



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: October 1, 2021
Contact: colleen.johnson@ct.gov

TO: Chronic Disease Hospitals

RE: Add-on Rate for Ventilation Bed Stays for Chronic Disease Hospitals

Effective for dates of service retroactive to October 1, 2021, and through the end of the federal public health emergency (PHE), as extended, the Department of Social Services (DSS) is reimbursing a \$500.00 add-on rate for ventilation beds (vent beds) for Chronic Disease Hospitals (CDHs) in addition to the rate that applies for each bed day.

Inpatient vent bed stays billed with dates of service October 1, 2021 and forward should be updated according to the billing instructions listed below and resubmitted for processing to receive the \$500.00 add-on rate.

Vent Bed Stays – Billing Instructions

All inpatient chronic disease hospital claims must continue to be submitted with Revenue Center Code (RCC) 100. Vent bed stays will be identified by adding diagnosis code Z99.11 (dependence on a ventilator) as the header/primary diagnosis on the claim. Claims submitted with Z99.11 as the primary diagnosis code will reimburse the add-on rate of \$500.00 in addition to the CDH's current flat fee inpatient per diem rate.

If a member is moved into or out of a ventilation bed during an inpatient stay, the CDH is required to submit two claims. One claim must be submitted for the days for which a ventilation bed was **not** in use.

The second claim must be submitted for the ventilation beds days and must be billed with

diagnosis code Z99.11. Only the vent bed days should be billed with the primary diagnosis as Z99.11.

Failure to bill diagnosis code Z99.11 in the primary position for the vent beds will cause the claim to process at the CDH's current flat fee inpatient rate only.

Please Note: DSS is requesting providers to adjust their eligible claims by March 31, 2022. Eligible claims adjusted after March 31, 2022, and within timely filing will still process with the \$500.00 add-on rate.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program (CMAP) Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Colleen Johnson, Medical Policy Consultant, at colleen.johnson@ct.gov.

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