

# Welcome to the Professional Refresher Workshop

## Troubleshooting Tips:

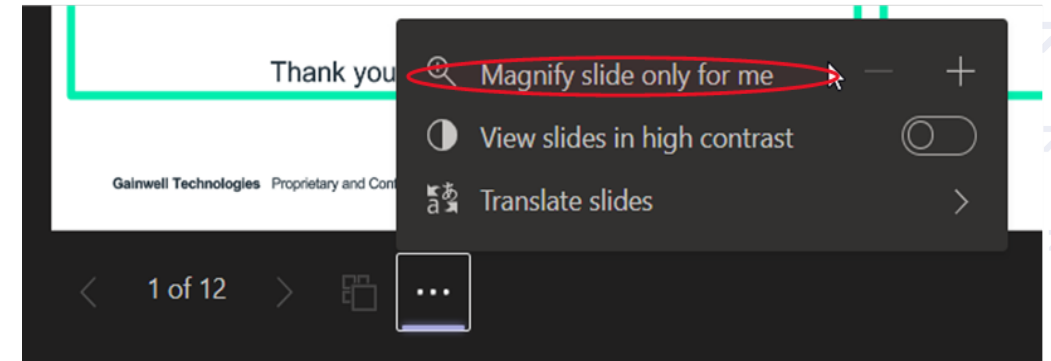
Once you have joined the Microsoft Teams meeting, please kindly follow these communication rules:

- Please ensure your camera is off.
- Please mute your mic until the end for questions.
- Be sure to select “Chat” as documents or links used during the meeting will be posted here.
- You may also use the “Chat” or the “Raise Hand” feature to ask the speaker a question.

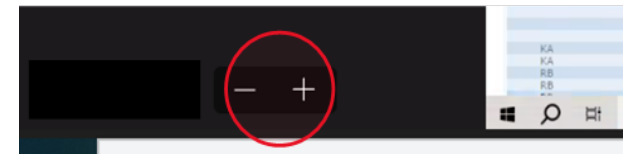
Thank you for your participation!

## Troubleshooting Tips:

While content is being shared, in the lower left-hand side of the screen, click the (...) and an option to ‘Magnify slide only for me’ appears allowing you to zoom in or out.



Or it may appear with this option next to the speaker's name, allowing you to Zoom In or Out:



# Connecticut Medical Assistance Program: Professional Refresher Workshop

Presented by: Caitlin Mazur, Nick Michaels & Margaret Stroczkowska

September 2024

**gainwell**<sup>®</sup>



# Agenda

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**Re-Enrollment**

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**Clerk & Demographic Maintenance**

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**Eligibility Verification**

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**Prior Authorizations / Pharmacy Web PA**

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**Professional Web Claim Submission**

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**National Correct Coding Initiative (NCCI)**

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**Claim Resolution Guide**

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**Provider Audits**

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**Fee Schedules**

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**Enhanced Rates**

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**Provider Bulletins**

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**Telehealth**

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**eDelivery**

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**What's New?**

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**Resources and Contacts**

# 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 (2) years:
  - Behavioral Health Clinic & DME
- 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](http://www.ctdssmap.com), is required

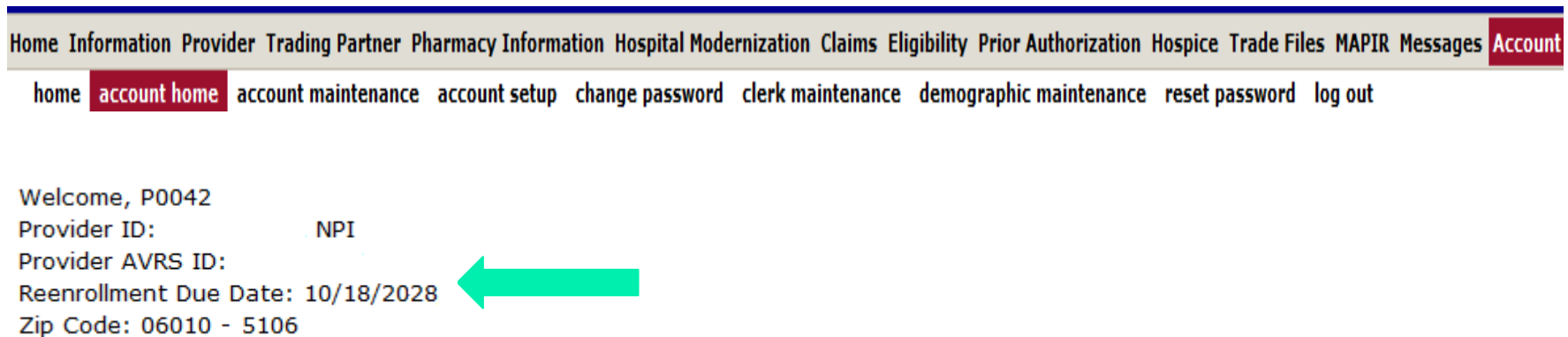
**Organization and individual providers with Secure Web portal access can view re-enrollment due dates on the home page of their Secure Web portal once logged in!**

# 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



The screenshot shows a navigation bar with the following 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, there are several menu items: 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 navigation bar, the user is greeted with 'Welcome, P0042'. The user's information is displayed as follows: Provider ID: NPI, Provider AVRS ID: , Reenrollment Due Date: 10/18/2028, and Zip Code: 06010 - 5106. A red arrow points to the 'Reenrollment Due Date: 10/18/2028' text.

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

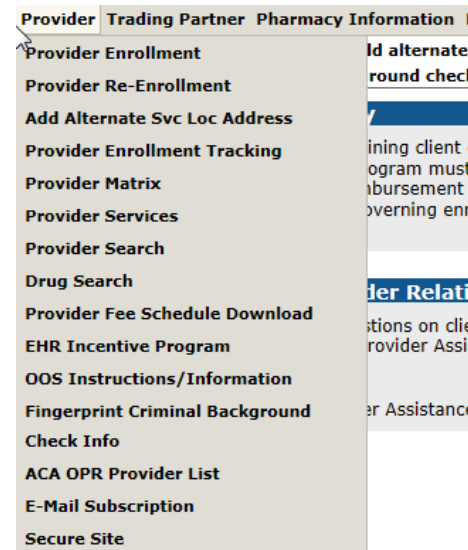
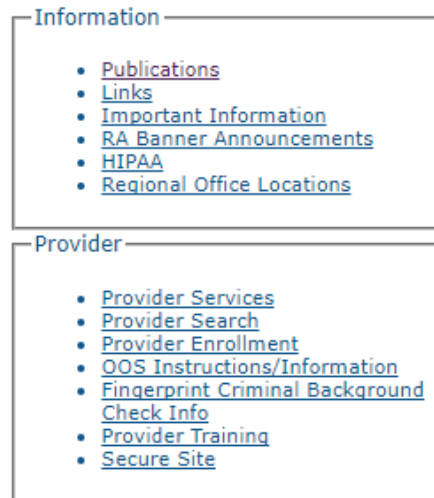
Welcome, P0042  
Provider ID: NPI  
Provider AVRS ID:   
Reenrollment Due Date: 10/18/2028  
Zip Code: 06010 - 5106

# Re-enrollment

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

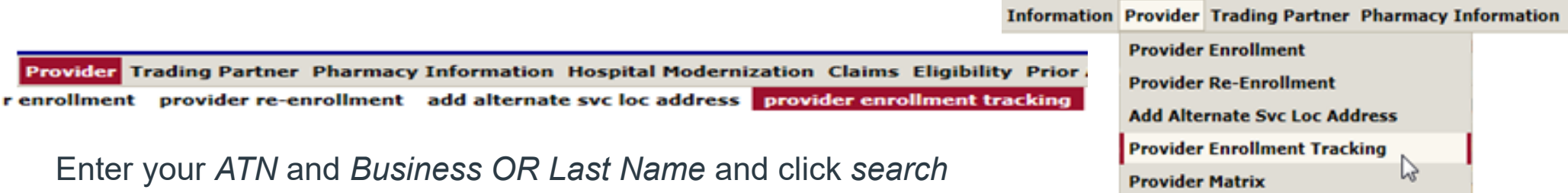
- All the required information is automatically populated based on the provider's previous application
- Online re-enrollment cannot be initialized until an *Application Tracking Number (ATN)* is received from the Gainwell Technologies Provider Enrollment Unit

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*



# 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.



The screenshot shows a navigation bar with tabs: Information, Provider, Trading Partner, and Pharmacy Information. The 'Provider' tab is active, and a dropdown menu is open, listing: Provider Enrollment, Provider Re-Enrollment, Add Alternate Svc Loc Address, Provider Enrollment Tracking (highlighted with a mouse cursor), and Provider Matrix. Below the navigation bar, a secondary menu includes: Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims Eligibility, Prior, r enrollment, provider re-enrollment, add alternate svc loc address, and provider enrollment tracking (highlighted).

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

**Enrollment Tracking Search**

ATN\*

Business OR Last Name\*

In this example, DSS is conducting their final review of the application that was submitted by Dr. Smith.

Search Results			
ATN	Name	Date Received	Status
[REDACTED]	[REDACTED]	07/31/2024	DSS Conducting Final Review

# 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

# Re-enrollment: Adding Alternate Service Location Addresses

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[Provider Bulletin 2018-19](#): Web Portal Enhancement – Alternate Service Location Addresses

Enrollment/Re-enrollment Wizard allows billing providers to submit an application for the purpose of adding alternate service location(s)

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A new alternate service location address application must be submitted when a provider is expanding the number of practice locations

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More than one new practice location may be submitted in one application

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**CAUTION! Do not use this application to:**

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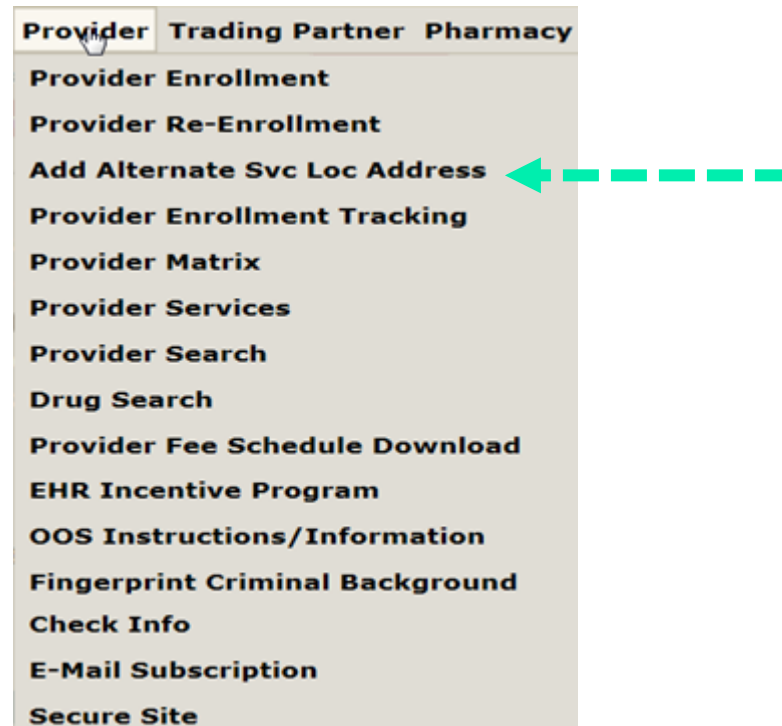
Change an existing address(es) of a practice; especially if you're a PCMH location

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Add a practice location to an Automated Voice Response System (AVRS) ID that already exists under another billing AVRS ID registered to that provider

# Re-enrollment: Adding Alternate Service Location Addresses

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



# 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 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(s) of organization maintenance.** The master user must log in 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	<input type="text" value="NPI"/>
AVRS ID	<input type="text"/>
Usage	Service Location
Provider Type	31 - Physician
Provider Specialty	322 - Internal Medicine
Phone	<input type="text"/>
Address	<input type="text"/>
City	MANCHESTER
County	Hartford
State/Zip	<input type="text"/>

Location Name Address > EFT Account > Service Language



# Demographic Maintenance – Address Updates

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

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

Usage

Country

Address 1\*

Address 2

City

State

Zip\*

Phone\*

Fax

Handicap Accessible?

EMail

**Apply Changes To:**

Svc Loc

Pay To

Mail To

Enrollment

# 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

National Provider Identifier (NPI)

**Provider Identifiers\***

Provider Federal Tax Identification Number (TIN)  
OR Employer Identification Number (EIN)

## Schedules

- [2024 Cycle/Claim Submission Schedule Jul-Dec](#)
- [2024 Claim Cycle Payment Schedule Jul-Dec](#)
- [2024 Cycle/Claim Submission Schedule Jan-Jun](#)
- [2024 Claim Cycle Payment Schedule Jan-Jun](#)
- [2023 Cycle/Claim Submission Schedule Jul-Dec](#)
- [2023 Claim Cycle Payment Schedule Jul-Dec](#)
- [2023 Cycle/Claim Submission Schedule Jan-Jun](#)
- [2023 Claim Cycle Payment Schedule Jan-Jun](#)
- [Holiday Schedule](#)
- [POS / AEVS System Availability Schedule](#)

**\*\*EFT updates 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
- *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 Members” 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](http://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](http://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 Medicaid client's eligibility through the secure site, click on the “*Eligibility*” tab on the main menu.

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

Enter enough data to satisfy at least one of the valid search combinations below; 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 or insurance card.\*\****

# Prior Authorizations



# Prior Authorization Information

## Gainwell Technologies accepts prior authorization requests for:

- Waiver Programs
- 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®) Requests

## Carelon Behavioral Health accepts prior authorization requests for:

- Behavioral Health Services
- Spravato



# Prior Authorization Information

## Medical Prior Authorizations:

Authorization requests may be submitted to CHNCT via either:

Online portal: [Medical Authorization Portal](#)

Phone: 1-800-440-5071 (Monday through Friday, 8 a.m. to 6 p.m.)

Fax: 203-265-3994

## Behavioral Health Prior Authorizations:

Phone: 1-877-552-8247

## Behavioral Health Home Health Authorizations:

Online portal: [www.ctbhp.com](http://www.ctbhp.com)

## Pharmacy Prior Authorizations:

Online: [www.ctdssmap.com](http://www.ctdssmap.com) via secure web portal


Phone: 1-866-409-8386 (Pharmacy PA Assistance Center)

# Pharmacy Web Prior Authorization

Enrolled prescribers can utilize the Pharmacy PA feature on the [www.ctdssmap.com](http://www.ctdssmap.com) secure Web portal to submit Pharmacy PA requests.

Wednesday, August 7, 2024 at 2:11:15 PM

Home Information Provider Trading Partner **Pharmacy Information** Hospital Modernization Telehealth Information Electronic Visit Verification Claims Eligibility Prior Authorization Hospice  
My Files Messages Behavioral Health Attestation Account Portal Admin

 Pharmacy

This page is for pharmacy and health care providers, pharmaceutical company government affairs representatives, and others who have an interest in pharmacy-specific program information of the Connecticut Medical Assistance Program of DSS. Here you will find information and links to pharmacy program information.

**Pharmacy Program Publications**

- [Pharmacy Prior Authorization Form](#)
- [Dupixent PA Form](#)

Pharmacy Assistance  
**Pharmacy Prior Authorization**

- 1-866-409-8386
- 1-866-759-4110 (fax)
- 1-866-604-3470 (alternate TTY/TDD line)

**Base Information**

Required fields are indicated with an asterisk (\*)

Provider ID  NPI

Client ID\*  [ Search ]

PA Assignment\*

Drug Requested\*  [ Search ]

Last Name

First Name, MI

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](http://www.ctdssmap.com) Web site. From the Home page, go to Pharmacy Information → Preferred Drug List Information → [Current Medicaid 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](http://www.ctdssmap.com).

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



The screenshot shows the top navigation bar of the CTMAP website. The main navigation menu includes: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Telehealth Information, Electronic Visit Verification, Claims, Eligibility, Prior Authorization, and Hospice. A dropdown menu is open under the 'Claims' tab, showing options: Claim Inquiry, Professional (highlighted), Institutional, Dental, and Claim History for Specific Services. On the left, there are two sidebars: 'Information' with links to Publications, Links, Important Information, RA Banner Announcements, HIPAA, and Regional Office Locations; and 'Provider' with links to Provider Services, Provider Search, Provider Enrollment, and OCS Instructions/Information. The main content area features a large 'WELCOME' graphic and the text 'TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM'. Below this is a welcome message: '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.'

Claim types that can be submitted through the secure Web site:

- 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 3	<input type="text"/> [ Search ]	Other 4 <input type="text"/> [ Search ]
Other 6	<input type="text"/> [ Search ]	Other 7 <input type="text"/> [ Search ]
		Other 8 <input type="text"/> [ Search ]

[add more](#)

The Internet Claims Submission FAQ document contains relevant information that will guide you through the process of submitting a claim.

The Claim Resolution Guide contains a list of common denial codes (EOBs) and resolution methods.

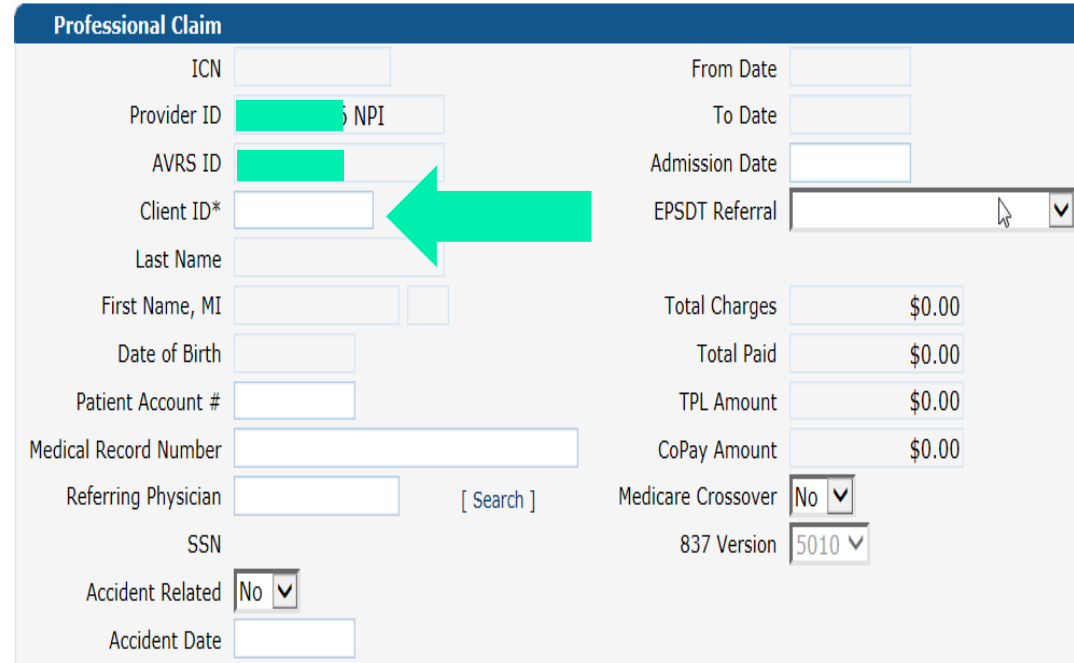
# Professional Web Claim Submission

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 \* after the field name)



The screenshot shows a web form titled "Professional Claim" with a dark blue header. The form is divided into two columns of input fields. The left column contains: ICN, Provider ID (with a red box over the text and "NPI" to its right), AVRS ID (with a red box), Client ID\* (with a red arrow pointing to it), Last Name, First Name, MI, Date of Birth, Patient Account #, Medical Record Number, Referring Physician (with a "[ Search ]" button), SSN, Accident Related (dropdown menu set to "No"), and Accident Date. The right column contains: From Date, To Date, Admission Date, EPSDT Referral (dropdown menu), Total Charges (\$0.00), Total Paid (\$0.00), TPL Amount (\$0.00), CoPay Amount (\$0.00), Medicare Crossover (dropdown menu set to "No"), and 837 Version (dropdown menu set to "5010").

# Professional Web Claim Submission

You may enter up to twelve (12) diagnosis codes on a Professional claim. Click the “*add more*” button to enter more than nine codes.

Diagnosis		
Diag-Sequence ▲	Diagnosis	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 ]
<input type="button" value="add more"/>		

# Professional Web Claim Submission

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

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

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	<input type="text"/>	Quantity	<input type="text"/>	Unit of Measurement	<input type="text"/>
--------------------	----------------------	----------	----------------------	---------------------	----------------------

A Drug Search tool is available on the [www.ctdssmap.com](http://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 Information Hospital Modernization Telehealth Information Electronic Visit Verification Claims Eligibility Prior Authorization Hospice Trade Files Messages Behavioral Health Attestation Account Portal Admin

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search **drug search** provider fee schedule download oos instructions/information fingerprint criminal background check info e-mail subscription secure site

**Drug Search**

NDC	<input type="text"/>	Drug Name	<input type="text"/>	Drug Sounds-Like	<input type="checkbox"/>
HCPCS	<input type="text"/>	HCPCS Description	<input type="text"/>	HCPCS Sounds-Like	<input type="checkbox"/>
DOS	<input type="text" value="08/07/2024"/>			<input type="button" value="search"/>	<input type="button" value="clear"/>

Records

  
Connecticut Department of Social Services  
Making a Difference

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

# 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

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

- 1 HCPCS 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	HCPCS	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 payor of last resort. The three-digit carrier code of the TPL is required to be submitted on the claim when other insurance is primary.

- The three-digit carrier 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.

# 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: 060 - BC/BS OF CONNECTICUT

Carrier Code: 060 [ Search ] Relationship: [ Select ]

Plan Name: BC/BS OF CONNECTICUT Last Name: [ Input ]

Policy Number: [ Input ] First Name, MI: [ Input ] [ Input ]

Paid Amount\*: [ Input ] Date of Birth: [ Input ]

Paid Date\*: [ Input ]

Adjustment Reason Code: [ Input ] [ Search ] [ Input ] [ Search ] [ Input ] [ Search ]

Adjustment Amount: [ Input ] \$0.00 [ Input ] \$0.00 [ Input ] \$0.00

[ delete ] [ add ]

# 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



Claim Status Information	
Claim Status	PAID
Claim ICN	
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	
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 expected 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 web.

# Professional Web Claim Submission - Copy

Perform the following steps to easily copy a paid claim for submission as a new claim:



copy 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

Helpful for reoccurring services!

The new claim will process immediately and return a status of Paid, Denied or Suspended.

# Professional Web Claim Submission - Resubmit

Perform the following steps to easily re-submit a denied claim:



re-submit

- 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)

**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 PTP edits have a single column 1/column 2 correct coding edit (CCE) file.

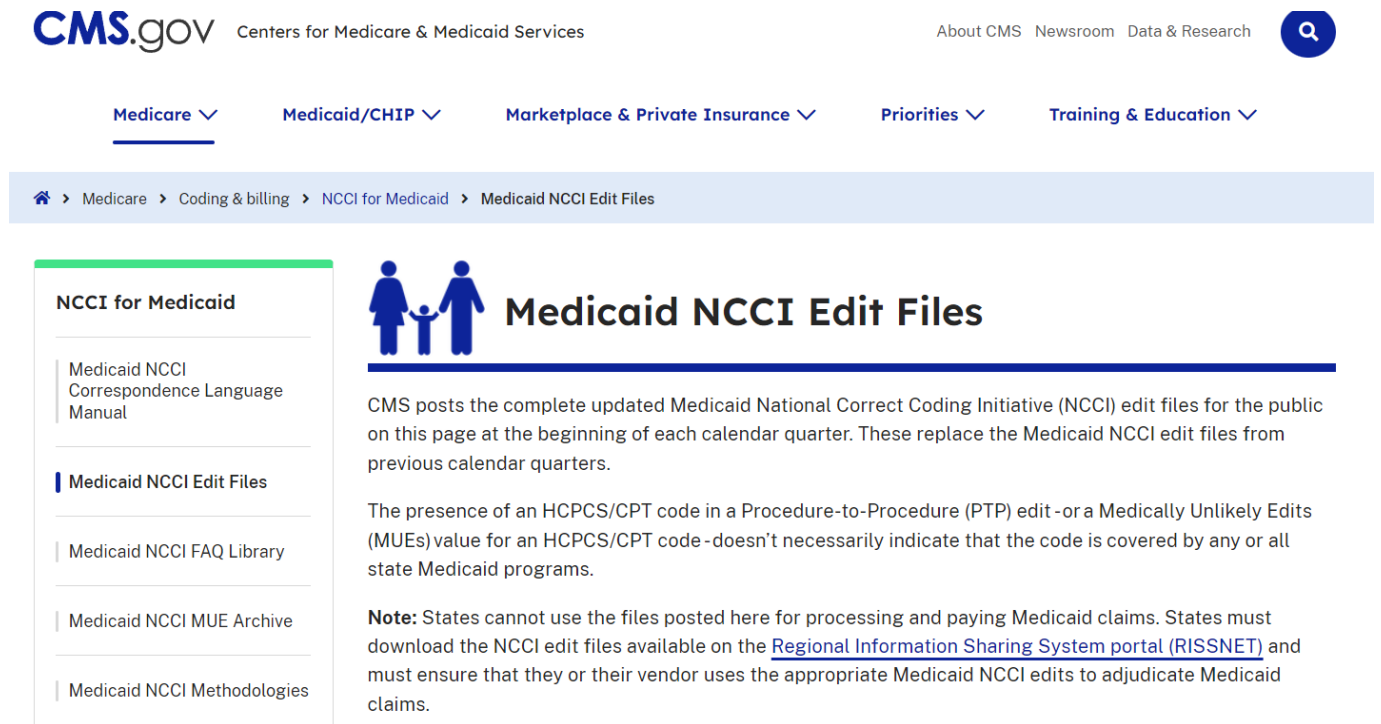
A	B	C	D	E	F
Column1/Column 2 Edits					
1 Column 1	2 Column 2	3 * = In existence prior to 1996	4 Effective Date	5 Deletion Date *=no data	6 Modifier 0=not allowed 1=allowed 9=not applicable
99215	G0101		19980401	19980401	9

# National Correct Coding Initiative (NCCI)

DSS will mirror Medicare’s adoption of MUE edits where 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](http://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>



The screenshot shows the CMS.gov website interface. At the top, the CMS.gov logo is on the left, and navigation links for "About CMS", "Newsroom", and "Data & Research" are on the right. A search icon is also present. Below the header, there are several menu items: "Medicare", "Medicaid/CHIP", "Marketplace & Private Insurance", "Priorities", and "Training & Education". A breadcrumb trail indicates the current location: "Home > Medicare > Coding & billing > NCCI for Medicaid > Medicaid NCCI Edit Files".

The main content area features a sidebar on the left with the following links:

- NCCI for Medicaid
- Medicaid NCCI Correspondence Language Manual
- Medicaid NCCI Edit Files** (highlighted)
- Medicaid NCCI FAQ Library
- Medicaid NCCI MUE Archive
- Medicaid NCCI Methodologies

The main content area has a header with an icon of a family and the title "Medicaid NCCI Edit Files". Below the header, the text reads:

CMS posts the complete updated Medicaid National Correct Coding Initiative (NCCI) edit files for the public on this page at the beginning of each calendar quarter. These replace the Medicaid NCCI edit files from previous calendar quarters.

The presence of an HCPCS/CPT code in a Procedure-to-Procedure (PTP) edit -or a Medically Unlikely Edits (MUEs) value for an HCPCS/CPT code - doesn't necessarily indicate that the code is covered by any or all state Medicaid programs.

**Note:** States cannot use the files posted here for processing and paying Medicaid claims. States must download the NCCI edit files available on the [Regional Information Sharing System portal \(RISSNET\)](#) and must ensure that they or their vendor uses the appropriate Medicaid NCCI edits to adjudicate Medicaid claims.

# 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 2<sup>nd</sup> 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.

# 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  Provider Type

Number  Title

**Provider Manuals**

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

# 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: [www.ct.gov/dss/auditprotocols](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.

CT.GOV Connecticut's Official State Website Search Connecticut Government...

CT.gov Home / Department of Social Services / Programs and Services / Common Elements / The Office of Quality Assurance / Related Resources

## 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
- Behavioral Health Clinicians 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

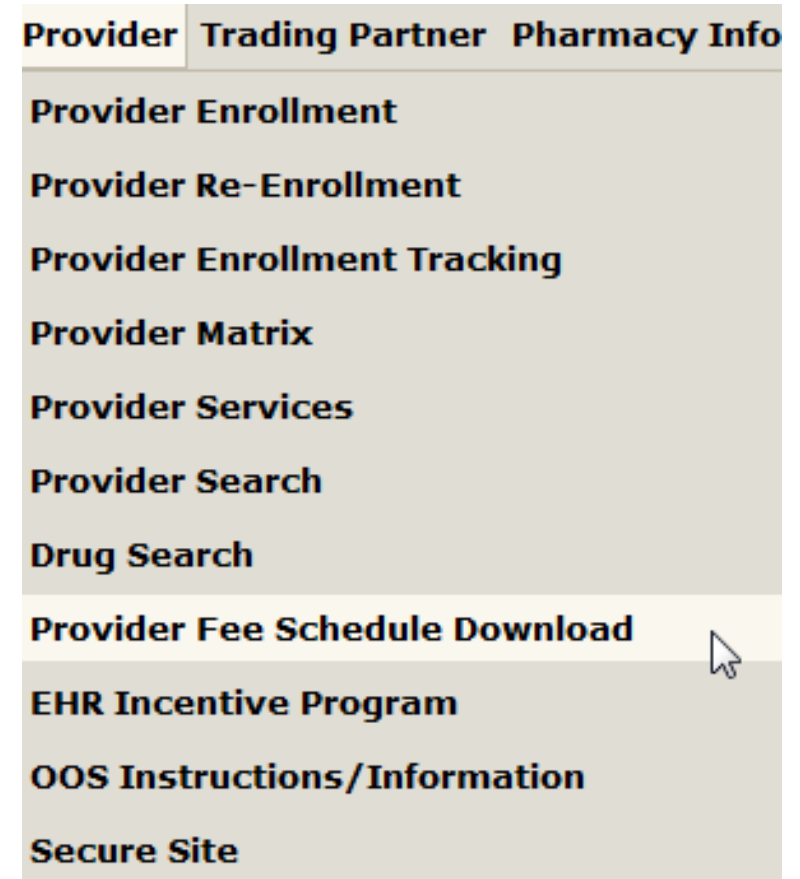
# Fee Schedules



# Provider Fee Schedules

**Fee Schedules are available for download from the CMAP 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

\*\*\* [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 Birthing Center CSV](#)
- [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](#)
- [Integrated Care for Kids Targeted Case Management 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](#)
- [Mental Health Waiver DOS Prior to 02/01/2020 CSV](#)
- [Mental Health Waiver Service and Fiscal Intermediary Provider CSV](#)
- [Natureopath PDF](#)
- [Optician/Eyeglasses CSV](#)
- [Personal Care Assistant CSV](#)
- [Physician Anesthesia CSV](#)
- [Physician Office and Outpt Services CSV](#)
- [Physician Radiology CSV](#)
- [Physician Surgical CSV](#)
- [Psychologist CSV](#)
- [Special Services CSV](#)
- [Special Services-Birth to Three Yrs CSV](#)
- [Target Case Management Non-Contracted CSV](#)
- [Transportation - Air Ambulance CSV](#)
- [Transportation - Basic/Advanced CSV](#)
- [Transportation - Critical Helicopter CSV](#)
- [Transportation - Non-emergency Medical CSV](#)
- [Transportation - Travel Agent CSV](#)
- [Violence Prevention Professional CSV](#)

- Listed by provider type and specialty
- Click the corresponding link to download the appropriate fee schedule
- The **Fee Schedule Instructions** link can be found above the Provider Fee Schedule Download panel

# 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

# 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 [CT DSS Person-Centered Medical Home](#) 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 [HUSKY Health Primary Care Increased Payments](#) for additional information.

# 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](http://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 bulletin 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 Provider Type

Home **Information** Provider Trading Partner Pharmacy Information Hospital Modernization Telehealth Information Electronic Visit Verification Behavioral Health Attestation Account Portal Admin

home **publications** links hipaa messages archive



Information

## Bulletin Search

Year  Provider Type

Number  Title

## Search Results

Bulletin Number	Title	Published Date
PB24-45	April 2024 - Revision of Rates for Certain Clinical Diagnostic Laboratory Testin...	07/24/2024
PB24-41	Confirmation of Receipt of Prescriptions Covered Under the Connecticut Medical A...	07/03/2024
PB24-39	Reimbursement Rate Increases for Select Behavioral Health Services for Children	06/27/2024
PB24-38	Policy Updates and Changes to Clinical Review Criteria	06/27/2024
PB24-36	July 2024 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee...	06/13/2024
PB24-36	Updates to the Reimbursement Rates of Select Manually Priced Procedure Codes	06/13/2024
PB24-35	Addition of HCPCS Code V2799 to the Medical Authorization Portal	06/14/2024
PB24-34	Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL...	05/29/2024
PB24-34	July 1, 2024 Changes to the Connecticut Medicaid Preferred Drug List (PDL)	05/29/2024
PB24-34	Pharmacy Web PA Tool	05/29/2024
PB24-34	Reminder About the 5-day Emergency Supply	05/29/2024
PB24-33	Coverage of Over-the-Counter Formula and Nutritional Supplements for clients Enr...	05/28/2024
PB24-31	Attestation Form for Qualifying Clinical Trials	05/20/2024
PB24-30	Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule...	05/06/2024
PB24-27	Update to the Automated Eligibility Verification (AEVS) Response	04/25/2024
PB24-26	Updates to the Reimbursement Rates for Select Long-Acting Reversible Contracepti...	04/25/2024
PB24-25	Coverage of Outpatient Human Donor Breast Milk	04/30/2024
PB24-24	Interim Payment Request Process for Providers Temporarily Unable to Submit Claim...	03/25/2024
PB24-23	Policy Updates and Changes to Clinical Review Criteria	04/02/2024
PB24-21	Updates to the Person-Centered Medical Home (PCMH) Program	03/27/2024
PB24-17	April 2024 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fe...	03/27/2024
PB24-13	Claim Adjustment Reason Codes (CARC) Changes on the X12 835 Health Care Claim Pa...	02/26/2024
PB24-06	Payment Error Rate Measurement (PERM) Program Audit Requests	01/30/2024
PB24-05	Updates to the Reimbursement Rates for Select Long-Acting Reversible Contracepti...	01/31/2024
PB24-05	Updates to the Reimbursement Rates of Select Manually Priced Procedure Codes	01/31/2024
PB24-04	2024 Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes	01/25/2024
PB24-03	Connecticut Medical Assistance Program Provider Satisfaction Survey	01/09/2024

# Telehealth



# Telehealth Information



Help  
Site: B  
Login

Monday, July 24, 2023 at 10:40:53 AM



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

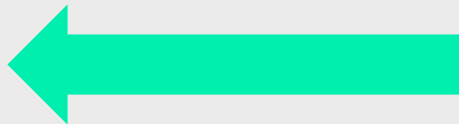
## Telehealth Overview

In accordance with sections 17b-245e and 17b-245g of the Connecticut General Statutes, the Department of Social Services (DSS) provides reimbursement for select services when performed via telehealth under the Connecticut Medical Assistance Program (CMAP). Telehealth services include synchronized audio-visual (telemedicine) two-way communication services and, where specified by DSS, audio-only two-way synchronized communication services delivered via telephone. In developing the CMAP Telehealth policy, DSS consulted with practicing clinicians to determine clinically appropriate policy, limitations and criteria. DSS' telehealth policy was developed to support the HUSKY Health member's ability to access clinically appropriate, clinical effective services while maintaining the highest quality of care. The health, safety, and experience of the HUSKY Health member are central drivers of CMAP's policy. Notwithstanding federal or state statutes, the Department reserves the right to update and/or amend the telehealth policy going forward based on relevant research on this topic and/or based on feedback the Departments solicits from HUSKY members and providers.

This web page has been developed for providers to refer to for the latest telehealth updates including, Important Messages (IMs), Frequently Asked Questions (FAQs), and the CMAP Telehealth table, which provides a complete list of procedure codes approved to be rendered via telehealth. Providers are encouraged to monitor this Web page for updates. DSS will publish IMs to notify providers if updates are made to the Telehealth Table. Providers must also refer to PB 2023-38: Revised Guidance for Services Rendered via Telehealth for additional telehealth guidance. All provider bulletins, fee schedules and FAQs can be found on the CMAP Web site, [www.ctdssmap.com](http://www.ctdssmap.com). Providers should carefully review CMAP's Telehealth Table for the full list of approved procedure codes and, when applicable, the Revenue Center Codes (RCCs), that are eligible via telehealth. Only the codes listed on the table are allowed to be provided via telehealth. Therefore, if a code is NOT listed on table, the code is NOT eligible for payment when rendered via telehealth. Providers must refer to the Effective Date/End Date and Policy Guidelines columns detailing any specific policy criteria and/or limitations for each procedure code. Please see the bottom of Telehealth Table for proper use of modifiers for telehealth services. Providers should refer to this table periodically to ensure use of the most recent version. Providers must continue to refer to their applicable reimbursement methodology and/or fee schedule to ensure that the service identified as being eligible to be rendered as a telehealth service is payable for their specific provider type and for the reimbursement rate.

[CMAP Telehealth Table](#)

[Telehealth FAQ](#)



## Important Messages - Telehealth

No articles have been uploaded in this section.

### Quick Login

User ID\*   
Password\*

Login

[Logging in for the first time?](#)

[Forgot your password?](#)

### Helpful Information & Publications

- [Provider Bulletins and Policy Transmittals](#)
- [Provider Training](#)
- [Provider Manuals](#)
- [CT Provider Fee Schedule](#)

### Contact Us

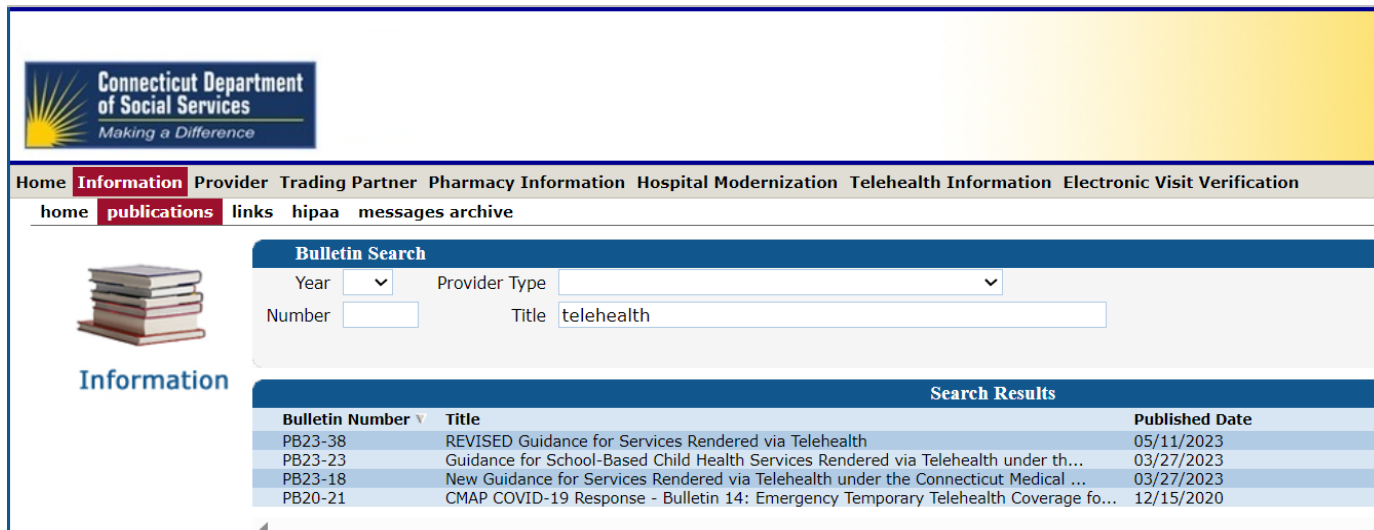
- toll free at 1-800-842-8440
- 1-877-413-4241 (fax)

### Email Subscription

- [Register/Update Email Subscription](#)

# Telehealth Information

Perform a Bulletin Search by entering: **Telehealth**



**Connecticut Department of Social Services**  
Making a Difference

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

home **publications** links hipaa messages archive

**Bulletin Search**

Year  Provider Type

Number  Title

**Information**

**Search Results**

Bulletin Number	Title	Published Date
PB23-38	REVISED Guidance for Services Rendered via Telehealth	05/11/2023
PB23-23	Guidance for School-Based Child Health Services Rendered via Telehealth under th...	03/27/2023
PB23-18	New Guidance for Services Rendered via Telehealth under the Connecticut Medical ...	03/27/2023
PB20-21	CMAP COVID-19 Response - Bulletin 14: Emergency Temporary Telehealth Coverage fo...	12/15/2020

[The Telehealth FAQ](#) is available now on the Telehealth Information tab.

# E-Delivery



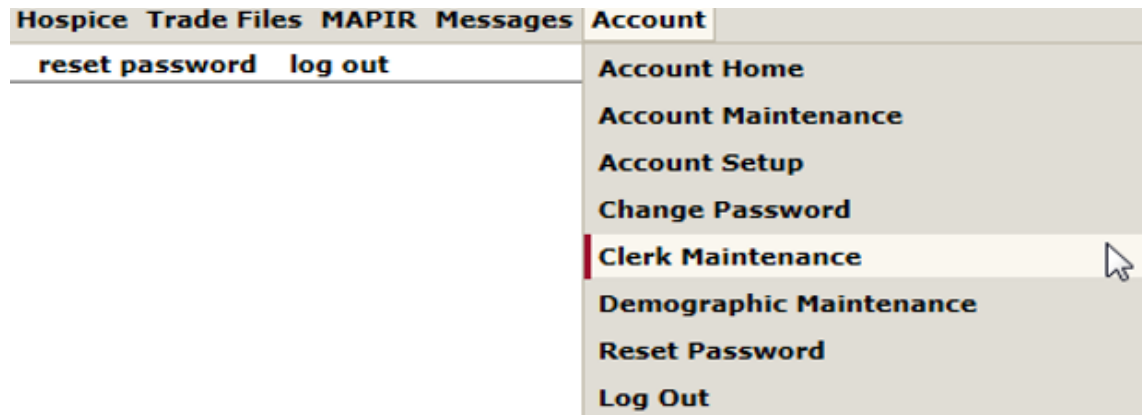
# E-Delivery – Update

## 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 e-Delivery 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.



# E-Delivery – Update

The following screenshot 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

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

# E-Delivery – 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](http://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

# E-Delivery – 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](mailto:ctdssmap@gainwelltechnologies.com)

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

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

# What's New?



# Relevant Changes

## [AEVS System Update](#)

Providers are now able to proactively alert HUSKY clients of their upcoming renewal date to mitigate a disruption in services. The Provider's Secure Web Portal Eligibility Verification screen is now updated to reflect the next re-enrollment date.

[PB 24-27](#)

## [Addition of V2799](#)

Providers are now able to submit PA requests for HCPCS code **V2799 – Vision item or service, miscellaneous** via the medical authorization portal.

[PB 24-35](#)

## [Wheelchair Repair Process Update](#)

DSS has removed the PA requirement from procedure codes for wheelchair repairs. The manually priced process will be used to price the wheelchair repair codes.

[PB 24-42](#)

# Resources



# Resources

## **CTDSSMAP Web Site/Secure Web Portal:**

[www.ctdssmap.com](http://www.ctdssmap.com)

### **Provider Manual:**

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

[CT DSS Web Site](#)

[CHN](#)

[Carelon Behavioral Health](#)

[CMS Medicaid NCCI Edit Files](#)

[Internet Claims FAQ](#)

[DSS Audit Protocols](#)

[PCMH Program Info](#)

[Primary Care Increased Payments](#)

[Eligibility Response Quick Reference Guide](#)

# Contacts



# Contacts

## **Gainwell Technologies Provider Assistance Center (PAC)**

Phone:1-800-842-8440 - Monday through Friday, 8:00 AM - 5:00 PM, excluding holidays

E-Mail: [ctdssmap-provideremail@gainwelltechnologies.com](mailto:ctdssmap-provideremail@gainwelltechnologies.com)

## **Gainwell Technologies Pharmacy Prior Authorization Assistance Center (PPAAC)**

Phone:1-866-409-8386 - Open 24 hours, 7 days a week

## **Gainwell Technologies Electronic Data Interchange (EDI) Assistance Center**

Phone:1-800-688-0503 - Monday through Friday, 8:00 AM - 5:00 PM, excluding holidays

## **CHNCT Provider Relations (medical prior authorizations)**

Phone: 1-800-440-5071 - Monday through Friday, 8:00 AM - 6:00 PM

## **CT BHP/Carelon Behavioral Health**

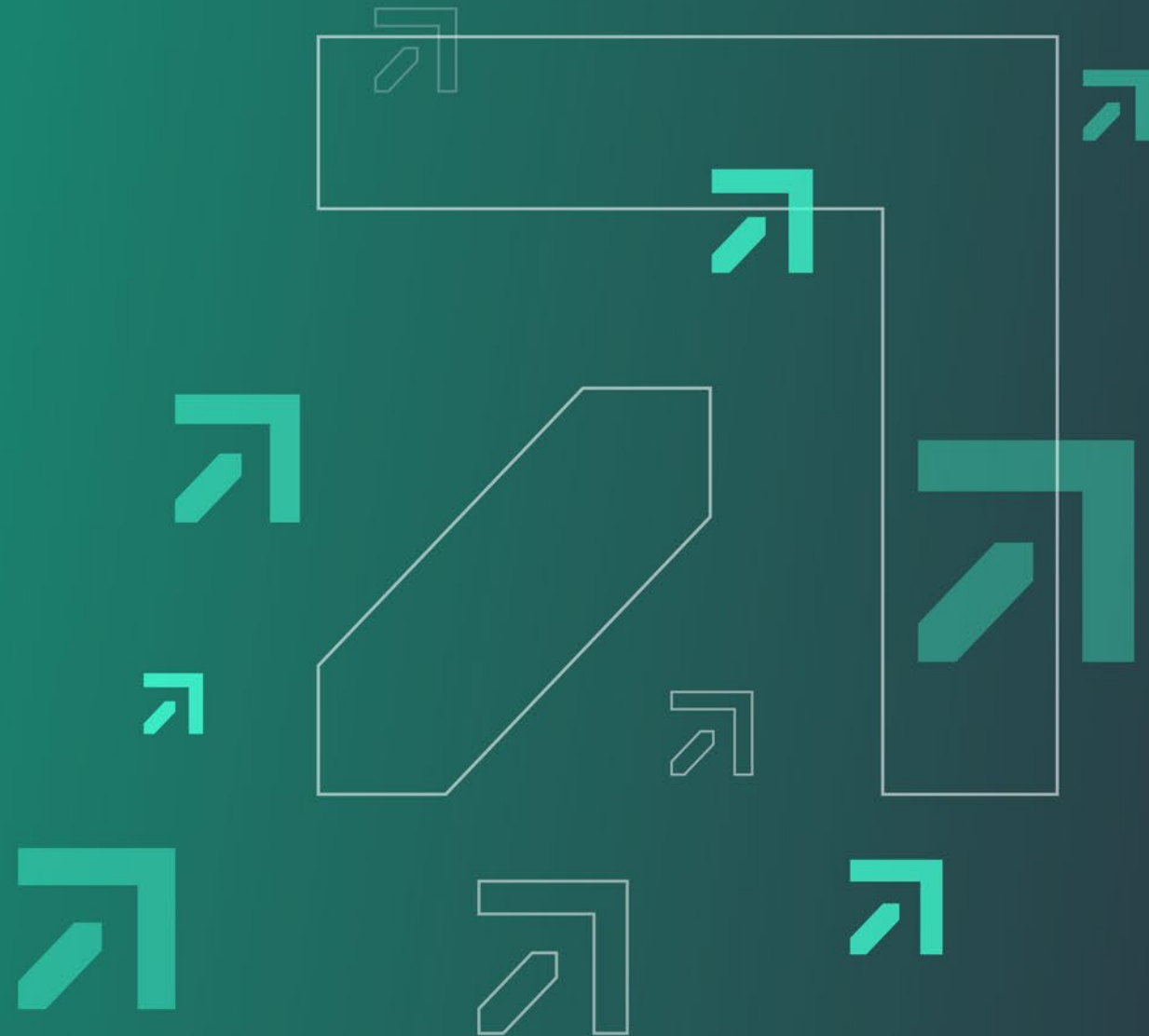
Phone:1-877-552-8247 - Monday through Friday, 9:00 AM - 7:00 PM

## **HMS (client insurance issues)**

Phone: 1-866-252-0671 - Monday through Friday, 8:30 AM – 5:30 PM

E-Mail: [CTinsuranceescalation@gainwelltechnologies.com](mailto:CTinsuranceescalation@gainwelltechnologies.com)

# Thank you!



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