



Connecticut Medical Assistance Program Refresher for Hospice Providers

Presented by

The Department of Social Services
& HP for Billing Providers

Hospice Agenda

- Overview
- Forms
- Fee Schedule/Reimbursement
- Client Eligibility/Impact on Claim Submission
- Billing Guidelines
- Prior Authorization
- Patient Liability
- Program Resources
- Questions

Introduction to the Hospice Benefit

A **Hospice benefit** is now available to Connecticut Medical Assistance Program clients effective **January 1, 2010.**

This benefit provides compassionate end-of-life care that includes medical and supportive services intended to provide comfort to the individual whose physician certifies that they are terminally ill (i.e. having a life expectancy of six months or less if the illness runs its normal course).

Hospice – Overview to Claim Submission

Providers who have enrolled in the Connecticut Medical Assistance Program have been made retroactively eligible to January 1, 2010.

- These providers may submit claims for clients who:
 - Have elected the hospice benefit
 - Have chosen the provider to manage “lock-in” their hospice care
 - Client’s election has been entered into the Department of Social Services (DSS) Eligibility System.
 - The dates of service on the claim are within the effective/end dates of the hospice benefit.
 - These dates and provider lock-in segments are updated via the submission of several program forms to DSS.

Hospice Forms

- Hospice Election (Providers should include their fax number to this form)
- Change Request Between Hospice Providers
- Medicaid Hospice Discharge
- Medicaid Hospice Revocation
- Forms can be obtained on the www.ctdssmap.com Web site
- Providers should review forms for completion and accuracy before faxing
- All forms should be faxed to:
(860)424-5678

(This information is on page two of each form, except revocation.)

Public Web site Home Page

***To access the Web site logon to the Connecticut Medical Assistance Program Website at:
www.ctdssmap.com***



CONNECTICUT DEPARTMENT OF SOCIAL SERVICES


— Caring for Connecticut —

Home	Information	Provider	Trading Partner	ConnPACE	P
home	site map				
Information					
<ul style="list-style-type: none">■ <u>New! Provider Survey</u>■ Publications■ Links■ Important Info■ RA Banner An■ HIPAA■ Regional Office		Provider Enrollment Provider Enrollment Tracking Provider Matrix Provider Services Provider Search Drug Search Provider Fee Schedule Download Secure Site			

Hospice Forms

- [Cambio de Solicitud entre Proveedores de Hospicio, W-403S](#)
- [Change Request between Hospice Providers Form, W-403](#)
- [Eleccion de Hospicio, W-406S](#)
- [Election Form, W-406](#)
- [Medicaid Hospice Discharge Form, W-404](#)
- [Medicaid Hospice Revocation Form, W-405](#)
- [Town/Metropolitan Statistical Area Regions Codes Crosswalk](#)

www.ctdssmap.com > provider > provider fee
schedule download > hospice fee schedule



**CONNECTICUT DEPARTMENT
OF SOCIAL SERVICES**
— Caring for Connecticut —

Help
Friday, April 16, 2010

Home Information **Provider** Trading Partner ConnPACE Pharmacy Information

home provider enrollment provider enrollment tracking provider matrix provider services provider search drug search **provider fee schedule download** secure site

Provider Fee Schedule Download

- Acquired Brain Injury [PDF](#) [HTML](#) [CSV](#)
- Air Ambulance [PDF](#) [HTML](#) [CSV](#)
- Alcohol Treatment [PDF](#) [HTML](#) [CSV](#)
- Audiology [PDF](#) [HTML](#) [CSV](#)
- Basic/Advanced Transportation [PDF](#) [HTML](#) [CSV](#)
- Behavioral Health Partnership [PDF](#)
- Chiropractor [PDF](#) [HTML](#) [CSV](#)
- Clinic - Ambulatory Surgical Center [PDF](#) [HTML](#) [CSV](#)
- Clinic - Dialysis [PDF](#) [HTML](#) [CSV](#)
- Clinic - Family Planning / Abortion [PDF](#) [HTML](#) [CSV](#)
- Clinic - Medical [PDF](#) [HTML](#) [CSV](#)
- Clinic - Mental Health [PDF](#) [HTML](#) [CSV](#)
- Clinic - Rehabilitation [PDF](#) [HTML](#) [CSV](#)
- Clinic - Substance Abuse [PDF](#) [HTML](#) [CSV](#)
- Critical Helicopter [PDF](#) [HTML](#) [CSV](#)
- CT Home Care [PDF](#) [HTML](#) [CSV](#)
- Dental [PDF](#) [HTML](#) [CSV](#)
- Home Health [PDF](#)
- Hospice [PDF](#) [HTML](#) [CSV](#)
- Independent Radiology [PDF](#) [HTML](#) [CSV](#)
- Lab [PDF](#) [HTML](#) [CSV](#)
- MEDS - DME [PDF](#) [HTML](#) [CSV](#)
- MEDS-Hearing Aid/Prosthetic Eye [PDF](#) [HTML](#) [CSV](#)
- MEDS-Medical/Surgical Supplies [PDF](#) [HTML](#) [CSV](#)
- MEDS-MISC [PDF](#) [HTML](#) [CSV](#)
- MEDS-Parenteral-Enteral [PDF](#) [HTML](#) [CSV](#)
- MEDS-Prosthetic/Orthotic [PDF](#) [HTML](#) [CSV](#)
- Mental Health Waiver [PDF](#) [HTML](#) [CSV](#)
- Natureopath [PDF](#)
- Optician [PDF](#) [HTML](#) [CSV](#)
- Personal Care Assistant [PDF](#) [HTML](#) [CSV](#)
- Physical Therapy [PDF](#) [HTML](#) [CSV](#)
- Physician Anesthesia [PDF](#) [HTML](#) [CSV](#)
- Physician Office and Outpt Services [PDF](#) [HTML](#) [CSV](#)
- Physician Radiology [PDF](#) [HTML](#) [CSV](#)
- Physician Surgical [PDF](#) [HTML](#) [CSV](#)
- Psychologist [PDF](#)
- Special Services [PDF](#) [HTML](#) [CSV](#)
- Travel Agent [PDF](#) [HTML](#) [CSV](#)

Quick Link

- [Fee Schedule Instructions](#)
- [Historical Fee Schedules](#)

What is CSV?
CSV is an abbreviation for "Comma Separated Values". A CSV file type can be opened in Microsoft Excel or other spreadsheet programs. This file type is being provided to you in the event that you would like to use the fee schedule data for any necessary calculations.

Home CT.gov Home Site Map About Us Feedback

Hospice 2010 Fee Schedule

		MSA HOSPICE 01-01-2010				
Revenue Code	Description	Region	Rate Type	Max Fee	Effective Date	End Date
651	HOSPICE/RTN HOME	1	DEF	178.33	1/1/2010	12/31/2299
651	HOSPICE/RTN HOME	2	DEF	159.66	1/1/2010	12/31/2299
651	HOSPICE/RTN HOME	3	DEF	166.65	1/1/2010	12/31/2299
651	HOSPICE/RTN HOME	4	DEF	163.08	1/1/2010	12/31/2299
651	HOSPICE/RTN HOME	5	DEF	159.11	1/1/2010	12/31/2299
652	HOSPICE/CTNS HOME	1	DEF	43.33	1/1/2010	12/31/2299
652	HOSPICE/CTNS HOME	2	DEF	38.79	1/1/2010	12/31/2299
652	HOSPICE/CTNS HOME	3	DEF	40.49	1/1/2010	12/31/2299
652	HOSPICE/CTNS HOME	4	DEF	39.62	1/1/2010	12/31/2299
652	HOSPICE/CTNS HOME	5	DEF	38.66	1/1/2010	12/31/2299
655	HOSPICE/IP RESPITE	1	DEF	185.79	1/1/2010	12/31/2299
655	HOSPICE/IP RESPITE	2	DEF	169.79	1/1/2010	12/31/2299
655	HOSPICE/IP RESPITE	3	DEF	175.78	1/1/2010	12/31/2299
655	HOSPICE/IP RESPITE	4	DEF	172.73	1/1/2010	12/31/2299
655	HOSPICE/IP RESPITE	5	DEF	169.32	1/1/2010	12/31/2299
656	HOSPICE/IP NON-RESPITE	1	DEF	781.55	1/1/2010	12/31/2299
656	HOSPICE/IP NON-RESPITE	2	DEF	704.27	1/1/2010	12/31/2299
656	HOSPICE/IP NON-RESPITE	3	DEF	733.2	1/1/2010	12/31/2299
656	HOSPICE/IP NON-RESPITE	4	DEF	718.43	1/1/2010	12/31/2299
656	HOSPICE/IP NON-RESPITE	5	DEF	701.99	1/1/2010	12/31/2299

Hospice Town/Metropolitan Statistical Area Regions Codes Crosswalk

Town Code	Town Description	County Code	REGIONAL AREA or Metropolitan Statistical Area
1	Andover	07	02
2	Ansonia	05	03
3	Ashford	08	05
4	Avon	02	02
5	Barkhamsted	03	05
6	Beacon Falls	05	03
7	Berlin	02	02
8	Bethany	05	03
9	Bethel	01	01
10	Bethlehem	03	05
11	Bloomfield	02	02
12	Bolton	07	02
13	Bozrah	06	04
14	Branford	05	03
15	Bridgeport	01	01
16	Bridgewater	03	05
17	Bristol	02	02
18	Brookfield	01	01
19	Brooklyn	08	05
20	Burlington	02	02

Provider Reimbursement

- Providers will be reimbursed the **lesser** of their billed amount or the **per diem** rate on file for the following revenue center codes:
 - **RCC 651- Routine Care**
 - **RCC 655 - Respite Care**
 - **RCC 656 – General Inpatient Care**
- **RCC 652 – Continuous Home Care**
 - Providers will be reimbursed the **lesser** of their billed amount or the **per hour** rate on file
- These rates can be found on the Hospice Fee Schedule on the www.ctdssmap.com Web Site. From the home page click>Provider>Provider Fee Schedule Download>Hospice fee schedule link.

Client Eligibility

When is a client eligible to receive the hospice benefit?


- **Medicaid clients are eligible to receive Medicaid hospice services.**
 - The client must be certified by a physician as being terminally ill
 - Initial certification is 90 days
 - Recertification is for a second 90 day period followed by unlimited 60 day periods
- **The client's eligibility for the hospice benefit will begin:**
 - The date the Department of Social Services (DSS) receives the faxed election statement
 - The election form **must be received on the next business day** after the client elects the hospice benefit.
 - » **DSS will no longer backdate hospice election if the form is received later than the next business day after election.**
 - The Hospice election form can be obtained from the www.ctdssmap Web site, click >publications >forms>other forms>hospice election form link
 - » Submission address/fax information on each form

Client Eligibility cont.

- The client will be locked into service by a single Hospice Agency for services relating to the terminal illness for the certification period.
 - A client may change hospice agencies once during this period
 - A client may chose to revoke election of hospice services at any time
 - A client may re-elect the hospice benefit at any time

Eligibility Verification

To determine if a client is eligible for the Hospice benefit, providers may use any of the available methods of checking client eligibility:

- Web Eligibility www.ctdssmap.com
- Provider Electronic Solutions Software
- HIPAA ASC X12N 270/271 Health Care Eligibility Inquiry and Response
- Automated Voice Response System (AVRS)
 1-800-842-8440 or 860-269-2028

Hospice Eligibility - Web

Client ID last name From DOS*
SSN First Name, MI To DOS*
Birth Date

Eligibility Verification Response

Verification Number

Response Text

Client Information

Client ID Last Name
SSN First Name, MI
Birth Date Nursing Home Resident
Gender

Benefit Plan

Service Information	Effective Date	End Date
Medicaid Services	01/20/2010	01/20/2010

TPL

*** No rows found ***

Managed Care Provider

*** No rows found ***

Lockin

Lockin Type	Effective Date	End Date	Provider Name	Provider Phone
Hospice	01/20/2010	01/20/2010	GREEN ACRES HOSPICE	(860)255-3913

Medicare

Client Eligibility cont.

- Client eligibility information will include:
 - Services restricted to or lock-in to “Hospice” or “Hospice Medicare”
 - The effective and end dates of the hospice coverage based on the dates of service submitted in the eligibility request
 - Name of the hospice provider (excluding AVRS)
 - Telephone number of the hospice provider

Eligibility cont.

Provider Electronic Solutions Software

- Insurance Type Code: OT
- Plan Coverage Description: (Hospice or Hospice – Medicare)
- Date Time Period: (Eligibility from and through dates based on request)
- MCO/PCP Name: (Name of “Lock-in” Hospice Provider)
- Contact Number: (Telephone Number of “Lock-in: Hospice Provider)

• HIPAA ASC X12N 270/271 Health Care Eligibility Inquiry and Response

- Refer to bulletin PB09-54 and the companion guide, located on www.ctdssmap.com in the EDI section contains more information about the 271 eligibility response.

• Automated Voice Response System (AVRS)

☎ 1-800-842-8440 or 860-269-2028

- Hospice effective (effective date)
- Through (end date)
- Hospice phone number (phone number)

Eligibility Verification

- Eligibility Inquiry (available to active providers)
 - Requires a combination of primary and secondary client identification (ID and Social Security Number (SSN); SSN and Date of Birth (DOB); ID and DOB)
 - From and through dates of service

Important points to remember:

- Verify eligibility on the same day as services to be rendered, eligibility can change daily
- Providers can not verify future dates of service
- Providers must contact the Provider Assistance Center to verify client eligibility for dates of service greater than one year old
- Other insurance is also received from a verification inquiry
- Obtain the Inquiry Verification Number to use if claim denies as client ineligible on date of service

Web Account Set-up

Hospice & Home Health Staff Integration

The switch user function can be used when the same clerk ID and password are assigned to multiple provider IDs.

Allows clerks with the same permissions to access multiple IDs without logging out and back in to the secure provider Web site.

Client Eligibility Impacts on Claim Denials

Claims will deny:

- **EOB 702** "Hospice Room and Board not covered without Nursing Home Authorization."
 - Client has recently been admitted to the nursing facility and the segment has not yet been added. The process for adding this information to the client's file is a multi-step process contingent on timely submission of admission forms by the facility, Alternate Care, Regional Office and Convalescent review and input.
- **Note: Nursing Facilities experience similar denials when submitting claims for clients who have been admitted to their facility within the last few months.**

Client Eligibility Impacts on Claim Denials

- **EOB 1024** "Provider not authorized to bill for client" when:
 - No Hospice or Hospice Medicare Lock-in Segment (RCC 658 only) on client's eligibility file
 - Claim dates of service are not within the hospice lock-in segment
 - Hospice lock-in to different Hospice Provider
- **EOB 710** "RCC not covered for client enrolled in Medicare Hospice."
 - Provider submitting claim with RCC's other than 658.

Claim Submission

Hospice Claims can be submitted to EDS via:

- Web Claim Submission
- ASC X12N Health Care Claim Institutional Format
- Provider Electronic Solutions
- UB-04 Claim Form
- Providers should refer to
 - Chapter 8 - Hospice Claim Submission Instructions

On the www.dssmap.com Web site click >publications>provider manuals
> select Hospice in drop-down>view chapter 8

Type of Bill:

- 81X = Non Hospital Hospice Claim
- 82X = Hospital Hospice Claim

Claim Submission – Type of Bill

First digit indicates claim classification.

<u>Code</u>	<u>Description</u>
8	Hospice

Second digit indicates claim classification.

<u>Code</u>	<u>Description</u>
1	Non-hospital Based
2	Hospital Based

Third digit indicates frequency.

<u>Code</u>	<u>Description</u>
1	Admit Through Discharge Date (one claim covers entire stay)
2	Interim-First Claim
3	Interim-Continuing Claim
4	Interim-Last Claim
7	Replacement of Prior Claim
8	Void/Cancel of Prior Claim

Claim Submission cont.

Hospice services will be submitted with the following Revenue Center Codes (RCCs) as indicated:

- RCC 651 – Routine Care
- RCC 652 – Continuous Home Care
- RCC 655 – Respite Care
- RCC 656 – General Inpatient Care
- RCC 657 – Physician Services Billed by the Hospice Agency
- RCC 658 – Hospice Room & Board in a Nursing Facility
- RCC 659 – Hospice Other +S9381

Claim Submission Guidelines

Claim Guidelines:

- Claims cannot span multiple calendar months
- Only one date of service allowed per claim detail
- Only one of the following four levels of care can be billed on a date of service:

RCC 651 (Routine Care)

RCC 652 (Continuous Home Care)

RCC 655 (Respite Care in Nursing Facility or
Hospital)

RCC 656 (General Inpatient Care in Nursing Facility
or Hospital)

Claim Submission Guidelines cont.

RCC 651 – Routine Care

- All inclusive rate for all hospice related services to a client not in crisis performed in the home, nursing facility, hospital or ICF/MR
- Hospice provider can also bill the following revenue center codes on the same day:
 - **RCC 658 Nursing Facility Charge**
 - If care is provided in the nursing facility
 - **RCC 657 Physician services and related HCPCs**
 - **RCC 659 Hospice Other and HCPC S9381**
 - If care provided in the home where additional costs are incurred due to the need for escort services

Claim Submission Guidelines cont.

RCC 652- Continuous Home Care

- All inclusive per hour rate for hospice related services to a client during brief periods of crisis, provided in the home, nursing facility, hospital or ICF/MR
- A **minimum of 8 hours** of care must be billed per day
- Hospice provider can also bill the following revenue center codes on the same day:
 - **RCC 657 for physician charges and related HCPCs**
 - **RCC 658 for the nursing facility charge**
 - If care is provided in the nursing facility
 - **RCC 659 and HCPC S9381**
 - If care provided in the home where additional costs are incurred due to the need for escort services

Claim Submission Guidelines cont.

RCC 655 – Respite Care

- All inclusive rate for all hospice related services performed in the Nursing Facility or Hospital in order to provide rest for the caregiver.
- Only **5 days of respite care** in a Nursing Facility or Hospital is allowed **within a 60 day period.**
- RCC cannot be billed for clients who reside in a Nursing Facility, the client must be residing in the community
- Hospice provider can also bill the following revenue center code on the same day:
 - **RCC 657** Physician services and related HCPCs

Claim Submission Guidelines cont.

RCC 656- General Inpatient Care in Nursing Facility or Hospital

- All inclusive rate for all hospice related services performed in the Nursing Facility or Hospital when pain control or chronic symptoms cannot be managed in other settings.
- **Prior Authorization** is required after **5 days of inpatient care**
- Hospice provider can also bill the following revenue center code on the same day:
 - **RCC 657** physician services and related HCPCs

Claim Submission Guidelines cont.

RCC 657 – Physician Services billed by the Hospice Agency

- Must be billed with at least one procedure code per date of service
- Payable at the lower of the billed amount or rate on the physician fee schedule for the procedure code (s) billed
- Procedure codes in the 7xxxx range (radiology services-physician component) must be billed with modifier 26
 - Codes in the 7xxxx range for radiology services will be paid at 50% of the fee on file
- Can be billed with any of the other revenue center codes on the same day:
 - RCC 651 Routine Care
 - RCC 652 Continuous Care
 - RCC 655 Respite Care
 - RCC 656 General In-patient Care
 - RCC 659 Hospice -Other

Claim Submission Guidelines cont.

RCC 658 – Hospice Room and Board in a Nursing Facility

- Client must be residing in a nursing facility and have a valid Nursing Facility authorization segment on their eligibility file
- Payable at the Nursing Facility per diem rate on the client's eligibility file for the dates of service billed
- Hospice provider **must** also bill the following revenue center codes on the same day for Medicaid clients: (not dually eligible)
 - **RCC 651 Routine Care**
 - If care is provided in the Nursing Facility
 - **RCC 652 Continuous Home Care**
 - If care is provided in the Nursing Facility
- Hospice provider may also bill the following revenue center codes on the same day:
 - **RCC 657 physician services and related HCPCs**

Claim Submission Guidelines cont.

RCC 659 – Hospice Other

- Must be billed with procedure code **S9381** to obtain the provider specific rate for extraordinary costs when services are provided to a client in the community
- Payable at the lower of the billed amount or the Hospice provider specific rate for S9381
- Hospice provider **must** also bill one of the following revenue center codes on the same day:
 - **RCC 651 – Routine Care**
 - **RCC 652 – Continuous Home Care**
- Cannot be billed on the same day as:
 - **RCC 655 - Respite Care**
 - **RCC 656 - General Inpatient Care**
 - **RCC 658 - Hospice Room and Board in Nursing Facility**
- Hospice provider can also bill the following revenue center code on the same day:
 - **RCC 657 – Physician Services billed by the Hospice Agency**

Dually Eligible Clients

- Clients eligible for both Medicare Part A and Medicaid receive hospice services through Medicare.
- The Department of Social Services will reimburse Hospice providers for:
 - **RCC 658 - The Nursing Facility per diem charges when the client resides in a Nursing Facility.**
 - **Co-insurance for Respite Care**
- When a dually eligible client elects, revokes or changes hospice providers they must make such elections, revocations and changes in both the Medicare and Medicaid programs.

Prior Authorization

Services Requiring Prior Authorization:

- General Inpatient Care in a hospital or Nursing Facility which extends beyond the fifth day of care.
 - PA requests should be for days in excess of the fifth day.
- Hospice Services beyond one year
- Please Note:
 - Prior Authorization Form can be found on the www.ctdssmap.com Web Site click>Publications>Forms>Prior Authorization Forms>PA Form
 - Requests should be faxed to HP at:
860-269-2135

Patient Liability

Patient liability or applied income are the terms used to describe the financial amount a Medicaid client is obligated to pay toward the cost of his or her long term facility care, starting with the month in which the 30th day of consecutive institutionalized care occurs.

Consecutive institutionalized care includes a stay in a long term care facility and/or chronic disease hospital.

A Department of Social Services Regional Office eligibility worker determines the patient liability amount.

Patient Liability cont.

- Patient liability will be taken from the first claim processed for the month in which patient liability is due.
 - Hospice Claim (with RCC 658)
 - Long Term Care claim
 - If billing for partial month
 - If billing for reserve days
- Patient liability will be taken from the first claim that processes at the header of the claim, not the detail.
 - Other RCC codes could be impacted if billed with RCC 658.
 - If Patient Liability exceeds claim amount an AR transaction will be set up against the provider for the remainder of the patient liability amount.
- Hospice and Nursing Facility providers will need to make arrangements to reconcile patient liability.

Patient Liability Hospice Medicare - Example 1

Patient liability per month =	\$2,000
Hospice Provider Claim =	
RCC 658	<u>\$1,000</u>
AR against Hospice provider set up	\$1,000
to collect \$1000 against next claim	
submitted by provider containing RCC 658	

Patient Liability Hospice - Example 2

Patient Liability =	\$5,000
Hospice provider claim =	\$6,000
RCC 658 \$4,000	
RCC 651 \$2,000	
Provider payment =	\$1,000

Patient Liability- Hospice Example 3

Patient Liability =	\$3,000
Claim 1 =Nursing Facility Reserve Day Claim 4/1-4/4 (client inpatient)	<u>\$2,000</u>
AR set up against facility =	\$1,000
Claim 2 = Hospice 4/1-4/4	
RCC 656 x 4 =	\$1,000
Hospice payment =	\$1,000

Access to Online Eligibility, PA and Claim Inquiry

What You Need To Get There

- Internet Access www.ctdssmap.com
- Secure Provider Web Account
 - AVRS Logon ID
 - Web PIN
- Local Administrator
- Clerk with permissions by local administrator to:
 - Claim inquiry and/or submission
 - PA inquiry and/or submission

Web Client Eligibility

CONNECTICUT DEPARTMENT
OF SOCIAL SERVICES

— Caring for Connecticut —

Help

Friday, April 16, 2010

Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims **Eligibility** Prior Authorization Account

Valid Search Combinations

- Client ID + SSN
- Client ID + Birth Date
- Birth Date + SSN
- Full Name + SSN
- Full Name + Birth Date

Eligibility Verification Request

Client ID last name From DOS*
SSN First Name, MI To DOS*
Birth Date

search

clear

Client Eligibility

To access Client Eligibility Verification, the following steps apply:

1. Go to the Public Web site at www.ctdssmap.com, navigate to the Provider page and click on the hotlink for SECURE SITE.
2. Enter the user name and password on the log in page. If an invalid user name or password is entered, an error message displays prompting for the correct information. When the correct user name and password is entered, the Account Home page displays.
3. Select the Client Eligibility Verification link under the Quick Links section of the page.
4. Once on the Client Eligibility Verification page (Attachment 1), complete the form by entering data in the appropriate fields. Providers may enter one of the two following options as the search criteria:
 - A. Client Number, with either: Social Security Number (SSN) or Date of Birth
 - B. SSN with Date of Birth
 - C. Full client name with Date of Birth or Social Security Number
5. The **current date** is populated in the From Date of Service (From DOS) and To Date of Service (To DOS) in a MMDDCCYY format.

Web Prior Authorization Inquiry



Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility **Prior Authorization** Account

home **prior authorization search** new submission

Quick Link

- [Web Guide - Prior Authorization Search](#)

Provider 008003693 MCD

Prior Authorization Search

Client ID	<input type="text"/>	Prior Authorization	<input type="text"/>
Client Name	<input type="text"/>	PA Assignment	<input type="text" value="v"/>
Requested Eff Date	<input type="text"/>	Procedure	<input type="text"/> [Search]
Requested End Date	<input type="text"/>	Revenue Code	<input type="text"/> [Search]
Authorized Eff Date	<input type="text"/>		
Authorized End Date	<input type="text"/>		
		Records	20 <input type="text" value="v"/>

search

clear

add

Internet Prior Authorization Inquiry

Prior Authorization (PA) inquiry allows providers to view the status of their Prior Authorization Requests at any given time

- Confirm Receipt of PA Request
 - Mail
 - Fax
- Confirm Authorization of Services
 - Authorization matches Request
 - Units requested equal units authorized
 - RCC/Procedure Code/Modifier matches request
 - Prior to receipt of authorization confirmation letter

Internet Prior Authorization Inquiry

Providers can perform an inquiry on the status of their Prior Authorization Requests using the following search criteria:

- Prior Authorization Number
- Client ID
 - »Providers are no longer required to indicate a span date when entering the client ID.


Note: To narrow your search enter additional criteria (procedure code, RCC, PA status)

Internet Prior Authorization Inquiry Cont.

Inquiry results will include:

- Status of PA request
- Requested Units vs. Authorized Units
- Used Units

Web claim Inquiry



**CONNECTICUT DEPARTMENT
OF SOCIAL SERVICES**
-- Caring for Connecticut --

Help
Monday, April 19, 2010

Home Information Provider Trading Partner ConnPACE Pharmacy Information **Claims** Eligibility Prior Authorization Trade Files Messages Account

home **claim inquiry** professional institutional dental

Claim Search 1212121212 NPI

ICN

Client ID

TCN

FDOS

TDOS

Prescription No
(Pharmacy Only)

Claim Type

Status

FDate Paid

TDate Paid

Pending Claims ☐

Exclude Adjusted Claims ☐

Records 20

search

clear

Internet Claim Status Inquiry

Benefits to Providers

- Correct denied claims prior to the next claim cycle.
- Adjust or void incorrectly paid or submitted claims
- Correcting and resubmitting claims prior to the financial cycle:
 - Reconcile claims prior to receipt of Remittance Advice (RA)
 - Maximize reimbursement
 - Identify claim processing issues early to take corrective action
 - PA issues
 - Internal System Submission issues

Internet Claim Status Inquiry

Providers can perform an inquiry on the status of their claims using the following search criteria:

- **Internal Control Number** (ICN) (assigned to your claim in interChange)
- **Client ID**
 - **Must also include** one of the following in your search:
 - ICN
 - FDOS/TDOS (must span no greater than 93 days)
 - FDate Paid/TDate Paid (must span no greater than 93 days)

Note: To narrow search inquiry enter multiple search criteria

Note: Check "Pending" box

- » Indicate status – paid, denied or suspend to further define search
- » To Query by all claims processed since last financial cycle

Claim Inquiry

To perform a claim inquiry:


- Select inquiry from the claim menu
- Enter search criteria
 - Multiple criteria narrows the search
- Click “Search”
- Results will populate:
 - Single claim meets search criteria
 - Entire claim panel will be returned
 - Multiple claims meet search criteria
 - Search Results list will be returned
 - » Click claim you wish to view

Online Help

Online “Field Help” is available to assist providers in:

- Identifying a field and the data that should be entered when:
 - Initiating a claim or Prior Authorization (PA) inquiry
 - Reviewing fields on a claim or PA request
- To Activate Online “Field Help”
 - Place your cursor over the field name
 - Left click to open the text box
 - Provides field name (if abbreviated)
 - Definition of field data that should be entered, where to find the data, other helpful information

Web Claim Submission



**CONNECTICUT DEPARTMENT
OF SOCIAL SERVICES**
- Caring for Connecticut -

Help
Monday, April 19, 2010

Home Information Provider Trading Partner ConnPACE Pharmacy Information **Claims** Eligibility Prior Authorization Trade Files Messages Account

home claim inquiry professional **institutional** dental

Quick Links

- Internet Claims Submission FAQ
- Instructions for submitting Institutional claims

Institutional Claim

Billing Information

Service Information

Claim Type*
H - Home Health Claims

ICN

Provider ID
1212121212 NPI

AVRS ID
008001010

Type Of Bill*
[Search]

Client ID*

Last Name

First Name, MI

Date of Birth

Patient Account Number

Medical Record Number

Attending Phys*
[Search]

Other Physician
[Search]

From Date

To Date

Total Charges
\$0.00

Diagnosis Condition Procedure Occurrence/Span

Diag-Sequence	Diagnosis	Description
Principle*	[Search]	Admitting [Search]
Other 1	[Search]	Other 2 [Search]
Other 4	[Search]	Other 5 [Search]

add more

Emergency	[Search]
Other 3	[Search]
Other 6	[Search]

Web Claim Submission (cont.)

Detail									
Item	From DOS	To DOS	Revenue Code	HCPCS/Rates	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"/>	Revenue Code*	<input type="text"/> [Search]
From DOS*	<input type="text"/>	HCPCS/Rates	<input type="text"/> [Search]
To DOS*	<input type="text"/>	Modifiers	<input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search]
Units*	<input type="text" value="1.00"/>	Units Of Measurement	<input type="text"/>
Charges*	<input type="text" value="\$0.00"/>	Status	<input type="text"/>
		Allowed Amount	<input type="text" value="\$0.00"/>
		CoPay Amount	<input type="text" value="\$0.00"/>
		TPL Amount	<input type="text" value="\$0.00"/>

TPL									
*** No rows found ***									
Select row above to update -or- click Add button below.									

Client Carriers	<input type="text"/>
Carrier Code	<input type="text"/> [Search]
Plan Name	<input type="text"/>
Policy Number	<input type="text"/>
Paid Amount	<input type="text"/>
Paid Date	<input type="text"/>
Adjustment Reason Code	<input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search]
Adjustment Amount	<input type="text"/> <input type="text"/> <input type="text"/>

Claim Status Information	
Claim Status	Not Submitted yet

Internet Claim Submission

Online Claim Submission allows providers to:

- Submit claims to HP directly from their secure Provider Web site.
- Receive immediate response
 - Pay
 - Deny
 - Suspend
- Copy claim for new submission
- Adjust claim (correction to paid claim)
- Void claim (cancel/recoup paid claim)
- Resubmit claim

Program Resources

Resources Available to Providers

- Connecticut Medical Assistance Program Web site
 - www.ctdssmap.com
- HP Provider Assistance Center (PAC):
 - Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
 - 1-800-842-8440 (in-state toll free)
 - (860) 269-2028 (local to Farmington, CT)
- EDI Help Desk
 - Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
 - 1-800-688-0503 (in-state toll free)
 - (860) 269-2026 (local to Farmington, CT)

Connecticut Medical Assistance Program Refresher Workshop for Hospice Providers

Time for Hospice Questions