

interChange Provider Important Message

Attention: Physicians, Nurse Practitioners, Behavioral Health Clinicians, and Behavioral Health Clinician Groups

The Department of Social Services (DSS) and Gainwell Technologies would like to notify providers of an issue where claims submitted with CPT code 90791 have denied for 3003 PRIOR AUTHORIZATION IS REQUIRED FOR PAYMENT OF THIS SERVICE when prior authorization was not required.

DSS and Gainwell Technologies have identified the issue and providers will be able to resubmit claims tomorrow Friday, February 6, 2026. Providers may resubmit impacted claims through their secure Web portal account at www.ctdssmap.com using the Web Claim Submission feature by 5pm Friday to meet cycle deadline.

Note: Autism Spectrum Disorder (ASD) services do require prior authorization with the use of modifier U5.

Additional information on covered services, prior authorization requirements and rates can be found on the fee schedules by going to the Connecticut Medical Assistance Program (CMAP) Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable provider type fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.