

Connecticut Medical Assistance Program Professional Refresher Workshop

Presented by
The Department of Social Services & Gainwell Technologies

Training Topics

Re-Enrollment	Clerk Maintenance Updates	Demographic Maintenance	Eligibility Verification
Prior Authorization/Pharmacy Web Prior Authorization	Professional Web Claim Submission	National Correct Coding Initiative (NCCI)	Claim Resolution Guide
DSS Audit Criteria	Provider Fee Schedule	Enhanced Rates	Bulletins
	Telehealth	Wrap Up and Questions	

Re-enrollment

Re-enrollment

Re-enrollment Period:

- Most provider types are required to re-enroll every five years
- Providers will receive a letter when they are due for re-enrollment six (6) months prior to the end of their current contract
- If the provider has not successfully re-enrolled three (3) months prior to the end of their current contract, another letter will be sent
- Providers with re-enrollment applications that are not fully completed by the provider's re-enrollment due date will receive a notice advising they have been dis-enrolled from the Connecticut Medical Assistance Program (CMAP)
- The following are some of the providers that are required to re-enroll every two years:
 - Clinics (Except Enhanced Care) – DME/MEDS - Drug and Alcohol Abuse Centers
- The complete list of enrollment periods can be found by using the following link:
 - [Ct Enrollment Criteria Matrix](#)
- Re-enrollment via the Enrollment/Re-enrollment Wizard on the CMAP Web site, www.ctdssmap.com, is required

Organization and individual providers with Secure Web portal access can view their re-enrollment due date on the Home page of their Secure Web portal once logged in!

Re-enrollment

The Department of Social Services (DSS) requires most providers to enroll / re-enroll on our Web site www.ctdssmap.com

- All of the required information is automatically populated based on the provider's previous contract information
- Online re-enrollment cannot be initialized until an *Application Tracking Number* (ATN) is received from the Gainwell Technologies Provider Enrollment Unit

Select *Provider Enrollment* from either the *Provider* box on the left hand side of the home page or from the *Provider* drop-down menu; select *Provider Re-Enrollment* from the *Provider* drop-down menu

The image shows a screenshot of a website's navigation menu. On the left, there are two boxes: 'Information' and 'Provider'. The 'Information' box contains links for Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations. The 'Provider' box contains links for Provider Services, Provider Search, Provider Enrollment, EHR Incentive Program, and Secure Site. On the right, a dropdown menu is open under the 'Provider' tab, listing various options including Provider Enrollment, Provider Re-Enrollment, Add Alternate Svc Loc Address, Provider Enrollment Tracking, Provider Matrix, Provider Services, Provider Search, Drug Search, Provider Fee Schedule Download, EHR Incentive Program, OOS Instructions/Information, Fingerprint Criminal Background, Check Info, ACA OPR Provider List, E-Mail Subscription, and Secure Site.

Information

- [Publications](#)
- [Links](#)
- [Important Information](#)
- [RA Banner Announcements](#)
- [HIPAA](#)
- [Regional Office Locations](#)

Provider

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [EHR Incentive Program](#)
- [Secure Site](#)

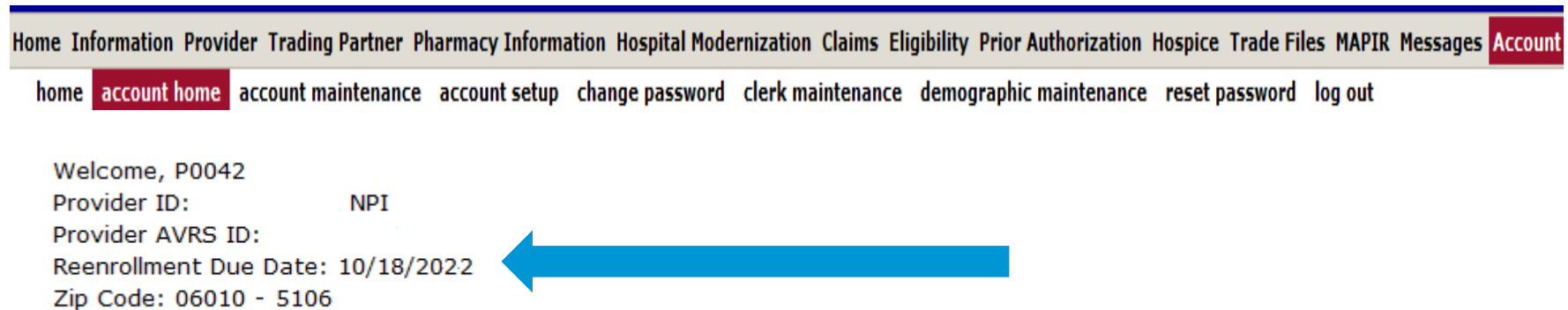
Provider Trading Partner Pharmacy Information F

- Provider Enrollment
- Provider Re-Enrollment
- Add Alternate Svc Loc Address
- Provider Enrollment Tracking
- Provider Matrix
- Provider Services
- Provider Search
- Drug Search
- Provider Fee Schedule Download
- EHR Incentive Program
- OOS Instructions/Information
- Fingerprint Criminal Background
- Check Info
- ACA OPR Provider List
- E-Mail Subscription
- Secure Site

Re-enrollment

Re-enrollment Due Dates:

- Providers with Secure Web portal access can view their re-enrollment due date once logged in!
 - Individual providers can view their re-enrollment due date on the Home page
 - Organization providers can view their re-enrollment due date, as well as the re-enrollment due date of their members by accessing the “Maintain Organization Members” panel
- This enhancement allows individual providers and organizations to better track their re-enrollment due dates prior to receiving their notice to re-enroll



The screenshot shows a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. Below the navigation bar is a menu with links: home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, reset password, and log out. The 'account home' link is highlighted in red. Below the menu, the user is greeted with 'Welcome, P0042' and their details are listed: Provider ID: NPI, Provider AVRS ID: (blank), Reenrollment Due Date: 10/18/2022, and Zip Code: 06010 - 5106. A large blue arrow points to the 'Reenrollment Due Date'.

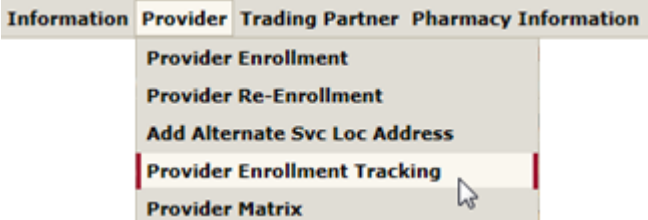
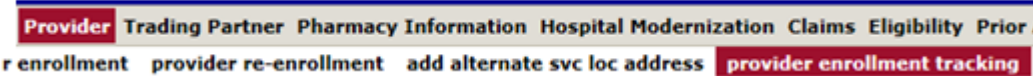
Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

home account home account maintenance account setup change password clerk maintenance demographic maintenance reset password log out

Welcome, P0042
Provider ID: NPI
Provider AVRS ID:
Reenrollment Due Date: 10/18/2022
Zip Code: 06010 - 5106

Re-enrollment

To check the status of an enrollment / re-enrollment application, select *Provider Enrollment Tracking* from either the *Provider* submenu or the *Provider* drop-down menu



Enter your *ATN* and *Business OR Last Name* and click *search*

Enrollment Tracking Search

ATN*

Business OR Last Name*

- In this example DSS is reviewing the application that was submitted by Jonathan Q. Smith.

Search Results	
Date Received	Status
07/27/2022	ReEnrollment Completed

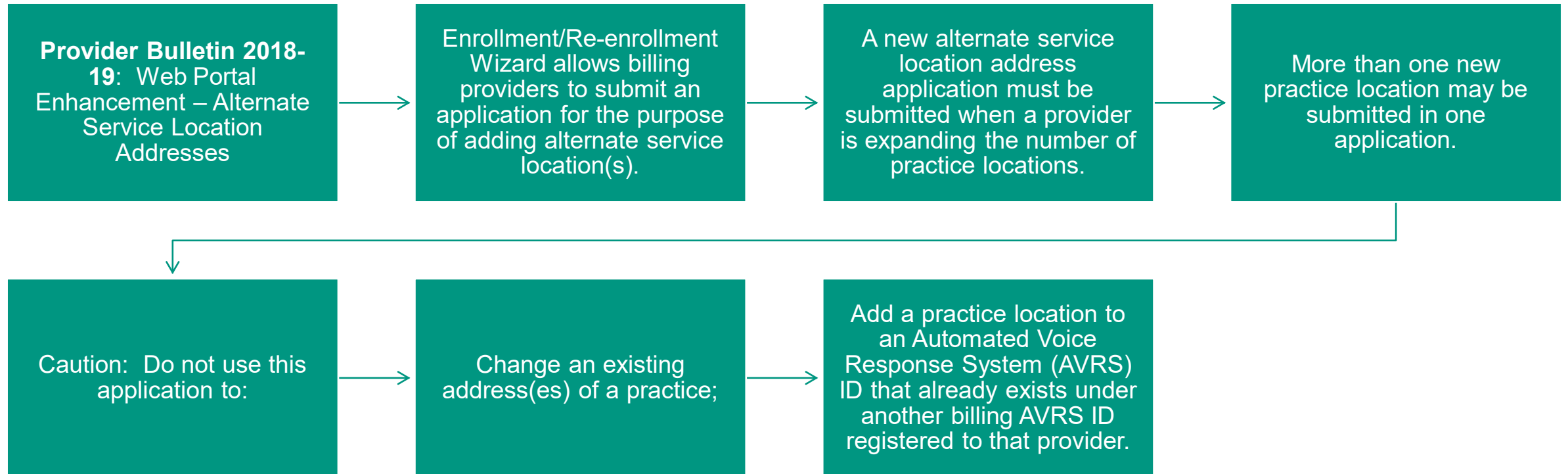
Re-enrollment

Performing Providers:

- Billing groups need to associate their **performing providers** to the group since performing providers are enrolled / re-enrolled independent of the groups they belong to.
- The performing providers would re-enroll according to their re-enrollment due date which may be different from the group.
- The re-enrollment letter will only be sent to one address if the performing provider belongs to more than one group.
- Organizations/Groups can view the re-enrollment due dates of their members by accessing the “**Maintain Organization Members**” from the “**Demographic Maintenance panel**”.
- This enhancement will allow organizations/groups to better track their re-enrollment due dates prior to receiving their notice to re-enroll.

Provider Re-enrollment

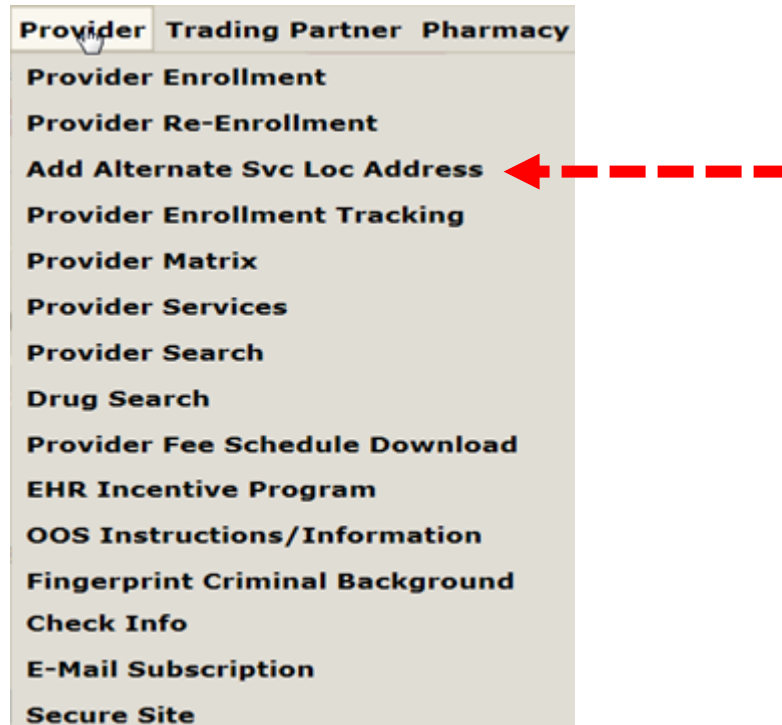
Adding Alternate Service Location Addresses



Provider Re-enrollment

Adding Alternate Service Location Addresses

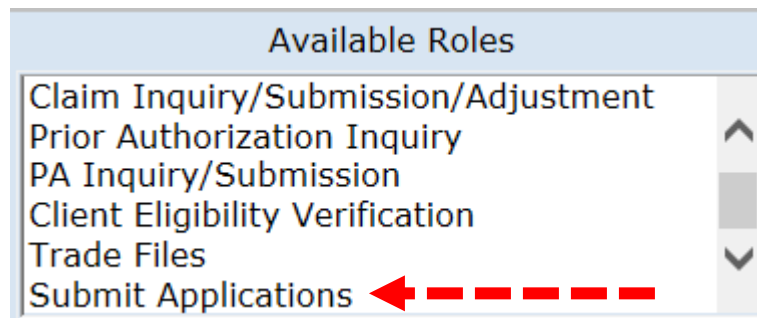
- To begin a new add alternate service location address application, navigate to the www.ctdssmap.com Web site and [log into your Secure Web portal account](#). Once logged in, select Provider > Add Alternate Svc Loc Address.



Provider Re-enrollment

Adding Alternate Service Location Addresses

- **Who can submit an Add Alternative Service Location Address application?**
- A new clerk role, Submit Applications, has been created to allow master users to designate clerks to submit the add alternate service location address application.
- A master user is required to add the Submit Applications role to the clerk(s) that will be responsible for updating their organization's service locations. **To assign the Submit Applications role, a master user will sign into their Secure Web portal account, select Clerk Maintenance, enter the clerk ID to which the role will be assigned, and assign the role of Submit Applications.**



Clerk & Demographic Maintenance

Clerk Maintenance

Enhanced Secure Web Site Features

- Self-service functionality for master users (providers and trading partners) and their clerks has been enhanced to allow users to:
 - Reset their password by responding to the updated questions and answers supplied through the one time set up process.
 - Unlock their account in instances where their account has been locked due to entering an incorrect password more than six (6) times, by responding to their updated security questions and answers supplied through the one-time process.
 - Reactivate their account in the instance where they have not accessed their account within the last ninety (90) days by responding to the updated security questions and answers supplied through the one-time process.
- For more information, please see **Provider Bulletin 2018-34** “[Enhanced Secure Web Site Features for Password Resets, Locked Accounts, and Disabled Accounts](#)”.

Demographic Maintenance

DSS requires providers to update their demographic information via their secure Web account. Demographic information includes **provider addresses, Electronic Funds Transfer (EFT) and member of organization maintenance.** The main account administrator must log on to their account and click on the “Demographic Maintenance” tab. See Chapter 10 of the Provider Manual for more information.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility Prior Authorization Hospice Trade Files MAPIR Messages **Account**

home account home account maintenance account setup change password clerk maintenance **demographic maintenance** reset password log out

Provider Information

Provider ID	2016041107 NPI	Address	2100 N. MAIN ST
AVRS ID	008021917		
Usage	Service Location	MANCHESTER	
Provider Type	31 - Physician	County	Hartford
Provider Specialty	322 - Internal Medicine	State/Zip	VT 02456-4556
Phone	866-587-5121		

Location Name Address > EFT Account > Service Language

Demographic Maintenance – Address Updates

Specify different mailing, payment, service location, home office, and enrollment addresses.

Location Name Address [X]

Usage	Name	Address 1	City	State	Zip	Zip + 4	Phone	Ext	Handicap Access
Mail to	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y
Pay to	DOE, JOHN	250 OAK AVENUE	WILLIMANTI	CT	06614	0001	(203)555-5555	5555	Y
Service Location	DOE, JOHN	15 MAIN STREET	WILLIMANTI	CT	06614	4008	(203)555-5555	5555	Y
Enrollment	DOE, JOHN	123 STEELE STR	WILLIMANTI	CT	06614	0001	(203)555-5555	5555	Y

Type changes below.

Name Type: Business Name Personal Name

Name:

Title: [v]

Usage: [v]

Country: [v]

Address 1*:

Address 2:

City:

State: [v]

Zip*:

Phone*:

Fax:

Apply Changes To:

- Svc Loc
- Pay To
- Mail To
- Enrollment

Apply Changes To:

- Svc Loc
- Pay To
- Mail To
- Enrollment

Handicap Accessible? [v]

EMail:

[save] [cancel]

Demographic Maintenance – EFT Updates

The *EFT Account* panel allows you to add and maintain bank accounts into which reimbursements from CMAP will be electronically deposited.

- Click **“add”**; enter the appropriate information; and click **“save”**

Location Name Address > **EFT Account** > Service Language > Maintain Organization Members

EFT Account

Click here to open Provider EFT Enrollment instructions.

Financial Institution Name	Financial Institution Routing Number	Provider's Account Number with Financial Institution	Type of Account at Financial Institution	Last Change Date	EFT Status
BANK OF AMERICA, N.A.	011900571		Checking		Active

Select row above to update -or- click Add button below.

Required fields are indicated with an asterisk (*)

Account Number Linkage to Provider Identifier*

Provider Name*

Provider Tax Identification Number (TIN)

OR

Provider Identifiers*

Provider Federal Tax Identification Number (TIN)

OR Employer Identification Number (EIN)

National Provider Identifier (NPI)

****This action will place the provider in a *pre-notification* status****

Demographic Maintenance – Maintain Organization Members

The *Maintain Organization Members* panel allows you to:

- Search current or historical members using the search button
- Add new members by entering their *Organization Member ID* (NPI) as well as *Effective Date*
- Separate members by selecting their *line* and entering an *End Date*

All Current Historical Organization Member ID

Member Business/Last Name Member First Name

Organization Member ID ▲	ID Type	Organization Member Name	Effective Date	End Date
1414141414	NPI	BOYLE, DR. DAWN	06/01/2012	12/31/2299
2011120906	NPI	GEORGETTE, GOVOLA	06/01/2012	12/31/2299
Total Count: 2		Current Count: 2	Historical Count: 0	

Select row above to update -or- click Add button below.

- To add a new member, click the add button.
- To separate a member from your organization, click on the existing member row, then enter the end date of their affiliation with your organization. This date cannot be in the past.

Organization Member ID [Search] Effective Date

Organization Member Name End Date

Demographic Maintenance – Maintain Organization Members

Re-Enrollment due dates are visible on the maintain organization panel.

Location Name Address > EFT Account > Service Language > **Maintain Organization Members**

Maintain Organization Members

• This Maintain Organization Members panel allows providers to view, add or separate members of their organization. Members must first enroll in the Connecticut Medical Assistance Program in order to join your organization. Members will receive a letter from Gainwell Technologies when any additions or separations are made to their association to your organization. Note: 12/31/2299 represents an open ended association with the organization.

• Warning - PCMH and Glide Path Providers ONLY

If you are a PCMH or Glide Path provider and you are adding a member to your group via the Web, and your intent is for that provider to be PCP under your PCMH/Glide Path practice, you must first use this Web portal to associate the member to your group and then use CHN's Change Request Form in order to add that practitioner as a PCP. Conversely, if you are dis-associating a member from your group and that member is no longer a PCP under your PCMH/Glide Path practice, you must first use this Web portal to dis-associate the member from your group and then use CHN's Change Request Form in order to remove that provider as a PCP under the PCMH/Glide Path practice. CHN's Change Request Form is located at www.huskyhealthct.org, by selecting the Providers tab, clicking on the Person-Centered Medical Home link, and locating the PCMH and Glide Path Change Request Form.

• Scroll down to add or separate a member.

Refer to section 10.15 within Chapter 10 of the Provider Manual to view instructions for maintaining your organization members. Click here to view Chapter 10.

Refer to section 3.1 within Chapter 3 of the Provider Manual to view which provider types and specialties may join your organization. Click here to view Chapter 3.

All Current Historical

Organization Member ID

Member Business/Last Name

Member First Name

search

clear

Organization Member ID ▲	ID Type	Organization Member Name	Effective Date	End Date	Reenrollment Due Date
	MCD		06/05/2000	01/31/2003	12/31/2299
	MCD		07/09/1999	09/24/2001	12/31/2299
	MCD		06/29/1999	06/01/2002	12/31/2299
	MCD		07/01/2001	02/11/2018	12/31/2299
	MCD		04/30/2000	09/24/2001	12/31/2299
	MCD		01/01/1999	09/24/2001	12/31/2299
	MCD		06/23/2000	08/31/2004	12/31/2299
	MCD		07/14/1999	09/24/2001	12/31/2299
	MCD		07/09/1999	09/24/2001	12/31/2299

Eligibility Verification

Eligibility Verification

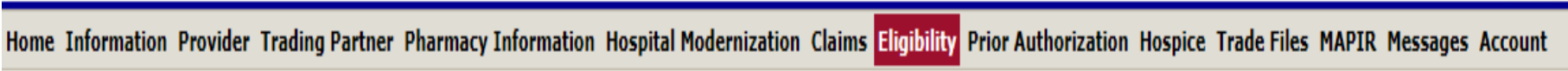
DSS recommends that providers verify a client's eligibility on the date of service *prior to performing said service* because eligibility can change at any time.

Eligibility verification can be performed in the following ways:


- Internet Web site at www.ctdssmap.com
- Automated Voice Response System (AVRS)
- Point of Sale (POS) Device
- Vendor software utilizing the ASC X12N 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transaction
- Via e-Prescribing using SureScripts and the ASC X12N 270/271 transaction

Eligibility Verification

To verify a CMAP client’s eligibility through the secure site – click on the *Eligibility* tab on the main menu.



Enter enough data to satisfy at least one of the *valid search combinations*; click *search*

- Valid Search Combinations
- Client ID + SSN
 - Client ID + Birth Date
 - Birth Date + SSN
 - Full Name + SSN
 - Full Name + Birth Date
- 

Eligibility Response Quick Reference Guide

Eligibility Verification Request					
Client ID	<input type="text"/>	Last Name	<input type="text" value="DOE"/>	From DOS*	<input type="text" value="08/22/2022"/>
SSN	<input type="text" value="666-55-4444"/>	First Name, MI	<input type="text" value="JOHN"/> <input type="text"/>	To DOS*	<input type="text" value="08/22/2022"/>
Birth Date	<input type="text"/>				
Service Type Code 1	<input type="text" value="30 - Health Benefit Plan Coverage"/>	Service Type Code 2	<input type="text"/>		
Service Type Code 3	<input type="text"/>	Service Type Code 4	<input type="text"/>		
Service Type Code 5	<input type="text"/>				
					<input type="button" value="search"/>
					<input type="button" value="clear"/>

****When entering a full name as part of your search, a middle initial is required if present in their CMAP profile****

Prior Authorization Information

Prior Authorization Information

Gainwell Technologies accepts prior authorization requests for:

- Home Health- Money Follows the Person
- Pharmacy

CHNCT accepts prior authorization requests for:

- Outpatient Hospital Rehabilitation Therapy
- Inpatient Medical
- Surgical Care
- Acupuncture
- Chiropractic Services
- Home Care Services
- Vision Care Services
- Physical Therapy, Occupational Therapy, and Speech Therapy
- Medical Equipment, Devices, and Supplies (MEDS)
- Laboratory Procedures (including genetic testing)
- Outpatient Surgery
- Non-Behavioral Health Clinics
- Palivizumab (Synagis®) Request

Beacon Health Options accepts prior authorization requests for:

- Behavioral Health Services
- Spravato

Prior Authorization Information

Prior authorization forms are located online:

- www.ct.gov/husky Click “*For Providers*” → “*Provider Bulletins, Updates and Forms*” → “*Outpatient Authorization Request Form*”
- Authorization requests may be submitted to CHNCT via either:
 - *Medical* online portal
www.ct.gov/husky click on “*Information For Providers*”, then “*Prior Authorization*”
 - Phone: 1-800-440-5071 (Monday through Friday, 8 a.m. to 6 p.m.)
 - Fax: 203-265-3994

www.ctdssmap.com

- Go to “*Information*” → “*Publications*” → “*Authorization/Certification Forms*” → “*Prior Authorization Request Form*”
 - The Gainwell Technologies fax number for PA submission depends upon the type of authorization being requested; refer to the form for the correct fax number
- www.ctbhp.com (Beacon Health Options)
 - Go to “*For Providers*” > Log in -> enter Prior Authorization Request
 - Phone: 1-877-55-CTBHP

Pharmacy Web Prior Authorization

Pharmacy Web Prior Authorization

Enrolled prescribing providers can utilize the Pharmacy PA feature on the www.ctdssmap.com secure Web portal to Submit Pharmacy PA requests.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility **Prior Authorization** Hospice Trade Files MAPIR Messages **Account**

home **account home** account maintenance account setup change password clerk maintenance demo password log out

Welcome, P001358193
Provider ID: 1306896287 NPI
Provider AVRS ID: 001358193
Reenrollment Due Date: 01/02/2023
Zip Code: 06810 - 5629

Prior Authorization
Search
Care Plan
Pharmacy Prior Authorization

Quick Link

- [Check E-messages](#)
- [Claim Status Inquiry](#)
- [Client Eligibility Verification](#)
- [Prior Authorization Inquiry](#)
- [Download Remittance Advices](#)
- [ACA Ordering/Prescribing/Referring Provider List](#)

Base Information

Required fields are indicated with an asterisk (*)

Provider ID
Client ID* [Search] Last Name
PA Assignment* First Name, MI
Drug Requested* [Search] Date of Birth

Please Note: A Prior Authorization (PA) Approval is NOT a guarantee of payment. The Pharmacy Web PA process ONLY applies to the following PA types: Brand Medically Necessary, Early Refill, Preferred Drug List, Step Therapy, Optimal Dosage, Long Acting Opioid, and Short Acting Opioid. The Pharmacy Web PA process DOES NOT apply to Medically Necessary Prior Authorizations reviewed by the Department of Social Services (DSS) or Community Health Network of Connecticut (CHNCT). A comprehensive outline of the various PA types and directions for their submission can be found in Chapter 9 of the [Provider Manual](#) under Section 9.6 Pharmacy Prior Authorization.

'Preferred' and 'Non-Preferred' status ONLY applies to those medications that fall within the drug classes on the posted PDL. The Connecticut Medicaid Preferred Drug List (PDL) is available on the www.ctdssmap.com Web site. From the Home page, go to Pharmacy Information → Preferred Drug List Information → [Current Medicaid Preferred Drug List](#).

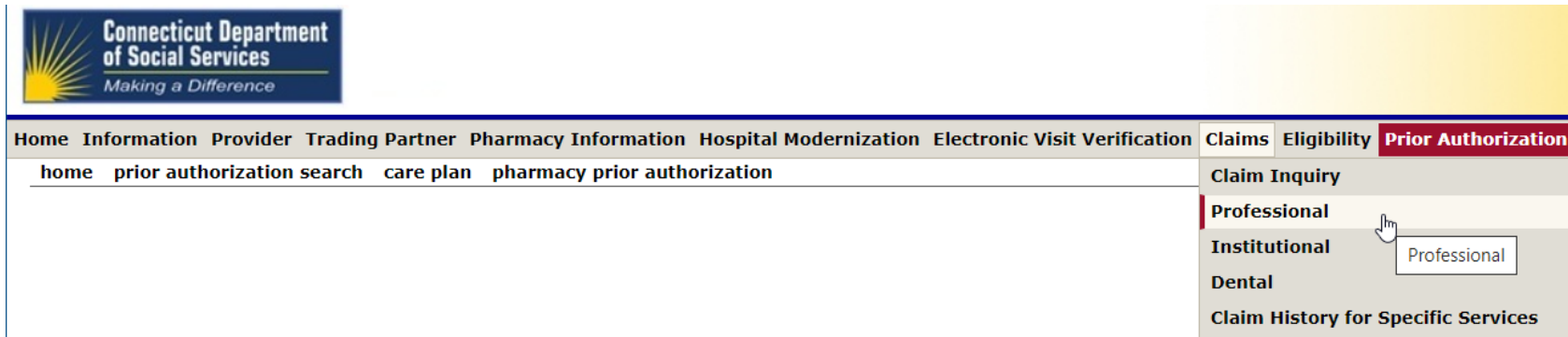
BRAND MEDICALLY NECESSARY
EARLY REFILL
OPIOID PA
OPTIMAL DOSAGE
PREFERRED DRUG LIST

Professional Web Claim Submission

Professional Web Claim Submission

Professional claims can be submitted through the secure Web site by signing into www.ctdssmap.com.

Once on the secure site, select Professional from the claims drop-down menu.



Claim types that can be submitted through the secure Web site www.ctdssmap.com:

- Primary and Secondary/Third Party Liability (TPL) claims.
- Re-submission and adjustments for non-crossover claims, if they are within timely filing.
- Recoup/Void a claim at any time regardless of timely filing.

Professional Web Claim Submission

Connecticut Department of Social Services
Making a Difference

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization **Claims** Eligibility Prior Authorization Hospice

home claim inquiry **professional** institutional dental claim history for specific services

Quick Links

- Internet Claims Submission FAQ
- Instructions for submitting Professional claims
- Claim Resolution Guide

Professional Claim

ICN	<input type="text"/>	From Date	<input type="text"/>
Provider ID	<input type="text"/>	To Date	<input type="text"/>
AVRS ID	<input type="text"/>	Admission Date	<input type="text"/>
Client ID*	<input type="text"/>	EPSDT Referral	<input type="text"/>
Last Name	<input type="text"/>	Total Charges	<input type="text"/> \$0.00
First Name, MI	<input type="text"/>	Total Paid	<input type="text"/> \$0.00
Date of Birth	<input type="text"/>	TPL Amount	<input type="text"/> \$0.00
Patient Account #	<input type="text"/>	CoPay Amount	<input type="text"/> \$0.00
Medical Record Number	<input type="text"/>	Medicare Crossover	<input type="text"/> No
Referring Physician	<input type="text"/> [Search]	837 Version	<input type="text"/> 5010
SSN	<input type="text"/>		
Accident Related	<input type="text"/> No		
Accident Date	<input type="text"/>		

Accident Related Causes

Auto Accident Another Party Responsible Employment Related Other Accident

Diagnosis

Diag-Sequence #	Diagnosis	Description
Code Set	<input type="text"/> ICD 10	
Principal	<input type="text"/> [Search]	Other 1 <input type="text"/> [Search]
Other 2	<input type="text"/> [Search]	Other 3 <input type="text"/> [Search]
Other 4	<input type="text"/> [Search]	Other 5 <input type="text"/> [Search]
Other 6	<input type="text"/> [Search]	Other 7 <input type="text"/> [Search]
Other 8	<input type="text"/> [Search]	

- **The Internet Claims Submission FAQ** document contains relevant information that will guide you thru the process of submitting a claim via the web.
- **The Claim Resolution Guide** contains a list of common denial codes and resolution methods.

Professional Web Claim Submission

- Perform the following steps to easily submit a new claim:
- Select Professional claim type from the Claims drop down box
- A blank claim will appear
- At a minimum, enter data into all required fields (identified by an asterisk after the field name)

Professional Claim

ICN	<input type="text"/>	From Date	<input type="text"/>
Provider ID	1205822236 NPI	To Date	<input type="text"/>
AVRS ID	004000121	Admission Date	<input type="text"/>
Client ID*	<input type="text"/>	EPSDT Referral	<input type="text"/>
Last Name	<input type="text"/>	Total Charges	<input type="text" value="\$0.00"/>
First Name, MI	<input type="text"/>	Total Paid	<input type="text" value="\$0.00"/>
Date of Birth	<input type="text"/>	TPL Amount	<input type="text" value="\$0.00"/>
Patient Account #	<input type="text"/>	CoPay Amount	<input type="text" value="\$0.00"/>
Medical Record Number	<input type="text"/>	Medicare Crossover	<input type="text" value="No"/>
Referring Physician	<input type="text"/> [Search]	837 Version	<input type="text" value="5010"/>
SSN	<input type="text"/>		
Accident Related	<input type="text" value="No"/>		
Accident Date	<input type="text"/>		

Professional Web Claim Submission

- Enter up to 12 Diagnosis codes on a professional claim, click the add more button to enter more than 9.

Diagnosis	
Diag-Sequence ▲	Description
Code Set	ICD 10 ▼
Principal	<input type="text"/> [Search]
Other 1	<input type="text"/> [Search]
Other 2	<input type="text"/> [Search]
Other 3	<input type="text"/> [Search]
Other 4	<input type="text"/> [Search]
Other 5	<input type="text"/> [Search]
Other 6	<input type="text"/> [Search]
Other 7	<input type="text"/> [Search]
Other 8	<input type="text"/> [Search]

[add more](#)

Professional Web Claim Submission

New Claim

- Perform the following steps to submit a new claim:
- At a minimum, enter data into all required fields (identified by an asterisk after the field name)

Detail							
Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
A	1			1.00	\$0.00		\$0.00

Type data below for new record.

Item	1	Status	
From DOS*		Emergency Indicator	No
To DOS*		Pregnancy	Not pregnancy Related
Procedure*	[Search]	EPSDT Referral	None
Modifiers	[Search] [Search]	Family Planning	No
Units*	1.00	Allowed Amount	\$0.00
Facility Type Code*	[Search]	CoPay Amount	\$0.00
Charges*	\$0.00	Medicare Paid Date	
Rendering Physician	[Search]	Medicare Calc Allowed Amt	\$0.00
SSN		Medicare Paid Amount	\$0.00
Referring Provider	[Search]	Medicare Deductible Amount	\$0.00
Ordering Provider	[Search]	Medicare Coinsurance Amount	\$0.00
		Diagnosis Code Pointer	
		National Drug Code	
		NDC Quantity	0
		NDC Unit of Measurement	

Professional Web Claim Submission

Detail							
Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
A	1			1.00	\$0.00		\$0.00

Type data below for new record.

Item	1	Status	
From DOS*		Emergency Indicator	No
To DOS*		Pregnancy	Not pregnancy Related
Procedure*	[Search]	EPSDT Referral	None
Modifiers	[Search] [Search]	Family Planning	No
	[Search] [Search]	Allowed Amount	\$0.00
Units*	1.00	CoPay Amount	\$0.00
Facility Type Code*	[Search]	Medicare Paid Date	
Charges*	\$0.00	Medicare Calc Allowed Amt	\$0.00
Rendering Physician	[Search]	Medicare Paid Amount	\$0.00
SSN		Medicare Deductible Amount	\$0.00
Referring Provider	[Search]	Medicare Coinsurance Amount	\$0.00
Ordering Provider	[Search]	Diagnosis Code Pointer	
		National Drug Code	
		NDC Quantity	0
		NDC Unit of Measurement	

delete add

**Rendering Physician
Referring Provider
Ordering Provider**

These fields may be required depending on the service provided and the billing provider type

Professional Web Claim Submission

- Perform the following steps to easily submit a new claim:
- To enter additional Detail lines click the “add” button within the panel

Detail							
Item	From DOS	To DOS	Procedure	Units	Charges	Status	Allowed Amount
A	1			1.00	\$0.00		\$0.00

Type data below for new record.

Item	<input type="text" value="1"/>	Status	<input type="text"/>
From DOS*	<input type="text"/>	Emergency Indicator	<input type="text" value="No"/>
To DOS*	<input type="text"/>	Pregnancy	<input type="text" value="Not pregnancy Related"/>
Procedure*	<input type="text"/> [Search]	EPSDT Referral	<input type="text" value="None"/>
Modifiers	<input type="text"/> [Search] <input type="text"/> [Search]	Family Planning	<input type="text" value="No"/>
	<input type="text"/> [Search] <input type="text"/> [Search]	Allowed Amount	<input type="text" value="\$0.00"/>
Units*	<input type="text" value="1.00"/>	CoPay Amount	<input type="text" value="\$0.00"/>
Facility Type Code*	<input type="text"/> [Search]	Medicare Paid Date	<input type="text"/>
Charges*	<input type="text" value="\$0.00"/>	Medicare Calc Allowed Amt	<input type="text" value="\$0.00"/>
Rendering Physician	<input type="text"/> [Search]	Medicare Paid Amount	<input type="text" value="\$0.00"/>
SSN		Medicare Deductible Amount	<input type="text" value="\$0.00"/>
Referring Provider	<input type="text"/> [Search]	Medicare Coinsurance Amount	<input type="text" value="\$0.00"/>
Ordering Provider	<input type="text"/> [Search]	Diagnosis Code Pointer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		National Drug Code	<input type="text"/>
		NDC Quantity	<input type="text" value="0"/>
		NDC Unit of Measurement	<input type="text"/>

Professional Web Claim Submission

- Perform the following steps to easily submit a new claim:
- To enter additional National Drug Codes (NDCs) click the “add” button within the panel

Additional NDCs (Detail Item 1)
*** No rows found ***

Select row above to update -or- click Add button below.

National Drug Code Quantity Unit of Measurement

- A Drug Search tool is available on the www.ctdssmap.com Web site to assist providers to crosswalk the administered NDC to the corresponding HCPCS code. This tool also helps to validate whether the NDC is valid, rebateable and payable on the date of administration. To access the Drug Search tool from the Web site Home page, go to Provider, then Drug Search and enter at least one of the following: NDC, Drug Name, HCPCS code, or HCPCS Description in the appropriate field and click the search button.



Home **Information** Provider Trading Partner Pharmacy

- Provider Enrollment
- Provider Re-Enrollment
- Provider Enrollment Tracking
- Provider Matrix
- Provider Services
- Provider Search
- Drug Search**
- Provider Fee Schedule Download
- Promoting Interoperability Program
- OOS Instructions/Information
- Fingerprint Criminal Background Check Info
- E-Mail Subscription
- Secure Site

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility

Prior Authorization Hospice Trade Files MAPIR Messages Account

home provider enrollment provider re-enrollment add alternate svc loc address provider enrollment tracking provider matrix provider services provider search **drug search** provider fee schedule download promoting interoperability program oos instructions/information fingerprint criminal background check info e-mail subscription secure site

Drug Search

NDC Drug Name Drug Sounds-Like

HCPCS HCPCS Description HCPCS Sounds-Like

DOS

Records 20

Professional Web Claim Submission

- Determine the correct NDC Quantity and Unit of Measurement

- Example:

NDC 10599-0003-01

Unit of Measurement-refer to Dose Strength for reference

Quantity-Refer to Package Size for reference

Additional NDCs (Detail Item 1)
 *** No rows found ***
 Select row above to update -or- click Add button below.

National Drug Code Quantity Unit of Measurement

HCPSC Code for Mometasone furoate sinus implant, (sinuva), 10 micrograms J7402

- 1 HCPSC unit = 10 mcg
- NDC unit = 1350 mcg (dose strength equal to one package size)



Search Results											
NDC	Brand Name	Generic Name		Dose Strength	Dose Form	Package Size	HCPSC	End Date	HUSKY A, C, D, TB and Fam Plan Rebateable	HUSKY B Rebateable	OTC Indicator
10599000301	SINUVA	mometasone furoate NASAL 1350 MCG IMPLAN		1,350 mcg	IMPLANT	1	-	12/31/2299	Y	N	N
10599000301	SINUVA	mometasone furoate NASAL 1350 MCG IMPLAN		1,350 mcg	IMPLANT	1	J7402 - Mometasone sinus sinuva	12/31/2299	Y	N	N

Professional Web Claim Submission

Medicaid is the Payer of last resort. The three-digit Carrier Code of the Other Insurance (OI) is required to be submitted on the claim when OI is primary.

- The three-digit code can be found on the client eligibility verification screen under TPL (Third Party Liability) Information

TPL	
Carrier Code ▲	Carrier Name
060	BC/BS OF CONNECTICUT
K50	PRIME THERAPEUTIC

Provider should initiate a separate request to the other payer or plan to determine level of coverage

- It can also be found on the claim submission screen under the TPL panel in the “**Client Carriers**” field.

Professional Web Claim Submission

TPL

Carrier Code	Plan Name	Policy Number	Paid Amount	Paid Date	Relationship	Last Name	First Name	MI	Date of Birth
A 060	BC/BS OF CONNECTICUT	UPX8289514	\$0.00						

Type data below for new record.

Client Carriers

Carrier Code [Search] Relationship

Plan Name Last Name

Policy Number First Name, MI

Paid Amount* Date of Birth

Paid Date*

Adjustment Reason Code [Search] [Search] [Search]

Adjustment Amount

Professional Web Claim Submission

- Perform the following steps to easily submit a new claim:
- Click the submit button at the bottom of the claim page
- The claim will process immediately and return a status of Paid, Denied or Suspended

Claim Status Information	
Claim Status	Not Submitted yet



submit	cancel
--------	--------

Claim Status Information	
Claim Status	PAID
Claim ICN	2222235600002
Paid Date	
Paid Amount	\$110.77
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

Professional Web Claim Submission

Void



- Perform the following steps to void or completely recoup a paid claim:
 - Select Claim Inquiry
 - Enter the paid claim ICN (found on your RA or via Claim Inquiry) in the ICN field
 - Click the Search button
 - Once the claim is retrieved, click the **void** button at the bottom of the claim page
 - The void will process immediately and return a message that the claim has been successfully adjusted / voided with a new ICN

Professional Web Claim Submission Adjustment

- Perform the following steps to adjust a paid claim:
 - Select Claim Inquiry
 - Enter the paid claim ICN (found on your RA or via Claim Inquiry) in the ICN field
 - Click the search button
 - Once the claim is retrieved, make any necessary changes to the claim
 - Click the **adjust** button at the bottom of the claim page
 - The adjustment will process immediately and return a status of Paid, Denied, or Suspended

Claim Status Information	
Claim Status	Adjusted / Voided
Claim ICN	2222235600002
Paid Date	
Paid Amount	\$110.77
Applied Income	\$0.00
Client Contribution	\$0.00
Charter Oak Coinsurance	\$0.00
Charter Oak Deductible	\$0.00

Professional Web Claim Submission

Web Claim Adjustment Limitations

Timely Filing

- Claims that are over the Timely Filing guidelines cannot be adjusted, unless the adjustment is submitted to pay the same or less than the original claim. Otherwise, claim adjustments outside of the timely filing limit will be fully recouped.

Medicare Crossovers

- Crossover claims cannot be adjusted. They must be voided, copied and then submitted as new claims.

Special Handled Claims

- Claims with an ICN that begins with either “12” or “13” indicate that they have been special handled by Gainwell Technologies and are, therefore, **not** able to be adjusted via the www.ctdssmap.com Web site

*****Note: Provider claims that are submitted to Gainwell Technologies for special handling, such as timely filing overrides are excluded from the Elimination of Paper Claims mandate.*****

Professional Web Claim Submission

Copy

- Paid claims may be copied and submitted as a new claim
- This feature is helpful for reoccurring services
- Perform the following steps to easily copy a paid claim for submission as a new claim:
 - Select Claim Inquiry
 - Enter the paid claim ICN (found on your RA or via Claim Inquiry) in the ICN field
 - Click the search button
 - Once the claim is retrieved, click the copy button at the bottom of the claim page
 - Make the necessary changes to the claim
 - Click the submit button at the bottom of the claim page
 - The new claim will process immediately and return a status of Paid, Denied or Suspended



copy claim

Professional Web Claim Submission

Resubmit

A blue rectangular button with the text "re-submit" in white, lowercase letters.

- Resubmission - Perform the following steps to easily resubmit a denied claim:
- Select Claim Inquiry
- Enter the denied claim ICN (found on your RA or via Claim Inquiry) in the ICN field
- Click the search button
- Once the claim is retrieved, make any necessary changes to the claim
- Click the re-submit button at the bottom of the claim page
- The new claim will process immediately and return a status of Paid, Denied or Suspended

Professional Web Claim Inquiry

What Can I Do With These Claims?

- **Paid** claims allow you to:
 - Cancel any alterations you have made
 - Adjust the claim
 - Void the claim
 - Copy the claim and use it as a template to create a new claim
 - Create a brand new claim
- **Denied** claims allow you to:
 - Resubmit the claim (with or without making changes)
 - Cancel any alterations you have made
 - Create a brand new claim
- **Suspended** claims allow you to:
 - Create a brand new claim

cancel

adjust

void

copy claim

new claim

re-submit

cancel

new claim

Intermission



National Correct Coding Initiative (NCCI)

National Correct Coding Initiative (NCCI)

- To comply with federal legislation, the Department of Social Services (DSS) has adopted the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) standard payment edits designed to promote correct coding and control improper billing that could lead to inappropriate payments.
- **DSS has implemented the following NCCI edits:**
 - Medically Unlikely Edits (MUE) or units-of-service edits have been defined for each Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) code which identifies the number of units of service beyond which the reported number of units of service is unlikely to be correct (e.g. claims for excision of more than one gallbladder).

National Correct Coding Initiative (NCCI)

- DSS will mirror Medicare’s adoption of MUE edits and services exceeding the medically unlikely units will deny and post Explanation of Benefits (EOB) code 0770 “MUE Units Exceeded.”
- Quarterly MUE updates are not published on the www.ctdssmap.com Web Site and providers are asked to refer to the CMS MUE tables by clicking on the link below to obtain published quarterly additions, deletions, and revisions:

<https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html>

Complete Medicaid NCCI Edit Files for Calendar Quarter Beginning July 1, 2022

- [2022 Q3 NCCI PTP Edits - Practitioner Services](#) posted June 01, 2022
- [2022 Q3 NCCI PTP Edits - Outpatient Hospital Services](#) posted June 01, 2022
- [2022 Q3 NCCI PTP Edits - Durable Medical Equipment Services](#) posted June 01, 2022
- [2022 Q3 NCCI MUE Edits - Practitioner Services](#) posted June 01, 2022
- [2022 Q3 NCCI MUE Edits - Outpatient Hospital Services](#) posted June 01, 2022
- [2022 Q3 NCCI MUE Edits - Durable Medical Equipment Services](#) posted June 01, 2022

National Correct Coding Initiative (NCCI)

- Procedure code to procedure code (PTP) edits define pairs of HCPCS/CPT codes that should not be reported together on the same date of service for a variety of reasons and prevent reimbursement for both procedures.
- Medicaid NCCI procedure-to-procedure edits have a single column 1/column 2 correct coding edit (CCE) file.

A	B	C	D	E	F
Column1/Column 2 Edits					
1 Column 1	2 Column 2	3 * = In existence prior to 1996	4 Effective Date	5 Deletion Date * = no data	6 Modifier 0=not allowed 1=allowed 9=not applicable
99215	G0101		19980401	19980401	9

National Correct Coding Initiative (NCCI)

- Three Explanation of Benefits (EOB) codes inform providers if the procedure submitted on the claim fails the procedure code to procedure code edits.
- For some code pairs, modifiers may be used to bypass CCE which will allow column 1 and column 2 codes to be paid when performed on the same day for the same client.

Coding decisions for edits are based on conventions defined in the American Medical Association's (AMA's) "CPT Manual," national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. Prior to the implementation of MUEs, the proposed edits are released for review and comment to the AMA, national medical/surgical societies, and other national health care organizations, including non-physician professional societies, hospital organizations, laboratory organizations, and durable medical equipment organizations. Similarly, proposed NCCI edits are released to various national health care organizations for review and comment prior to implementation.

National Correct Coding Initiative (NCCI)

EOB codes:

- 5924 – “Claim Denied, CCI Greater and Lesser Procedure are Not Covered on Same Date of Service”.
 - This edit will set if both the greater and the lesser procedure codes are submitted on the same claim.
- 5925 – “CCI Column 1 Code or Mutually Exclusive Code Was Billed on the Same Date as Previous Column 2 Code”.
 - This edit will set if the lesser procedure code has been paid and a claim with the greater procedure code is submitted for the same client for the same date of service.
 - The greater procedure will pay, but the lesser procedure will be recouped in the 2nd cycle of every month.
- 5926 – “CCI Column 2 Code Was Billed on the Same Date as Previous Column 1 or Mutually Exclusive Code”.
 - This edit will set if the greater code has been paid and a claim is submitted with the lesser code for the same client for the same date of service.

National Correct Coding Initiative (NCCI)

- Visit the CMS Web site <http://www.cms.gov/NationalCorrectCodInitED/> for:
 - Instructions on how to use NCCI
 - How to locate the NCCI Tables Manual
 - How to look up procedure code to procedure code edits
 - Use of bypass modifiers

National Correct Coding Initiative Edits

[Medically Unlikely Edits](#)

[Quarterly NCCI and MUE Version Update Changes](#)

[NCCI Coding Edits](#)

[Add-on Code Edits](#)

[Transmittals](#)

Claim Resolution Guide

Claim Resolution Guide

Provider Manual Chapter 12 – Claim Resolution Guide

- Lists commonly posted Explanation of Benefit (EOB) codes and provides a brief explanation of the reason why claims were either suspended or denied
 - provides information about whether the denial can be resolved
 - provides tips about resolving denials

Example of an EOB:

EOB									
View									
<input checked="" type="radio"/> All <input type="radio"/> Current <input type="radio"/> Historical									
Detail Number	EOB Code	EOB Description	Financial Payer	Benefit Plan	Status	Adjustment Amount	Adjustment Units	Origin	
0	1912	BILLING PROVIDER'S TAXONOMY IS MISSING			Current	\$130.00	0.000	System Generated	
1	9996	REFER TO HEADER EOB			Current	\$130.00	0.000	System Generated	

Connecticut Department of Social Services
Making a Difference

Home **Information** Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification
home publications links hipaa messages archive

Bulletin Search
Year: [v] Provider Type: [v]
Number: [] Title: []

Provider Manuals

Chapter	
1	Introduction
2	Provider Participation Policy
3	Provider Enrollment and Re-enrollment
4	Client Eligibility
5	Claim Submission Information
	Additional Chapter 5 Information <ul style="list-style-type: none"> • Carrier Listing Sorted by Name • Carrier Listing Sorted by Code
6	Electronic Data Interchange Options
7	Specific Policy / Regulation
	Select a provider type [v] View Chapter 7
8	Provider Specific Claims Submission Instructions
	Select a provider type [v] View Chapter 8
9	Prior Authorization
10	Web Portal / AVRS
11	Other Insurance and Medicare Billing Guides
	Select a claim type [v] View Chapter 11
12	Claim Resolution Guide

Provider Audits

Provider Audits

- In accordance with subdivision (11) of subsection (d) of section 17b-99 of the Connecticut General Statutes, audit protocols have been published on the Department of Social Services Web site. An introduction to audit protocols and an overview of the audit process can be found at: <http://www.ct.gov/dss/auditprotocols>. Additional resources can be found in Bulletin PB17-29.
- Links to audit protocols organized by provider type are located on the lower section of this Web page.

The Office of Quality Assurance

[Overview](#)

[Related Resources](#)

Provided by:
[Department of Social Services](#)

Related Resources

[Press Releases](#)

[Annual Report](#) 

[Audit Protocols](#)

[Long Term Care Audit Process](#) 

[Administrative Actions List](#)

[OIG Exclusion File](#)

[Report Fraud](#)

[Alcohol and drug abuse centers audit protocols](#) 

[Birth to Three Audit Protocol](#) 

[Dental audit protocols](#) 

[Department of Developmental Services Waiver audit protocols](#) 


[Homecare audit protocols](#) 

[Home health audit protocols](#) 

[Medical equipment audit protocols](#) 

[Outpatient hospital audit protocols](#) 

[Pharmacy audit protocols](#) 

[Physicians audit protocols](#) 

[Transportation audit protocols](#) 

[Long Term Care Audit Process](#) 

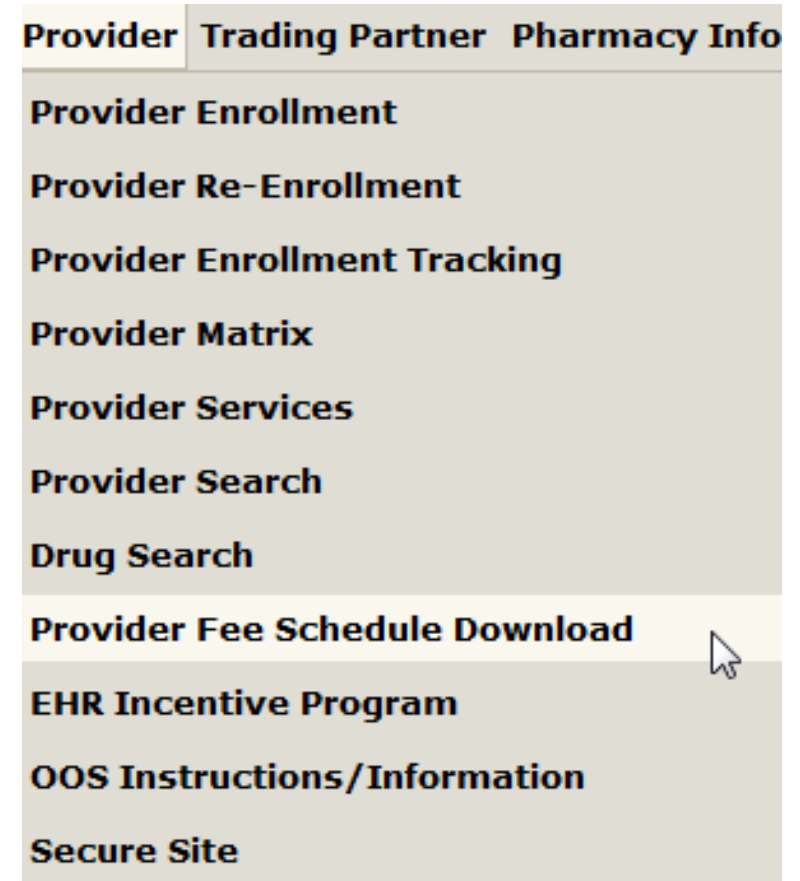
Provider Fee Schedules

Provider Fee Schedules

CMAP fee schedules are available for download from the Web site.

- Select *Provider Fee Schedule Download* from the *Provider* drop-down menu

- You must read and accept the *End User License Agreement* prior to downloading the fee schedule; click *I Accept*



Provider Fee Schedules



Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization
home provider enrollment provider re-enrollment provider enrollment tracking prov
fingerprint criminal background check info e-mail subscription secure site

***** Click here for the Fee Schedule Instructions *****

Provider Fee Schedule Download

- Acquired Brain Injury Case Management [CSV](#)
- Acquired Brain Injury DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Fiduciary [CSV](#)
- Acquired Brain Injury II DOS Prior to 09/01/2016 [CSV](#)
- Acquired Brain Injury Service Provider [CSV](#)
- Acupuncture [CSV](#)
- Autism Spectrum Disorder [CSV](#)
- Autism Waiver Fiscal Intermediary [CSV](#)
- Autism Waiver Service Provider [CSV](#)
- Behavioral Health Clinician [CSV](#)
- Chiropractor [CSV](#)
- Clinic - Ambulatory Surgical Center [CSV](#)
- Clinic - Chemical Maintenance [CSV](#)
- Clinic - Clinic and Outpatient Hospital Behavioral Health [CSV](#)
- Clinic - Dialysis [CSV](#)
- Clinic - Family Planning / Abortion [CSV](#)
- Clinic - Medical [CSV](#)
- Clinic - Rehabilitation [CSV](#)
- Community First Choice - Assessments [CSV](#)
- Community First Choice - Services [CSV](#)
- Connecticut Housing Engagement and Support Services [CSV](#)
- CT Home Care [CSV](#)
- DDS Specialized Services NF Fee Schedule [CSV](#)
- Dental Adult [XLSX](#)
- Dental DOS Prior to 09/01/2016 [CSV](#)
- Dental Pediatric [XLSX](#)
- Free-Standing Substance Use Disorder (SUD) Residential Treatment Facilities [CSV](#)
- Home Health [PDF](#)
- Hospice [CSV](#)
- Hospital DRG Organ Acquisition [PDF](#)
- Hospital Outpatient Flat Fee [CSV](#)
- Independent Audiology and Speech and Language Pathology [CSV](#)
- Independent Physical Therapy and Occupational Therapy [CSV](#)
- Independent Radiology [CSV](#)
- Lab [CSV](#)
- Local Health Department [CSV](#)
- MEDS - DME [CSV](#)
- MEDS-Hearing Aid/Prosthetic Eye [CSV](#)
- MEDS-Medical/Surgical Supplies [CSV](#)
- MEDS-MISC [CSV](#)
- MEDS-Parenteral-Enteral [CSV](#)
- MEDS-Prosthetic/Orthotic [CSV](#)
- Mental Health Waiver Assisted Living Provider [CSV](#)

- Provider Fee Schedules are listed by provider type and specialty.
- Click the corresponding link to download the appropriate fee schedule. If it is a CSV link, you will be required to hold down the “ctrl” key.
- The Fee Schedule Instructions link can be found above the Provider Fee Schedules

Provider Fee Schedules

Example of the Physician Surgical fee schedule:

Procedure Code	Proc description	Mod1	Rate Type	Max Fee	Effective Date	End Date	PA	Surgery
37192	Redo endovas vena cava filtr		FTS	228.37	10/1/2014	12/31/2299		
37192	Redo endovas vena cava filtr		SUR	1134.5	1/1/2012	12/31/2299		
37193	Rem endovas vena cava filter		FTS	228.15	10/1/2014	12/31/2299		
37193	Rem endovas vena cava filter		SUR	1082.36	1/1/2012	12/31/2299		
37195	Thrombolytic therapy stroke		SUR	195.86	1/1/2008	12/31/2299		#
37197	Remove intrvas foreign body		FTS	186.68	10/1/2014	12/31/2299		
37197	Remove intrvas foreign body		SUR	788.05	1/1/2013	12/31/2299		

- Rate Types
 - **SUR** – Surgical Rate
 - **FTS** – Facility Surgical Rate (For POS 19, 21-25, 31 or 32)

Fee Schedules (Footer Section)

MP in Max Fee column designates Manually Priced			
Psychiatry Specialty Physician/Groups or Advance Practice Nurse/Groups (Type/ Specialty 09/106; 09/339; 31/339; 31/639; 70/106; 70/339; 72/339; 72/639) for coverage groups BHP A; BHP B; and FFS the following codes always require PA: 90791; 90792; 90832; 90834; 90837; 90846; 90847; 90849; 90853; 90865; 90876; 90870; 90875; 90880; 90887; 96101; 96118 (for dates of service through 12/31/2018); 99202-99215; 99241- 99245; 99304; 99305; 99306; 99307; 99308; 99309; 99310; 99315; 99316; 99318; 99324; 99325; 99326; 99327; 99328; 99334; 99335; 99336; 99337; 99339; 99340; and M0064. To obtain PA contact CT BHP at 1-877-552-8247			
To obtain PA for ICD-9-CM Diagnosis Codes 291-316 or for ICD-10-CM Diagnosis Codes in the Fee Schedule Instructions Table 11 please contact CT BHP at 1-877-552-8247			
PA required for ALL rehabilitation services beyond initial evaluation - HUSKY B (97010-97039; 97110-97150; 97530-97537; 97542-97546; and 92507-92508)			
87800; 88302; 88304; 88305; 88307; 90649; 90650; 90651; 96372; 99070; 99144; 99145; 99202-99205; 99211-99215; 99384-99386; 99394-99396; A4261; A4264; A4266; J0696; J1050; J7297; J7298; J7300; J7301; J7302 (for dates of service through 12/31/2015); J7303; J7304; J7306; and J7307 S4993; S5000; S5001 only codes covered for Family Planning Service Only clients			
HUSKY B does not cover the following codes: 90880; 90901; 90911; 93784 93786; 93788; 93790; 97810-97814; 99450; 99455; 99456; A4264			

The footer is a great source of additional information.

Enhanced Rates

Person-Centered Medical Home (PCMH)

- The Department of Social Services introduced an initiative in 2012 for practices and clinics that demonstrate an innovative model of care focusing on the person rather than the medical condition.
- **Program Participation** - To be eligible to apply and qualify for PCMH status, a practice must be enrolled in the CMAP under one of the following designations, Independent physician group, or solo practice; Hospital outpatient clinic
- **Program Payment** – Physician practices and Hospital outpatient clinics are eligible for higher level reimbursement for primary care services and performance-based payments.

Please visit www.HUSKYHealthct.org for additional information.

HUSKY Health Primary Care Increased Payments Policy

- Certain primary care providers are eligible to receive increased Medicaid payments for primary care services provided to Medicaid-eligible individuals. Such providers must be enrolled as Connecticut Medicaid providers in order to receive these increased payments.
- To qualify, the primary care physician must attest either that: He or she is board certified in a designated specialty or subspecialty; or he or she works practices primary care and 60% of billed Medicaid codes are comprised of qualifying Evaluation and Management (E&M) and vaccine administration codes

Please visit www.ctdssmap.com for additional information.

Provider Bulletins

Provider Bulletins

Provider Bulletins

- Access the Publications page by selecting Publications from either the Information box on the left-hand side of the home page (www.ctdssmap.com) or from the Information drop-down menu.
- Bulletin Search allows you to search for specific bulletins (by year, number, or title) as well as for all bulletins relevant to your provider type.
 - When searching by provider title, you can search by any word as long as that word is in the title of the bulletin.

Provider Bulletins

Provider Bulletins – Searching by Year and Type



[Home](#) **Information** [Provider](#) [Trading Partner](#) [Pharmacy Information](#) [Hospital Modernization](#) [Electronic Visit Verification](#) [Claims](#) [Eligibility](#) [Prior Authorization](#) [Hospice](#) [MAPIR](#) [Account](#)

[home](#) **publications** [links](#) [hipaa](#) [messages](#) [archive](#)



Information

Bulletin Search

Year Provider Type

Number Title

Search Results

Bulletin Number	Title	Published Date
PB22-64	Dental Claim Form Field Update Reminder	08/12/2022
PB22-63	Policy Updates-Gender Affirmation Surgery	08/12/2022
PB22-62	Paxlovid Prescribing for Pharmacists	08/02/2022
PB22-61	Clarification on Office-Based Care	07/19/2022
PB22-60	CMAP COVID-19 Response Bulletin 61: COVID-19 Vaccine Administration: Additional ...	07/18/2022
PB22-59	Billing Laboratory Fees for Medicaid Eligible Members in Residential Substance ...	07/07/2022
PB22-58	Addition of Depression Screening Procedure Codes	07/01/2022
PB22-57	Updated Guidance for Developmental and Behavioral Screens in Primary Care includ...	07/01/2022
PB22-56	Covered CT Program	07/29/2022
PB22-55	Dental Fee Schedule Update for the Adult Fee Schedule	08/05/2022
PB22-54	Policy Updates and Changes to Clinical Review Criteria	07/07/2022
PB22-53	1. Update to the Reimbursement for Evaluation and Management Services on the Fam...	07/01/2022
PB22-52	New Coverage of Community Violence Prevention Services Under Medicaid	07/05/2022
PB22-51	Obstetrics Pay for Performance	06/24/2022
PB22-50	Addition of Dry Needling Services to the Independent Physical Therapy and Occupa...	07/01/2022
PB22-49	Rate Increases for Select Home Health and Waiver Services	07/14/2022
PB22-48	Addition of Dry Needling Services to the Rehabilitation Clinic Fee Schedule	07/05/2022
PB22-47	1. July 2022 Quarterly HIPAA Compliant Update - Physician Office and Outpatient ...	07/05/2022
PB22-46	Addition of Procedure Code 87913 added to the Independent Laboratory Fee Schem...	06/21/2022
PB22-45	Billing Updates for Dental T1015 Encounter Codes	06/16/2022
PB22-44	Private Non-Medical Institution (PNMI) Rates for Adult Mental Health Rehabilitat...	06/22/2022
PB22-43	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	06/06/2022
PB22-42	Prior Authorization of Chimeric Antigen Receptor (CAR) - T Cell Therapy	06/13/2022
PB22-41	Pharmacy Web PA Tool	06/08/2022
PB22-41	July 1, 2022 Changes to the Connecticut Medicaid Preferred Drug List (PDL)	06/08/2022
PB22-41	Reminder About the 5-day Emergency Supply	06/08/2022
PB22-41	Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL...	06/08/2022

Telehealth

Telemedicine Services

BILLING AND DOCUMENTATION GUIDELINES

- Reimbursement/payment rates for telemedicine services are the same as for equivalent in-person services and based on the CMAP Professional Fee Schedule.
- Documentation must be maintained by both the originating site provider AND the distant site provider to substantiate the services provided. Originating site documentation must indicate the member received or has been referred for telehealth services.
 - **Originating site** - the physical location of the CMAP member when the member receives telemedicine services.
 - **Distant site** - the physical location of the CMAP practitioner/provider who is performing the telemedicine service.
- If a telehealth service cannot be provided or completed for any reason, such as due to technical difficulty, the provider shall not submit a claim.

Telemedicine Services

BILLING AND DOCUMENTATION GUIDELINES

- The following modifier(s) must be billed on services that were rendered via telemedicine.
 - Modifier “GT” is used when the member’s originating site is located in a healthcare facility or office.
 - Modifier “95” is used when the member is located in the home.
- For additional information on telemedicine services refer to [Provider Bulletin 2020 – 09 “New Coverage of Specified Telemedicine Services Under the Connecticut Medical Assistance Program \(CMAP\).”](#)

Telephonic (Audio-Only) Services

- Providers must adhere to the following guidelines when billing telephonic services only.
- Providers must obtain verbal informed consent from the member before providing services via the telephone and document such consent in the medical record. The provider must ensure each member is aware they can opt-out or refuse services at any time.
 - If the member is a minor child, a parent or legal guardian must provide verbal informed consent before providing services via the telephone.
 - Providers must develop and implement procedures to verify provider and patient identity.
 - Providers must document completely for the service billed, including a notation that the service was rendered via the telephone and follow current documentation requirements for the type of service being billed.
 - If a service cannot be provided or completed for any reason, such as due to technical difficulty, providers shall not submit a claim.

Telemedicine Services



Information

- [Publications](#)
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Electronic Visit Verification

- [EVV Implementation Overview](#)

Site Details

- Site: A
- Updated: 4/26/2022
- Release: CTM-1557

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY GAINWELL TECHNOLOGIES ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.



Information



Provider



Trading Partner



Pharmacy

Important Messages

[Attention Providers: Reimbursement for COVID-19 Monoclonal Antibody Therapy \(Posted 8/12/22\)](#)

[Attention All Providers: New State Resources Available for Providers and Patients Regarding Abortion Rights \(Posted 8/9/22\)](#)

[Hospital Monthly Important Message \(Posted 8/8/22\)](#)

[CMAP Addendum B July 2022 \(Posted 8/8/22\)](#)

[Attention All Providers: Medical Authorization Portal \(Posted 8/1/22\)](#)

[Attention Home Health and Access Agencies: Correction to the Home Health Fee Schedule \(Posted 7/19/22\)](#)

[COVID-19 Information and FAQs \(Updated 7/18/22\)](#)

[Attention All Providers: Use of Medical Authorization Portal for Emergency Inpatient Admissions \(Posted 7/12/22\)](#)

[Hospital Monthly Important Message \(Posted 7/11/2022\)](#)


[Attention All Providers: Statements From the Commissioners of Public Health and Social Services on Today's SCOTUS Ruling Overturning Roe v. Wade \(Posted 6/24/22\)](#)

[Attention: Dentists, Dental Hygienists and Dental FQHCs: Termination of Commissioner of Public Health's Order Allowing Dental Hygienists to Administer COVID-19 Vaccinations \(Posted 4/27/22\)](#)

[HUSKY Health Primary Care Payment Program Extension Notification](#)


Telemedicine Services

- Bulletin Search : **Keyword COVID**



Home **Information** Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification

home **publications** links hipaa messages archive



Information

Bulletin Search

Year Provider Type

Number Title

Search Results

Bulletin Number	Title	Published Date
PB22-60	CMAPI COVID-19 Response Bulletin 61: COVID-19 Vaccine Administration: Additional ...	07/18/2022
PB22-24	CMAPI COVID-19 Response Bulletin 60: Administration of the Pfizer-BioNTech COVID-...	03/30/2022
PB22-15	CMAPI COVID-19 Response - Bulletin 59: Coverage of At Home COVID-19 Over-the-Coun...	03/01/2022
PB22-12	CMAPI COVID-19 Response Bulletin 58: COVID-19 Vaccine Counseling-Only for Pediatr...	02/17/2022
PB22-10	The Addition of COVID-19 Proprietary Laboratory Analyses Codes to the Independen...	02/08/2022
PB21-91	CMAPI COVID-19 Response Bulletin 57: Authorization of Pfizer-BioNTech COVID-19 Va...	11/17/2021
PB21-89	CMAPI COVID-19 Response Bulletin 56: Booster Doses COVID-19 Vaccine Administratio...	11/08/2021
PB21-63	CMAPI COVID-19 Response Bulletin 55: ADDITIONAL DOSE COVID-19 Vaccine Administrat...	09/02/2021
PB21-34	CMAPI COVID-19 Response - Bulletin 54: ADDITIONAL Services Covered under the "COV...	05/17/2021
PB21-25	CMAPI COVID-19 Response Bulletin 52: Updated Guidance - COVID-19 Vaccine Adminis...	03/30/2021
PB21-24	CMAPI COVID-19 Response Bulletin 53: Reinstating Pharmacy Requirements - Quantity...	04/16/2021
PB21-23	CMAPI COVID-19 Response Bulletin 51: Updated Guidance - COVID-19 Vaccine Administ...	03/31/2021
PB21-12	CMAPI COVID-19 Response - Bulletin 50: Telemedicine Guidance for Respiratory Care...	02/18/2021

Telehealth will be added to www.ctdssmap.com site in the future under a designated section on the Home page

eDelivery

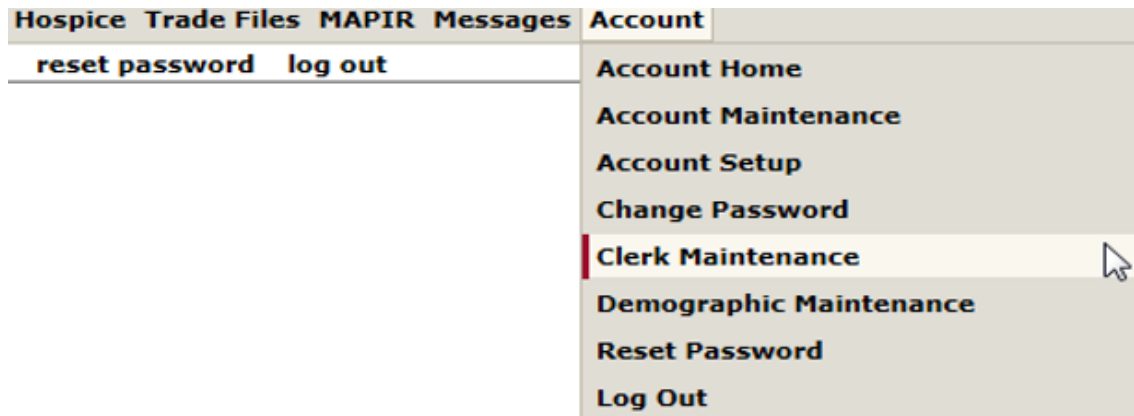
eDelivery – Update

Clerk Maintenance

A clerk can access e-delivered letters if assigned that permission by their primary account holder. This can be done through two roles:

- the existing role of Trade Files (has been re-named Trade Files Includes E-Delivery) – allows access to download all files
- a new role of Trade Files E-Delivery Only – allow access to eDelivery letters only

Access the Clerk Maintenance section of the Secure Site by selecting clerk maintenance from either the Account submenu or the Account drop-down menu



eDelivery – Update

The following screen print displays the two roles that can be assigned to a clerk that include eDelivery:
(Clerks can be assigned either role, but not both)

- Trade files includes E-Delivery
- Trade files E-Delivery Only

Connecticut Department of Social Services
Making a Difference

Help
Thursday, February 28, 2019

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility Prior Authorization Hospice Trade Files MAPIR Messages Account

home account home account maintenance account setup change password clerk maintenance demographic maintenance switch provider reset password log out

Clerk Maintenance

User ID	Contact First Name	Contact Last Name
CLERK01	Dawn	Test
CLERK02	Dawn	Test
CLERK05	Dawn	Test
CLERK06	Dawn	Test
CLERK08	Dawn	Test
CLERK31	Test	Clerk

Type data below for new record.

remove clerk add clerk

User ID*
Contact First Name*
Contact Last Name*
Phone Number*
Password*
Confirm Password*
AVR ID
AVR Pin
Confirm AVR Pin

Clerk Roles (Internet Only)

Assigned Roles

Available Roles

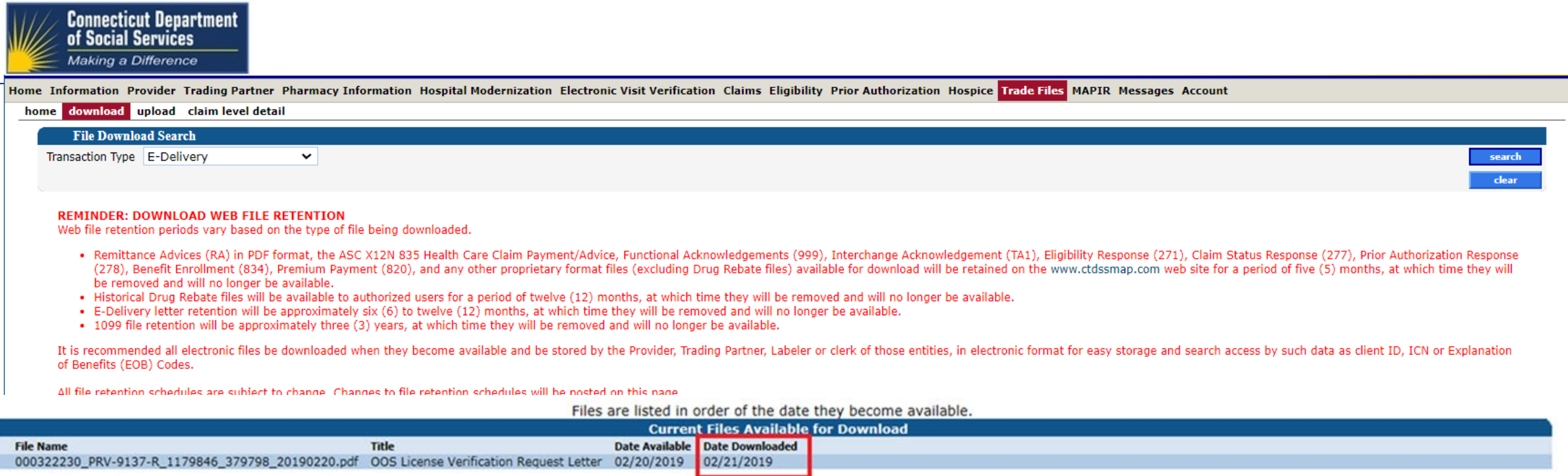
- Claim Inquiry/Submission/Adjustment
- PA Inquiry/Submission
- Client Eligibility Verification
- Trade Files Includes E-Delivery
- Submit Applications
- Trade Files E-Delivery Only

submit cancel

Home CT.gov Home Site Map About Us Feedback

eDelivery – Update

- A user can download their letters by selecting Trade Files and then Download from the menu items.
- Select E-Delivery from the Transaction Type field.
- A user can also sort their letters by title, date available and date downloaded.



Connecticut Department of Social Services
Making a Difference

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Electronic Visit Verification Claims Eligibility Prior Authorization Hospice **Trade Files** MAPIR Messages Account

home **download** upload claim level detail

File Download Search

Transaction Type

REMINDER: DOWNLOAD WEB FILE RETENTION
Web file retention periods vary based on the type of file being downloaded.

- Remittance Advices (RA) in PDF format, the ASC X12N 835 Health Care Claim Payment/Advice, Functional Acknowledgements (999), Interchange Acknowledgement (TA1), Eligibility Response (271), Claim Status Response (277), Prior Authorization Response (278), Benefit Enrollment (834), Premium Payment (820), and any other proprietary format files (excluding Drug Rebate files) available for download will be retained on the www.ctdssmap.com web site for a period of five (5) months, at which time they will be removed and will no longer be available.
- Historical Drug Rebate files will be available to authorized users for a period of twelve (12) months, at which time they will be removed and will no longer be available.
- E-Delivery letter retention will be approximately six (6) to twelve (12) months, at which time they will be removed and will no longer be available.
- 1099 file retention will be approximately three (3) years, at which time they will be removed and will no longer be available.

It is recommended all electronic files be downloaded when they become available and be stored by the Provider, Trading Partner, Labeler or clerk of those entities, in electronic format for easy storage and search access by such data as client ID, ICN or Explanation of Benefits (EOB) Codes.

All file retention schedules are subject to change. Changes to file retention schedules will be posted on this page.

Files are listed in order of the date they become available.

Current Files Available for Download

File Name	Title	Date Available	Date Downloaded
000322230_PRV-9137-R_1179846_379798_20190220.pdf	OOS License Verification Request Letter	02/20/2019	02/21/2019

eDelivery –Update

Notification

- **Email notification will be sent to the email address associated with the primary account holder and clerk's Secure Web portal account.**
- **Email sent daily for letters posted the day prior.**
- **Only one email generated, even if multiple letters posted the previous day.**
- If a clerk is associated to multiple master users, the email will indicate the master user(s) to which the posted letters apply.
- **Sample Email text:**

From: ctdssmap@gainwelltechnologies.com

Subject: CMAP E-Delivery Alert – Letter(s) Available

- **Reminder: It is important all users keep their data updated, including their contact email information, as well as maintaining clerk data.**

What's New?

Relevant Changes

Effective for dates of service May 1, 2022, and forward, the Department of Social Services (DSS) has eliminated the HUSKY Plus program. The services covered and authorized under the HUSKY Plus Program (HPP) have been incorporated into HUSKY B.

[Provider Bulletin 2022-32](#)

Effective for dates of service October 1, 2021 and forward, DSS will cover services rendered by independent acupuncturists in the office setting.

Services provided by acupuncturists in independent practice continue to be non covered under HUSKY B.

[Provider Bulletin 2021-70](#)

DSS has added a new eligibility group to its HUSKY B program, effective April 1, 2022. This new group, HUSKY B Prenatal Care, will allow pregnant individuals who are not citizens or qualified non-citizens (that is, individuals without a legal immigration status or “undocumented” individuals) to receive full CHIP benefits, including prenatal care.

[Provider Bulletin 2022-34](#)

Relevant Changes

DSS has added coverage and reimbursement for community violence prevention services under the Connecticut Medical Assistance Program for HUSKY A, C and D.

Community violence prevention services are provided by a certified Violence Prevention Professional within or outside of a clinical setting.

[Provider Bulletin 2022-52](#)

Pregnant adolescents eligible as a “targeted low-income child” in HUSKY B can receive prenatal and postpartum care along with other child health assistance.

Effective April 1, 2022, this extended benefit will provide 12 months of continuous postpartum coverage to eligible Connecticut Medicaid and HUSKY B beneficiaries whose pregnancy ended on or after April 1, 2022 and individuals whose pregnancy ended prior to April 1, 2022 but who are still within their 12 month postpartum period.

[Provider Bulletin 2022-33](#)

DSS will reimburse for COVID-19 vaccine counseling-only visits for HUSKY Health members under the age of 21 as part of the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit while the COVID-19 vaccine administration provisions added by section 9811 of American Rescue Plan Act of 2021 (ARPA) remain in effect.

[Provider Bulletin 2022-12](#)

Resources

Resources

- **Connecticut Medical Assistance Program Web site**
 - www.ctdssmap.com
 - **Information > Publications > Claims processing information**
 - Internet Claims Submission FAQ
 - **Information > Publications > Provider Manuals**
 - Chapter 8 Provider Specific Claim Submission Instructions
 - Chapter 10 Web Portal/AVRS
 - Chapter 11 Other Insurance and Medicare Billing Guides
 - Chapter 12 Claim Resolution Guide

Contacts

Contacts

- **Gainwell Technologies Provider Assistance Center (PAC)**
 - 1-800-842-8440 – Monday thru Friday, 8:00 AM – 5:00 PM (EST), excluding holidays
 - CTDSSMAP
 - ProviderEmail@gainwelltechnologies.com
- **Gainwell Technologies Pharmacy Prior Authorization Assistance Center (PPAAC)**
 - 1-866-409-8386 – In the office Monday thru Friday, 7:00 AM – 9:00 PM (EST), and Saturday, 9:00 AM – 4:00 PM (EST), on-call service available outside of office hours.
- **Gainwell Technologies Electronic Data Interchange (EDI) Help Desk**
 - 1-800-688-0503 – Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
- **CHNCT Provider Relations** (prior authorizations)
 - 1-800-440-5071 – Monday through Friday, 9 a.m. to 6 p.m. (EST)
- **Beacon Health Options**
 - 1-877-552-8247 – Monday through Friday, 9 a.m. to 7 p.m. (EST)
- www.ct.gov/husky
- www.CTDSSMAP.com
- www.huskyhealthct.org

Time for Questions

