interChange Provider Important Message

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

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

CMAP Addendum B January 2020

The Department of Social Services (DSS) will be updating the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2020 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) for dates of service January 1, 2020 and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

A separate communication will be sent to providers once the system has been updated.

DRG Weight, Average Length of Stay (ALOS) and Outlier Threshold Updates – January 1, 2020

Per the amendment to Attachment 4.19-A of the Medicaid State Plan, DSS shall pay for hospital inpatient services on a fully prospective per discharge basis using DRG-based payments. Diagnosis related groups will be assigned using the most recent version of the 3M All Patient Refined Diagnosis-Related Grouper (APR-DRG) with each new grouper version released by 3M being implemented the subsequent January 1st. DRG Weights, average length of stays and outlier thresholds for the new version will all have an effective date of January 1, 2020.

Inpatient Diagnostic Related Group (DRG) Claims and Outpatient APC claims in Suspended Status

DXC Technology is in the process of reviewing Inpatient DRG and Outpatient APC claims that were processed prior to the October 2019 DRG and APC Grouper updates being promoted to the system. These updates were completed on November 12, 2019. The claim selection process started after the December 6, 2019 claim cycle and at this time no claims have been adjusted and there has been no financial impact to the hospitals

Inpatient DRG and Outpatient APC claims that are currently under review will display with a claim status of "Adjusted/Voided" or "Suspended" under claim inquiry on the www.ctdssmap.com Web site. The claim will begin with an ICN# 5519342 or 5519343 and have an Explanation of Benefit (EOB) codes 8182 "Claim Mass Adjusted Due to an APC Change" and 8185 "Claim Mass Adjusted Due to a DRG Change."

In cases where the inpatient claim processed at the wrong DRG weight or DRG code or APC changes occurred the claims are tentatively scheduled to be adjusted in the 2nd cycle in December. Any inpatient or outpatient claims that processed correctly and do not require an adjustment will be deselected and the original claim will change back to a "Paid" Status.

3M Grouper

The System started processing using APR-DRG V37 on November 12, 2019. Prior to the update of the ICD-10 (International Statistical Classification of Diseases) diagnosis codes and surgical procedure codes, inpatient DRG claims with header Through Date of Service (TDOS) October 1, 2018 and forward were being suspended with either Explanation of Benefit (EOB) code 0693 "Invalid Principal Diagnosis" or EOB code 0920 "3M Grouper Error." These claims were released for processing in the November 22, 2019 claim cycle and appeared on the November 27, 2019 Remittance Advice (RA).

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Provider Bulletins

Provider Bulletin 2019-78 - Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)

The Department of Social Services (DSS) and DXC Technology have published the Connecticut Medical Assistance Program Electronic Claims Submission, Remittance Advice (RA), Check and Electronic Funds Transfer (EFT) issue dates and 835 schedule for January 2020 to June 2020.

Provider Bulletin 2019-71 - New Coverage Guidelines for Zulresso™ (brexanolone)

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of New Coverage Guidelines for Zulresso™ (brexanolone). Effective November 1, 2019, new coverage guidelines will be used, in conjunction with the Department of Social Services' (DSS) definition of Medical Necessity (see section 17b-259b of the Connecticut General Statutes), to render determinations on prior authorization (PA) requests for Zulresso.

Updates to 835 Electronic Remittance Advice (ERA)

EOB code 841 "Units of Measure Required for NDC" is currently tied to CARC 16 "Claim/ service lacks information or has submission/ billing error(s)" and RARC M123 "Missing/incomplete/invalid name, strength, or dosage of the drug furnished" will be changed and will post CARC 16 and RARC N816 "Missing/Incomplete/Invalid NDC Unit of Measure" under business scenario 2.

EOB code 842 "NDC Units Missing or Invalid" is currently tied to CARC 16 and RARC M349 "The administration method and drug must be reported to adjudicate this service" will be changed and will post CARC 16 and RARC N815 "Missing/Incomplete/Invalid NDC Unit Count" under business scenario 2.

EOB code 4149 "Billing provider not authorized to bill for submitted procedure code", **EOB code 4151** "Billing provider not authorized to bill for submitted service for client", and **EOB code 4140** "The service submitted is not covered under the client's benefit plan", is currently tied to CARC 96 "Non-covered charge(s)" and RARC N95 "This provider type/provider specialty may not bill this service." will be changed and will post CARC 299 "The billing provider is not eligible to receive payment for the service billed" and RARC N95 "This provider type/provider specialty may not bill this service" under business scenario 3

The existing Connecticut Medical Assistance Program (CMAP) EOB Crosswalk located on the www.ctdssmap.com Web site under Publications < Claim Processing Information < Medical Assistance Program EOB Crosswalk Pharmacy and Non-Pharmacy has been updated to reflect these changes.

DXC Reprocessing

DXC Technology had identified and reprocessed outpatient claims for clients with the Tuberculosis benefit plan that processed without a Tuberculosis diagnosis code. DXC Technology has reprocessed and denied the outpatient claims with Explanation of Benefit (EOB) code 4742 "The Procedure is not Consistent with the Header Diagnosis" in the November 8, 2019 claim cycle. The claims will appear on the November 13, 2019 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with region code 50.

TPL Audit Report - December 2019

The Third-Party Audit reports were sent to the following hospitals on December 1, 2019:

Midstate Medical Center, Hartford Hospital, Windham Community Memorial Hospital, Danbury Hospital, The Hospital of Central Connecticut, and The Hospital for Special Care.

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Autism Services

Outpatient Autism claims should be billed as outpatient claims with the following CPT/HCPCS/RCC combination and prior authorization should be received from Beacon Health Options under the hospital's NPI and AVRS ID.

RCC	Descriptions	Billable CPT/HCPC
919	Autism	97158, H0031, H0032, H0032 modifier TS, H0046, H2014, 90791 with modifier U5

To access the fee schedule, go to the www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the Clinic - Clinic and Outpatient Hospital Behavioral Health fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open". The rates are loaded under rate type OMH on the fee schedule.

Please refer to Provider Bulletins 2018-82 and 2016-47 for additional information.

Medicare Exhausted Inpatient Claims

Medicaid's payment will be limited to the full coinsurance and/or deductible on an inpatient Medicare crossover claim where Medicare has been exhausted. When Medicare is exhausted during a hospital stay, it is no longer acceptable to cut back the dates of service on the crossover claim and then bill Medicaid directly, via an inpatient claim, for the dates of service after Medicare has been exhausted. The Medicare inpatient crossover claim should be submitted in its entirety to include the total stay. Medicaid's payment will only be for the Medicare coinsurance and/or deductible.

Medicaid will continue to consider the Part B covered charges of an inpatient stay when Medicare has been exhausted. The hospital can continue to bill these outpatient crossover claims to Medicaid.

If Medicare Part A denies the entire stay as exhausted the hospital should submit part B charges to Medicare for processing and if Medicare Part B makes a payment, the non-crossover inpatient claim must be billed by indicating the Part A denial and Part B payment. The Part B payment in the paid amount field must equal the sum of the Medicare paid amount, coinsurance amount and the deductible amount located on the Explanation of Medicare Benefits.

When Medicare denies the entire stay as exhausted and the client has Qualified Medicare Beneficiary (QMB) Medicare Covered Services only, there will be no reimbursement for the non-crossover inpatient claim.

If the hospital is determining whether to bill the clients for Inpatient Part A claims denied by Medicare due to benefits being exhausted, the hospital needs to contact the Centers for Medicare & Medicaid Services (CMS) for guidance.

Hospital Training Materials

The hospital training materials are available on www.ctdssmap.com Web site under the Hospital Modernization page under "Provider Training" on the right side of the page. Once on the training page click on the hospital workshops link under materials to download the hospital refresher workshop power point which included information on APC and DRG processing.

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New Medicare Card

Hospitals are reminded that MEDICARE has reissued Medicare cards replacing the Health Insurance Card Number (HICN) with the Medicare Beneficiary Identifier (MBI). Starting January 1, 2020, you must use the MBI when billing MEDICARE regardless of the date of service. Claims will reject if submitted with a HICN, with a few exceptions. For additional information, please visit the CMS Web site at https://www.cms.gov/Medicare/New-Medicare-Card.

HOLIDAY CLOSURE

Please be advised, DSS and DXC Technology will be closed on Wednesday December 25, 2019 in observance of Christmas. DSS and DXC Technology will also be closed on Wednesday January 1, 2020 in observance of the New Year's Day holiday.