Connecticut Medical Assistance Program

Policy Transmittal 2019-03

Provider Bulletin 2019-04 February 2019

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2019 Contact: Colleen Johnson @ 860-424-5195

TO: General Acute Care Hospitals, Chronic Disease Hospitals, Children's Hospitals, and Psychiatric Hospitals

RE: 2019 CMAP's Addendum B Update - Outpatient Hospitals

(1) CMAP's Addendum B – Annual Update

(2) Update to Outpatient Hospital Prior Authorization Grid

(3) Procedure Code Changes

The Department of Social Services (DSS) updated the Connecticut Medical Assistance Program's (CMAP's) Addendum B effective for dates of service January 1, 2019 and forward, to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

(1) CMAP's Addendum B - Annual **Update**

DSS revised CMAP's Addendum B to incorporate the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes). changes in coding that Any reimbursement are being priced using a comparable methodology to other procedure codes in the same or similar category.

The majority of the procedure codes being added and/or deleted follows the Outpatient Prospective Payment System (OPPS) methodology and will be reimbursed based off the Ambulatory Payment Classification (APC) payment as described in CMAP's Addendum B.

Please refer to CMAP's Addendum B to identify if a Current Procedural Terminology (CPT) or HCPCS code is payable. As a reminder, the "Payment Type" column on CMAP'S Addendum B determines the method of payment.

For dates of service January 1, 2019 and forward, the wage index, outlier threshold and the cost to charge ratios used in the outlier calculations have been updated.

CMAP's Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the "Hospital Modernization" Web page. CMAP's Addendum B (Excel) is located under "Important Messages - Connecticut Hospital Modernization".

(2) Update to Outpatient Hospital Prior **Authorization Grid**

Effective for dates of service January 1, 2019 and forward, the outpatient hospital prior authorization (PA) grid has been updated.

The outpatient hospital PA grid can be accessed via the www.ctdssmap.com Web site by selecting the "Hospital Modernization" Web page. The prior authorization grid is "Important located under Messages Connecticut Hospital Modernization".

For questions regarding the PA process, please contact Community Health Network of Connecticut (CHNCT) at 1-800-440-5071, Monday through Friday, between the hours of 8:00 a.m. and 6:00 p.m.

(3) Procedure Code Changes

Tisagenlecueucel – marketed as Kymriah

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.

Radiology Procedure Codes

The following "C" procedure codes were deleted effective 12/31/2018. Effective January 1, 2019 and forward, outpatient hospitals should bill and request PA with the following replacement codes:

Deleted Codes	Replacement Code
C8904 Magnetic resonance imaging w/out contrast, breast – unilateral	77046 Magnetic resonance imaging w/out contrast, breast – unilateral
C8907 Magnetic resonance imaging w/out contrast, breast – bilateral	77047 Magnetic resonance imaging w/out contrast, breast – bilateral

<u>Please note</u>: Besides the changes mentioned above, outpatient hospitals should continue to follow the guidance in **Provider Bulletin 2016-70** - Important Changes to the Radiology Benefit Management Program.

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Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Colleen Johnson at (860) 424-5195.

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