

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 7/16/2025

*All red text is new for 7/16/25

CMAP Addendum B July 2025

The Department of Social Services (DSS) is in the process of updating the Connecticut Medical Assistance Program (CMAP) Addendum B to incorporate the 2025 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) for dates of service July 1, 2025 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 V26.2 will be tentatively posted 7/29/2025 to the Hospital Modernization page on the www.ctdssmap.com Web site.

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on July 2, 2025 with an effective date for dates of service July 1, 2025 and forward.

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).
- “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.”

3M Grouper Updates

There is a tentative target date of 7/29/2025 for the implementation of the updated Diagnosis-Related Grouper (APR-DRG). An Important Message will announce when grouper changes have been implemented.

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Provider Bulletins

Note that the following reflects an overview of provider bulletins distributed since the last Hospital Monthly Important Message was posted. Hospitals should use the links presented below to review the full bulletin.

Provider Bulletin [2025-31](#) - Updated Diagnosis Requirement for GLP-1 Agonist Medications and New Coverage of FDA Approved Weight Loss Drug Phentermine and Orlistat

The purpose of this Policy Transmittal is to inform pharmacies and providers that the Department of Social Services has extended the date for coverage for members who have been prescribed GLP-1 medications in the past for indications other than Type 2 diabetes. Claims will now continue to pay through July 31, 2025.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2025-32](#) - Zepbound for Treatment of Obstructive Sleep Apnea

Effective July 1, 2025, the Department will reimburse for new prescriptions for Zepbound through the pharmacy benefit when prescribed for the treatment of obstructive sleep apnea in adults 18 and older. This prescription will be reimbursed under the HUSKY Health Programs (A, B, C and D) for those meeting the following specified criteria.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2025-33](#) - New Coding and Reimbursement for Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

This provider bulletin (PB) supersedes the following PBs: PB 15-79 Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Primary Care, PB 16-81 Screening Brief Intervention, and Referral to Treatment (SBIRT) Performed at Federally Qualified Health Centers (FQHCs), PB 18-74 Reminder: Coverage for Screening, Brief Intervention and Referral to Treatment (SBIRT) Services in Primary Care and PB 23- 58 Addition of Screening, Brief Intervention, and Referral to Treatment (SBIRT) Codes to the Medical Clinic and Rehabilitation Clinic Fee Schedules.

The new procedure codes H0049 and H0050 are professional only services and therefore not reimbursable to the outpatient hospital. Outpatient hospitals should continue to follow the CMAP's Addendum B to determine the method of payment for all outpatient services. CMAP's Addendum B can be accessed via www.ctdssmap.com by selecting the "Hospital Modernization" Web page.

Please refer to the provider bulletin for additional information.



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TPL Audit Report - June 2025

The Third-Party Liability (TPL) Audit reports were sent to the following hospitals on July 1, 2025.

- Bridgeport Hospital
- Saint Mary's Hospital Inc

TPL Audit Letters and Reports

Effective June 1, 2025, Third Party Liability (TPL) Audit Letters and Reports will be electronically delivered to providers who have established Secure Web portal accounts. Any provider who has not yet established their Secure Web portal accounts, or for which a unique Secure Web portal account cannot be determined, will continue to receive these letters via USPS. Instructions for accessing and downloading the Third Party Liability (TPL) Audit Letters and Reports have been posted on [PB 2025-21](#).

Any questions on accessing the Secure Web Portal should be directed to the Provider Assistance Center at 1- 800-842-8440.

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.

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**:

- Bridgeport Hospital - Outpatient - 8/13/2025
- Yale New Haven Hospital - Outpatient - 8/20/2025
- Johnson Memorial Hospital, Inc - Outpatient 1/15/2026
- Johnson Memorial Hospital, Inc - Inpatient 1/15/2026

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.



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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 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.

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.

