

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 4/20/2026

*All red text is new for 4/20/26

CMAP Addendum B April 2026

The April version of CMAP Addendum B is under development and will be posted on the Hospital Modernization page on the www.ctdssmap.com Web site once finalized.

The Department of Social Services (DSS) will be updating the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2026 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) for dates of service April 1, 2026 and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

An updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B V27.1 will be posted to the Hospital Modernization page on the www.ctdssmap.com Web site once finalized. The update will be announced through an Important Message sent to Outpatient Hospitals.

APC Payment rate changes for procedure codes assigned a status indicator G or K or K1 have been loaded into the system March 31, 2026 with an effective date of April 1, 2026.

The changes can be identified by the following indicators:

- “G or K” - A change has been made to the payment rate (status indicator G or K or K1).
- “New” - The procedure code was added by CMS.
- “X” - A change has been made to the procedure code or status indicator.

Older versions of CMAP Addendum B can be found under the Hospital Modernization page under “CMAP Addendum B Changes and Historical Versions.”

Quarterly ICD-10 Updates

Quarterly ICD-10 updates will be made effective for April 1st. There are 83 ICD-10 surgical codes being added and 2 being discontinued. New codes will not be recognized until the new diagnosis grouper is installed. Inpatient claims submitted with new ICD-10 surgical codes will suspend with either EOB code 0693 “Invalid Principal Diagnosis” or EOB code 0920 “3M Grouper Error” and then be finalized once the new grouper is in place.



interChange Provider Important Message

2025 1099s Available on CMAP Web Site

The purpose of this Important Message is to alert providers that the 1099s for year 2025 are available for download from the www.ctdssmap.com Web site. This functionality to download 1099s is available for all Master Users and any subordinate clerk accounts who have access to download PDF Remittance Advice files. The 2025 1099s were mailed via the USPS to providers the week of January 26, 2026.

Instructions on how to access 1099s in the link below from the Important Message posted 1/22/2026.

[2025 1099 Available on CMAP Web Site](#)

Community Health Network of Connecticut Inc. (CHNCT) Inpatient Elective Authorizations

Inpatient elective authorizations are authorizations that are submitted for a planned inpatient admission. The provider requests authorization using CPT codes and a single date of service based on the planned date of admission. The inpatient authorization is created with an authorized start and end date matching the hospital's planned admission date for the inpatient stay. If the admission date changes, it is the hospital's responsibility to contact CHNCT with the new admit date. CHNCT will update the authorization and send the corrected prior authorization to Gainwell for claim processing. Failure to contact CHNCT and update the authorization will cause the hospital's inpatient claim to be denied.

For questions related to the prior authorization process, please contact CHNCT at 1-800-440-5071 and follow the prompts to Medical Authorizations.

Provider Bulletins

Provider Bulletin [2026-09](#) - Updated Pharmacy Clinical Prior Authorization Criteria and Prior Authorization Forms for Non-Preferred Drugs in 11 Targeted Classes

This Provider Bulletin supersedes PB [2025-59](#).

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that effective January 1, 2026, the Department of Social Services (DSS) implemented new clinical criteria on non-preferred drugs specific to 11 Preferred Drug List (PDL) managed classes when prescribing for HUSKY A, HUSKY C, HUSKY D, Tuberculosis (TB), Emergency Medicaid Dialysis Service (EMDS), and Family Planning (FAMPL) clients.

Please refer to the provider bulletin for additional information.



interChange Provider Important Message

Provider Bulletin [2026-10](#) - Activating Attending Provider Requirements

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that DSS will be activating the following claim edits to validate that all attending providers submitted on Inpatient Hospital claims are enrolled in CMAP.

Effective with claims submitted on or after May 1, 2026, claims will be denied if the attending provider is not enrolled in CMAP.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2026-12](#) - Policy Updates and Changes to Clinical Review Criteria

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of upcoming policy changes to clinical review criteria for certain medical services and items.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2026-18](#) - Updates to the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that effective for dates of service April 1, 2026 and forward, DSS is updating the reimbursement rates for the following long-acting reversible contraceptive (LARC) devices on the physician office & outpatient fee schedule.

Please refer to the provider bulletin for additional information.

TPL Audit Report - April 2026

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on April 1, 2026.

- Bristol Hospital - Inpatient
- Johnson Memorial Hospital - Inpatient
- Lawrence and Memorial Hospital - Outpatient
- State of Connecticut Hospital - Inpatient
- Vassar Health Connecticut DBA Sharon Hospital - Outpatient

Re-enrollment Reminder for Hospitals

Hospital providers are reminded to take note of their re-enrollment due date with CMAP. Failure to complete and submit their re-enrollment application in enough time to allow for review by DSS **by the re-enrollment due date** will cause the hospital to be dis-enrolled on the re-enrollment due date.



interChange Provider Important Message

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

The following hospitals have re-enrollment due dates coming up in the next **6 months**:

- Bristol Hospital - Inpatient 8/26/2026
- Day Kimball Hospital - Inpatient 10/8/2026
- Gaylord Hospital - Long Term/Chronic Disease Outpatient 4/22/2026

Reminders/Upcoming Changes

Newborn Form W-416 Delays

The typical turnaround time is 24 hours for processing this form. If after 3 business days hospitals do not see the newborn's client ID and are not able to find it on www.ctdssmap.com, hospitals have been instructed to contact the benefit center or email ExpeditedHusky.DSS@ct.gov.

Written Correspondence

For timely filing appeals, the hospital provider can do one of the following three (3) things:

Submit all claims on paper to Gainwell Technologies by

- FAX: 1-877-413-4241
- EMAIL: ctdssmap-provideremail@gainwelltechnologies.com
- MAIL: Written Correspondence - PO Box 2991 - Hartford, CT 06104.

Make sure that a cover letter is attached and that you state the reason why you are sending in the claims on paper.

Claim Denials

If your claim denies please refer to Provider Manual Chapter 12 "[Claim Resolution Guide](#)". This chapter provides a detailed description of the cause of the Explanation of Benefit (EOB) code and more importantly, the necessary correction/resolution to the claim, if appropriate, in order to resolve the error condition. If you need additional assistance, please contact the Provider Assistance Center at 1-800-842-8440 and if PAC is unable to assist, then they will escalate your inquiry.

Example: EOB 3004 Inpatient claim requires prior authorization

Cause: The Inpatient claim requires prior authorization (PA) and there is no PA record on file in an approved status that has the same provider ID, client ID and approved dates of service that match the claim's billing provider, client ID and



interChange Provider Important Message

admit date. The admit date must fall within the dates of service approved by Community Health Network of Connecticut (CHNCT).

Example of one resolution:

If the PA has been either entered or corrected since the claim was denied, resubmit the claim.

Tip:

Once CHNCT approves a PA, it takes at least 24 hours before the PA will be present in interChange, as long as there are no errors on the PA. PAs provided by Carelon might take up to 48 hours to get a PA into the system.

ctxixhosppay Email Box

As a reminder, hospitals should direct their inquiries to the Provider Assistance Center at 1-800-842-8440. If hospitals are experiencing extended call wait times, hospitals may email the provider assistance call center with their question at ctdssmap-provideremail@gainwelltechnologies.com. Please be sure to include your name and phone number with your inquiry.

The ctxixhosppay@gainwelltechnologies.com email box should only be used to submit APC and DRG related questions only. All other inquiries will be re-directed to the Provider Assistance Center at 1- 800-842-8440.

