



September 2018  
Connecticut Medical Assistance Program  
<http://www.ctdssmap.com>

The Connecticut Medical Assistance Program

# Provider Quarterly Newsletter

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## Attention: All Providers

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### ASC X12N Health Care Eligibility/Benefit Inquiry and Information Response (270/271)

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The ASC X12N Health Care Eligibility response file 270/271 was updated to allow eligibility searches based on the client's date of birth and name, and does not require a social security number (SSN). Providers can now perform an eligibility search based on the following combinations:

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

Providers are reminded that batch eligibility responses should be done through the 270/271 Eligibility file and not through the Secure Web site [www.ctdssmap.com](http://www.ctdssmap.com).

## Attention: Behavioral Health Providers

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### Change in the Timely Filing Guidelines for Behavioral Health Services for HUSKY A and B

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Effective for claims received July 1, 2018 and forward, **all** behavioral health services provided to HUSKY Health members will have a timely filing requirement of one (1) year. Timely filing will be extended beyond one (1) year from the date of service when the following condition is met:

***When Medicaid is secondary, providers will have one (1) year from the issue date on the other insurance payment or denial, providing the other insurance denial was not for timely filing.***

For additional information on timely filing, please refer to provider manual Chapter 5 "Claim Submission Information" on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site under Information > Publications.

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## Attention: Dental Providers

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### Change in the Policy for Reimbursement for the Total Number of Restorations on the Same Tooth

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The Department of Social Services (DSS) previously instituted a policy whereby providers are reimbursed for the total number of surfaces restored on a single tooth per one **(1) year period when performed by the same provider**. For example, a provider is paid for performing a restoration on surfaces Lingual and Mesial (LM) on tooth 19. The same provider submits a second claim for the same client within one year from the previous date of service for restoration on the surfaces Distal and Occlusal (DO) on the same tooth (#19). The second claim does not pay for a second two surface restoration; instead, the second claim pays the difference between the four-surface restoration and the previously paid two surface restoration and posts the Explanation of Benefit (EOB) code 9992 - Payment Amount Reflects Tooth Surface Pricing at the detail.

As of July 24, 2018, DSS made a change to this policy whereby the claims will employ the restoration pricing methodology even when the services are **performed by a different provider**. The second provider may submit the additional surface(s) to

the Prior Authorization Department for review. If the services are authorized, the claim will be paid as coded. Please contact Connecticut Dental Health Partnership (CTDHP) at 1-888-445-6665 for questions regarding Prior Authorization.

Providers are reminded that there are 2 different policies for restorations: a **pricing** policy as described above and a policy as described in Provider Bulletin PB 2016-45 where a restoration on the same tooth and surface is allowed once every (2) years. Providers should check the patient history at the [www.ctdhp.com](http://www.ctdhp.com) Web site before providing any services.

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## Attention: Inpatient Hospital Providers

### Inpatient Hospital Fee Schedule for Organ Acquisition Costs Updated 7/1/2018

The table below contains the most current Organ Acquisition rates for both in- and out-of-state hospitals for Revenue Center Codes (RCCs) 810, 811 and 812.

Organ	Flat Fee	Effective date	End date
Kidney	\$82,289	7/1/2018	12/31/2299
Heart	\$87,194	7/1/2018	12/31/2299
Liver	\$164,760	7/1/2018	12/31/2299
Pancreas	See Note	7/1/2018	12/31/2299
Lung	See Note	1/1/2015	12/31/2299

Payment will be the lower of charges or state wide average.

Note: For lung or pancreas acquisition, the hospital must submit to DSS their most recent Medicare cost report submitted to CMS.

For previous rates, the hospital can refer to the rates listed on the DSS reimbursement page. To get to the DSS reimbursement page, hospitals can go to the Hospital Modernization page on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. Once on that page, click on the link titled "DSS Reimbursement Home Page" on the right side under DSS Links, select Fees/Payments and then click on the Organ Acquisition Reimbursement link.

## Attention: All Providers

### Provider Bulletin Search



Providers are reminded that there is a Bulletin Search feature on the provider Web portal, at [www.ctdssmap.com](http://www.ctdssmap.com). This is a very helpful tool in providing information on all the issues and updates for your provider types and specialties throughout the year.

Providers can access the Web site, [www.ctdssmap.com](http://www.ctdssmap.com) then select Information> Publications> Bulletin Search. If you know the year and bulletin number of the bulletin you are

looking for, you can enter the information in the appropriate fields and click search. If you do not know the number or are looking for information on a subject matter you can utilize the Provider Type dropdown list or enter a keyword in the Title field pertaining to the topic you are researching. There is also a clear button below the search button if you want to begin a new search. You can also enter a particular year in the Year field and all the bulletins for that year will be listed.

## Attention: ABI, CHC, PCA, Autism Service Providers

### EVV—Consecutive Service Enhancement

On August 3, 2018, Electronic Visit Verification (EVV) service providers Santrax system were enhanced with additional functionality known as the Consecutive Services Enhancement to assist them in using the Santrax system. The Consecutive Services Enhancement allows caregivers who are performing consecutively scheduled and performed services, also known as back-to-back services, to capture one (1) check-in at arrival and one (1) check-out at departure. Caregivers no longer have to make calls at the change in service.

The Consecutive Services Enhancement only applies to consecutive services that are provided by the same caregiver to the same client and that are less than 24 hours in duration. This enhancement requires that the visits are scheduled in Santrax prior to the start of the first scheduled visit and it cannot be used by caregivers who check-in/-out using the Mobile Visit Verification (MVV) app. When this enhancement becomes available for use in the MVV app, providers will be notified.

The Consecutive Services Enhancement requires one (1) check-in to begin services and one (1) check-out to conclude services. If the total duration of the visit performed matches the duration of the visit scheduled in Santrax, the check-in and check-out times for the visits scheduled between the first visit and final visit are assumed to have been completed as scheduled. If the duration of

the visit equals the duration of the scheduled visits, all visits auto-confirm and the missing visit times are automatically populated according to the schedule already in place.

The visits with assumed check-in or check-out values are identified with an underline and a new warning exception, “Assumed Call”, in Visit Maintenance. The “Assumed Call” information exception is a warning and does not require additional intervention from the provider.

Please note: As a result of the Consecutive Services Enhancement implementation, the 3-call process has been disabled and is no longer available for caregivers use. If a caregiver attempts to use the 3 call process, they will experience exceptions in Santrax Visit Maintenance.

Providers who do not wish to use the Consecutive Services Enhancement can request that this enhancement be deactivated. When they do so, the caregivers will have to check-in and check-out for every scheduled visit and at the change in services. To request that the enhancement be deactivated for your agency, please contact Sandata Customer Care for further instructions.

For questions regarding the Consecutive Services Enhancement, please contact the EVV mailbox at [ctevv@dxc.com](mailto:ctevv@dxc.com).

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## Attention: All Providers

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### Utilizing Preferred Browsers

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DXC Technology would like to remind providers that when viewing the [www.ctdssmap.com](http://www.ctdssmap.com) Web site, in order to obtain the most benefits, it is recommended that you have [Microsoft Internet Explorer](#), up to version 11 as your browser. Please note that this does not include the Microsoft Edge Browser. In addition, [Adobe Acrobat Reader](#) software is required to view and print manuals, bulletins, forms and other publications. All software can be downloaded from the vendor's Web Site.

If you are using the Safari Web browser and are experiencing difficulty downloading Remittance Advices (RAs) and other documents from the [www.ctdssmap.com](http://www.ctdssmap.com) Web site, we recommend disabling pop-up blockers to enable these functions to operate successfully. The following options are available in order to disable/enable pop-up blockers for Windows, MAC, and iPad users:

#### Option 1:

- 1) Select the **settings gear** in the upper right corner.
- 2) Select **"Block Pop-Up Windows"**. When the option is checked, pop-ups are blocked.

#### Option 2:

- 1) Press **"Ctrl" + "Shift" + "K"** in Windows or **"Command" + "Shift" + "K"** in OS X to toggle between blocking and not blocking pop-ups.

#### Option 3:

- 1) Windows users select the **settings gear**, then choose **"Preferences"**. Mac users click **"Safari" > "Preferences"**.
- 2) Click on **"Security"** at the top of the window.
- 3) Check the box **"Block pop-up windows"** to enable this feature. Uncheck it to disable it.

#### iOS Version:

- 1) From the Home screen, select **"Settings"**.
- 2) Choose **"Safari"**.
- 3) Slide the **"Block Pop-ups"** to **"On"** (green) to block pop-ups, or slide it to **"Off"** (white) to never block pop-ups.

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## Appendix

### Holiday Schedule

Date	Holiday	DXC Technology	CT Department of Social Services
9/3/2018	Labor Day	Closed	Closed
10/8/2018	Columbus Day	Open	Closed
11/12/2018	Veterans Day	Open	Closed
11/22/2018	Thanksgiving	Closed	Closed
11/23/2018	Day after Thanksgiving	Closed	Open
12/25/2018	Christmas	Closed	Closed

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# Appendix

## Provider Bulletins

Below is a listing of Provider Bulletins that have recently been posted to [www.ctdssmap.com](http://www.ctdssmap.com). To see the complete messages, please visit the Web site. All Provider Bulletins can be found by going to the Information -> Publications tab.

- |         |   |         |   |
|---------|---|---------|---|
| PB18-56 | Performing Provider Required for Select Clinic Providers  | PB18-43 | Removal of Authorization/Registration for Behavioral Health Professional Services Rendered in an Emergency Department                 |
| PB18-55 | Data Entry Errors for Enhanced Care Clinics under the Connecticut Behavioral Health Partnership   | PB18-42 | Change in the Submission and Payment Processing of Day Support Services   |
| PB18-54 | Elimination of Co-payments for Behavioral Health Services Rendered to HUSKY B Members under the Connecticut Medical Assistance Program (CMAP)                       | PB18-41 | Rates for Rental Items Used with Continuous Positive Airway Pressure (CPAP) and Respiratory Assist Devices, Bi-level Pressure (BiPAP) |
| PB18-53 | Pharmacy Claim Rejections   | PB18-40 | Change in Pricing Methodology for Patient Lifts on the MEDS Fee Schedule  |
| PB18-52 | Electronic Visit Verification (EVV) - Consecutive Services Enhancement  | PB18-39 | Diagnostic Related Group (DRG) Coding Reviews   |
| PB18-51 | 2018 Dental Fee Schedule Update for CDT D1354   | PB18-38 | Increasing the Reimbursement Rates for LoSelect ng-Acting Reversible Contraceptive Devices  |
| PB18-50 | Withdrawal Management and the Induction of Buprenorphine, Vivitrol or Methadone   | PB18-37 | Required PCA Training   |
| PB18-49 | Streamlining Pharmacy Prior Authorization (PA) Requests   | PB18-36 | July 1, 2018 Changes to the Connecticut Medicaid Preferred Drug List (PDL)  |
| PB18-48 | Clarifying the Discontinuation of a Non-surgical, Permanent Birth Control Device as a Covered Benefit of the HUSKY Health Program                                   | PB18-36 | Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL)   |
| PB18-47 | Addition of Prior Authorization Requirements for Two Dental Codes   | PB18-36 | Reminder About the 5 day Emergency Supply   |
| PB18-46 | Guidance for Concurrent and Subsequent Home Health Care Services  | PB18-35 | Documentation Guidelines for Evaluations & Management Services Performed by Students  |
| PB18-45 | Proof of Delivery Receipts for Covered Medical Equipment, Devices and Supplies (MEDS) under the Connecticut Medical Assistance Program (CMAP)                       | PB18-34 | Enhanced Secure Web Site Features for Password Resets, Locked Accounts, and AcDisabled counts   |
| PB18-44 | Prescriptions/Written Orders for Services Covered under the Connecticut Medical Assistance Program (CMAP), Including Medical Equipment, Devices and Supplies (MEDS) | PB18-33 | Private Non-Medical Institution (PNMI) Rates For Adult Mental Health Rehabilitation   |
|         |   | PB18-31 | Revised Medicaid (HUSKY) Spend-down Procedures  |



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