021 in observance of the Memorial Day holiday. Both DSS and Gainwell Technologies offices will re-open on Tuesday, June 1, 2021.