interChange Provider Important Message

Hospital Monthly Important Message Updated as of 04/11/2017

*all red text is new for 04/11/2017

DXC Announcement

On April 3, 2017, Hewlett Packard Enterprise (HPE) split and merged with Computer Sciences Corporation (CSC) to form a new company, DXC Technology. Hospitals will notice the following changes:

- Hospitals will begin to see the DXC Technology logo or the DXC Technology name on correspondence.
- Hospitals will begin to receive emails from the @dxc.com email address rather than the @hpe.com email address.
- Hospitals will hear the DXC Technology name when calling the Provider Assistance Center.

Hospital Modernization

Hospitals can refer to the Hospital Modernization page on the www.ctdssmap.com Web site for information pertaining to the APR-DRG or APC. Please continue to send all APR-DRG or APC related questions to DXC Technology at the following e-mail address: ctxixhosppay@dxc.com.

The following documents were recently updated:

- **CMAP Addendum B**

The Department of Social Services (DSS) updated the Connecticut Medical Assistance Program's (CMAP's) Addendum B effective for dates of service January 1, 2017 and forward.

Any procedure code adds, changes or deletes with an effective date of January 1, 2017 was updated in the system on March 1, 2017. DXC Technology will re-process any impacted claims in a future claim cycle. Payment rates changes will happen automatically and will be adjusted in the 2nd cycle in April and appear on your April 25 Remittance Advice.

The April version of CMAP Addendum B will be updated and posted to the www.ctdssmap.com Web site shortly and system updates based on changes to CMAP addendum B are tentatively scheduled for April 25, 2017.

Scheduled Hospital Refresher Workshops:

Connecticut Hospital Association, 110 Barnes Road, Wallingford, CT
Friday April 28, 2017 1:00 PM – 4:00 PM

HPMyRoom Virtual Classroom Training
Tuesday April 25, 2017 9:00 AM – 12:00PM

The topics include:

- Demographic Maintenance
- Web Claim Inquiry / Submission
- Prior Authorization
- Hospital Modernization
- Hospital Billing Changes
- Frequent Claim Denial

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Provider Bulletin 2017-13 – Changes to the Radiology Authorization Date Span

Effective April 1, 2017 and forward, radiology authorizations for HUSKY Health Program members will be valid for sixty (60) days from the date of receipt. This is a change from the current authorization time span of thirty (30) days. Extensions beyond sixty (60) days will not be allowed. If the authorized study is not completed within the sixty (60) day time frame, providers will need to submit a new authorization request to eviCore and provide information supporting the medical necessity of the requested study.

Re-enrollment for Hospital

The hospitals are reminded to take note of their re-enrollment due date with Medicaid. Hospitals will be sent a re-enrollment notification letter six (6) months prior to their re-enrollment and we encourage the hospital to re-enroll as soon as possible. Failure to complete the re-enrollment process **by the re-enrollment due date** will cause the hospital to be dis-enrolled on the enrollment due date and no claims after that date will be allowed until the re-enrollment is completed.

This will impact claims processing and the hospitals' ability to verify eligibility until the re-enrollment has been completed.

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

Medically Unlikely Edit (MUE) EOB 770 "MUE Units Exceeded"

The Department of Social Services (DSS) is reviewing procedure codes units against Medicare's units. If the hospital feels there are additional procedure codes in question, the procedure code and ICN of the claim can be sent to ctxixhosppay@dxc.com.

- 4/11/2017 – Hospitals are inquiring how best to request a review of when to allow greater than MUE units. The hospitals are not questioning the MUE units set in the system. This would be a specific claim they would like reviewed to allow additional units. A process is currently being developed and the Department will provide guidance and billing instructions once system updates have been made. Please hold on to any reviews until further notice.

Outstanding Questions

Inpatient Hospital REHAB claims

Inpatient DRG claims are denying for prior authorization (PA) when the claim has a Medical DRG, but the hospital received a REHAB per-diem PA from CHN. DXC Technology had reviewed these inpatient claim denials with DSS. The Department has agreed that these claims should consider the rehab prior authorization and pay at the per diem amount.

- 4/1/2017 - The claims were re-processed and appeared on the March 14, 2017 Remittance Advice (RA) with an Internal Control Number (ICN) beginning with a region code 27.

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Inpatient Only Procedures

DSS has made changes to some procedure codes on CMAP's Addendum B that were considered an inpatient only procedure. Previously, these services had a payment type of "NO" and were not covered in the outpatient setting. DSS has agreed that some of these procedures can be performed in an outpatient setting and these procedures will now show on the CMAP Addendum B with a payment type of SURG "Surgical procedures manually priced" and a payment rate of MP "Manual Priced".

- 4/1/2017 - The claims were re-processed and priced by DSS and appeared on the March 14, 2017 Remittance Advice (RA).

- 4/11/2017 - If the hospitals believe there are any procedures that should be reviewed by the Department to be eligible for reimbursement in an outpatient hospital setting, please send the list of procedure codes and a **brief justification** as to why the service can be performed in an outpatient setting to ctxixhosppay@dxc.com. Any previous request that were submitted without justification will not be reviewed.

Emergency Department Accident Related Request Forms

Hospitals are receiving a high number of Emergency Department Trauma related request forms looking for additional documentation. The hospitals are looking for a person at DSS to discuss why there are so many requests.

In April 2016 this process was automated and now the letters are generated and sent to providers systematically. This means that the volume that a hospital used to receive over a longer period of time (say a few months) is now being sent at one time since manual intervention is no longer needed. The Department and DXC Technology believe that the same volume is being sent to each hospital, but that it feels different to the hospital because the time span in which that volume is received has been significantly shortened.

As an additional note: DXC Technology has in the past reviewed the diagnosis codes flagged as part of the trauma criteria to remove codes that really are not trauma/accident related (i.e. bee stings), but they will once again review to ensure that they have captured and removed everything that clearly does not make sense. DXC Technology said that now that the process is systematic they will have the ability to "track" the volume of letters generated and sent to the hospitals to see if there is indeed a spike moving forward. There was no spike in the volume of letters being sent. The volume has been steady each month.

- 4/1/2017 - DXC Technology verified there was no increase in the volume of letters being sent to the hospital due to new ICD-10 codes. The letters are only sent out once a month to the hospitals. Due to the high number of letters being sent to the hospitals each month DXC Technology and DSS are reviewing the trauma criteria for these letters to be sent.

Outpatient Surgery Claims Requiring Physician Prior Authorization.

- 4/1/2017 – DSS removed the PA requirement for outpatient surgical claims requiring a physician PA EOB code 3013 "Service requires a professional prior authorization" being on file for dates of service July 1, 2016 and forward. Hospitals can re-submit their claims for processing; no ID & reprocessing will be done by DXC.

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Digital Breast Tomosynthesis

- 4/1/2017 – A provider bulletin will be coming out shortly directing the hospitals to start billing the following CPT codes 77061 – 77063 with RCC 409 "Other imaging Services." The system is set up to start accepting these CPT codes in connection to RCC 409 and they will be reimbursed based on the Physician Radiology Fee Schedule.

State Specific Tool for APC Processing

- 4/1/2017 - 3M has released the CT Medicaid reimbursement solution and is providing customers who license this solution with the standard APC grouper/editor. 3M is currently working on modifying the edits to emulate how CMAP processes claims. This version will be available in a future release. If the hospitals are interested in obtaining more information on 3M software, they can contact: Dave Jenkins, Account Manger dajenkins@mmm.com Office phone: 610.458.9747.

Radiology Prior Authorization (EviCore)

- 4/1/2017 – Either the ordering provider or facility may contact eviCore to request an authorization modification. Providers have up to 180 days to request a modification to an existing authorization. Because this is not a change in the actual study, just a change from a 70,000 code to a "C" code, this should not be subject to a new medical necessity review.

HUSKY Health Web Site Changes

www.huskyhealth.com is no longer a valid URL. This has changed to www.ct.gov/husky. If a provider clicks on the old Web site, they will receive a page cannot be displayed message. Hospitals should bookmark www.ct.gov/husky for future use.

National Drug Code billing

- 4/1/2017 – Hospital are billing different NDC on two different details using the same HCPCS codes. At this time the second detail line is being denied as a duplicate line even when applicable the hospital has received PA for this services or it is a payable code based on CMAP Addendum B and not hitting status indicator "N". Hospitals should continue to bill as they are today, DXC and DSS have reviewed this issue and will be making a system update to bypass the duplicate edit in times when the NDC code is different.

Claim Reprocessing

Inpatient delivery stays denying due to lack of prior authorization when the delivery stays do not require prior authorization.

The Department of Social Services' (DSS) criterion for identifying a delivery for an inpatient stay is based on the primary diagnosis code on the claim. If the primary reason for the stay was a delivery, then Prior Authorization (PA) is not required. DSS has determined that there were ICD-10 diagnosis codes that should have bypassed the PA requirement on an inpatient delivery stay. The following diagnosis codes were updated to be billed as the primary diagnosis which will bypass PA on a delivery inpatient stay:

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O11.4, O11.5, O13.4, O14.04, O14.14, O14.24, O14.94, O16.4, O22.33, O34.32, O34.83, O36.5931 – O36.5939, O36.8120, O36.8130, 036.8930, O40.9XX0 – O40.9XX3, O44.23, O44.33, O99.214.

If the hospital still believes there are other diagnoses that should be considered to bypass PA when a delivery occurs, please send claim examples (including ICN) to DXC at the following e-mail address: ctxixhosppay@dxc.com.

The following diagnosis codes were requested by the hospitals, but were not added D58.2, D64.9, Z34.03, O10.013, O13.1, O24.415, O24.425, O26.03, O26.86, O26.893, O28.8, O30.009, O35.1XX0, O09.513, O09.523, O09.293 and O34.211, O98.513, O99.013, O99.213, O99.283, O99.323 and O99.333.

Previous diagnosis codes that were denied by DSS, either had a childbirth specific diagnosis code in the series, which is the appropriate code to use instead of the trimester code (i.e. O10.013 "Pre-existing essential hypertension complicating pregnancy, third trimester", if there was a delivery the hospital should use O10.02 "Pre-existing essential hypertension complicating childbirth" or were denied because the diagnosis code in question should not be considered as the primary code on the claim. In other circumstances, the hospital should be using a more specific code under ICD-10 versus selecting "unspecified".

HOLIDAY CLOSURE: Please be advised, the Department of Social Services (DSS) and DXC Technology will be closed on Friday, April 14, 2017 in observance of the Good Friday Holiday. DSS and DXC Technology will re-open on Monday, April 17, 2017.

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