interChange Provider Important Message

Hospital Monthly Important Message Updated as of 03/12/2019

*all red text is new for 03/12/2019

CMAP Addendum B Reprocessing

DXC Technology identified and adjusted all outpatient and outpatient crossover claims impacted by Ambulatory Payment Classification (APC) weight changes effective October 1, 2018. Outpatient claims with dates of services between October 1, 2018 to November 13, 2018 that were processed at the wrong APC weight were adjusted and the claims appeared on the January 23, 2019 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with a region code 52.

CMAP Addendum B January 2019

The Department of Social Services (DSS) will be updating the CMAP Addendum B to incorporate the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service January 1, 2019 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 with a January 1, 2019 effective date on January 4, 2019. DXC Technology has determined there were no outpatient claims with date of services January 1, 2019 that processed with the incorrect payment rate.

For dates of service January 1, 2019 and forward the outlier dollar threshold has increased from $4,150.00 to $4,825.00.

Any other procedure codes that were added, changed or deleted with an effective date of January 1, 2019 and forward was updated on Wednesday February 27, 2019. Any outpatient claims processed between January 1, 2019 and February 27, 2019 with APC weight changes, status indicator changes, "NEW" codes on the CMAP is tentatively scheduled to be adjusted in the March 22, 2019 claim cycle.

Outpatient claims selected for this mass adjustment will show on the www.ctdssmap.com Web site under claim inquiry in a paid status as Adjusted/Voided.

DRG Weight, Average Length of Stay (ALOS) and Outlier Threshold Amount Updated 10/1/2018

- 02/12/2019 - Any inpatient claims with a discharge date of October 1, 2018 and forward that processed at the incorrect DRG weight or outlier amount will be identified and reprocessed in a future claim cycle yet to be determined (TBD).

Outstanding Questions

Newborn DRG codes 5891 - 5894

- 3/12/2019 – DSS updated the DRG weights, ALOS and Outlier Threshold for DRG codes 5891 – 5894 on February 14, 2019 effective for date of discharges October 1, 2015 to September 30, 2018. Any inpatient claims with a discharge date of October 1, 2015 and forward that processed between May 11, 2018 – February 14, 2019 at the incorrect DRG weight, ALOS or outlier amount will be identified and reprocessed in a future claim cycle yet to be determined (TBD).

Provider Manual Chapter 8 "Hospital" Updated

Provider manual chapter 8 was updated to include revenue center codes 423 and 433 under Physical and Occupational Therapy and revenue center code 443 under Speech Therapy. In addition the

following procedure codes were added to chapter 10: procedure 90791 with modifier U5, 97158, 96121, 96130-96133, and Neuropsychological testing codes 96136 and 96137 with modifier TF under behavioral health codes.

Update to Outpatient Hospital Prior Authorization Grid

Effective for dates of service January 1, 2019 and forward, hospitals are required to obtain prior authorization (PA) for procedure code Q2040 – Tisagenlecleucel, up to 600 million car-positive viable T cell, including leukapheresis and dose preparation procedures, per therapeutic dose.

Prior authorization is required for new procedure codes 77046 – 77047, C8903, C8905 – C8906 and C8908.

HUSKY PLUS Benefit Plan

HUSKY Plus provides supplemental coverage of goods and services for eligible HUSKY B members under the age of 19 years old who have intensive physical health needs and have exhausted one or more of their benefits covered under the HUSKY B plan. When eligibility changes and the client no longer has HUSKY Plus benefit plan and the hospital received a therapy Prior Authorization (PA) under their HUSKY Plus benefit plan, they will be required to get an updated PA for the HUSKY B benefit plan.

Provider Bulletins

Provider Bulletin 2019-10 - 2019 Fee Schedule HIPAA Compliant Update for Psychological and Neuropsychological Testing

This policy transmittal supersedes provider bulletin (PB) 2018-83 and provides updated billing guidelines regarding psychological testing, neurobehavioral status examinations, and neuropsychological testing and evaluation services.

Provider Bulletin 2019-06 - Increasing the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices

The Department of Social Services (DSS) has updated the reimbursement rates for select Long-Acting Reversible Contraceptive (LARC) devices the physician office and outpatient fee schedule.

Effective for dates of service January 1, 2019 and forward, the Department of Social Services (DSS) has incorporated the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (deletions, additions and replacement codes). DSS has made these changes to ensure the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Provider Bulletin 2019-04 – CMAP Addendum B Update, Update to Outpatient Hospital Prior Authorization Grid and Procedure Code Changes

Procedure Code Changes
Procedure code Q2040 for Tisagenlecueucel – marketed as Kymriah was end dated on 12/31/2018 and has been replaced with procedure code Q2042. Effective for dates of service (DOS) January 1, 2019 and forward, Tisagenlecueucel – marketed as Kymriah should be billed under procedure code Q2042. Please note: procedure code Q2042 requires PA.

Effective for dates of service (DOS) January 1, 2019 and forward, procedure code C8904 “Magnetic resonance imaging w/out contrast, breast – unilateral” was deleted and replaced with procedure code 77046.

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Procedure code C8907 "Magnetic resonance imaging w/out contrast, breast – bilateral" was deleted and replaced with procedure code 77047.

Provider Bulletin 2018-82 "2019 Fee Schedule HIPAA Compliant Update For Autism Spectrum Disorder Services."

Effective for dates of service January 1, 2019 and forward, providers must use the following new CPT codes referenced below, when submitting claims for ASD services.

End Dated CPT Code	Description	New CPT Code
0359T	Comprehensive Diagnostic Evaluation (3-5hrs)	90791-U5
0359T-22	Expanded Comprehensive Diagnostic Evaluation (more than 5hrs)	90791-U5-22
0359T-52	Reduced Comprehensive Diagnostic Evaluation (less than 3hrs)	90791-U5-52
0372T	ASD Treatment Services- Group Setting	97158

Modifier U5 – Autism Services.

Reminders:

Medically Unlikely Edits (MUEs)

MUE updates are not published on the www.ctdssmap.com Web Site and providers are asked to refer to the Medicaid National Correct Coding Initiative NCCI Edit files by clicking on the link below to obtain published quarterly additions, deletions, and revisions to MUEs values and Procedure-to-Procedure (PTP) edits:
https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html

Please refer to provider bulletin 17-69 "National Correct Coding initiative (NCCI) - Medically Unlikely Edits Review Process" for additional information.

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.

The following hospitals have re-enrollment due dates coming up in the near future:

- Greenwich Hospital – Outpatient Hospital – 03/26/2019

TPL Audit Report – March 2019

The Third Party Audit reports were sent to the following hospitals on Monday March 4, 2019:

Bristol Hospital, Bridgeport Hospital and the Hospital for Special Care.