interChange Provider Important Message

Hospital Monthly Important Message Updated as of 10/10/2025

*All red text is new for 10/10/25

CMAP Addendum B October 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 October 1, 2025, and forward to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

The PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B is in the process of being updated for the end of October. Hospitals will be notified when the updates are posted 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 October 1, 2025, with an effective date for dates of service October 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."

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October ICD-10 Updates

ICD-10 updates for both diagnosis and surgical procedure codes are effective October 1st. There are 156 ICD-10 surgical codes being added and 27 being discontinued and there are 487 diagnosis codes being added and 28 discontinued. New codes will not be recognized until the new diagnosis related grouper is installed.

Inpatient claims submitted with new diagnosis or surgical codes will suspend and then be finalized once the new grouper is in place. Inpatient claims with header Through Date of Service (TDOS) October 1, 2025 and forward will suspend with either EOB code 0693 “Invalid Principal Diagnosis” or EOB code 0920 “3M Grouper Error” until the new 3M Grouper is loaded. Once the updated grouper version is loaded into the system the claims will be re-cycled for processing.

An Important Message will be posted once the new grouper version has been scheduled to be loaded into the system.

3M Grouper Updates

The new version of the Diagnosis Related Grouper (DRG) will be implemented at the end of October 2025 with a tentative date of October 28, 2025. Hospitals will be notified of the update via an Important Message. Although this was a new version of the grouper, there were no changes to DRG rates or weights.

Updates to Table 26 in the fee schedule instructions for Medical Nutrition Therapy (MNT) Services

The Department of Social Services (DSS) has updated Table 26 – List of Diagnosis Codes for Medical Nutritional Therapy (MNT) services. These updates are retroactive to dates of service on or after July 1, 2025.

Providers are reminded to refer to Table 26 for the most current and complete listing of covered diagnosis codes applicable to MNT services. The updated Table 26 is available on the Connecticut Medical Assistance Program website. Please go to www.ctdssmap.com and select “Provider” than “Provider Fee Schedule Download” click “I Accept” and select “Click Here for Fee Schedule Instructions”.

For questions regarding this update, providers may contact the Gainwell Technologies Provider Assistance Center at 1-800-842-8440.

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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.

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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 2025-47 - Addition of Prior Authorization on Select Radiology Procedure Codes

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers Department of Social Services (DSS) is adding prior authorization (PA) to the following procedure codes for outpatient hospitals: C9762 and C9763.

Please refer to the provider bulletin for additional information.

Provider Bulletin 2025-52 - Policy Updates and Changes to Clinical Review Criteria

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

Please refer to the provider bulletin for additional information.

Provider Bulletin 2025-53 - Coverage of Custom Breast Prosthesis

The purpose of this provider bulletin is to remind enrolled CT Medical Assistance Program (CMAP) providers that custom breast prostheses are covered when medically necessary for HUSKY Health members.

Please refer to the provider bulletin for additional information.

TPL Audit Report - September 2025

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

- Charlotte Hungerford Hospital Inpatient
- Danbury Hospital Inpatient
- Prospect Manchester Hospital Inpatient and Outpatient
- Prospect Rockville Hospital Outpatient
- Yale New Haven Hospital Inpatient (Crossover claims)

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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:**

- 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.

Holiday Closures

Please be advised that the Department of Social Services (DSS) and Gainwell Technologies (GT) offices will be closed on Tuesday, November 11, 2025, in observance of the Veteran's Day Holiday, the Department of Social Services (DSS) and Gainwell Technologies (GT) will re-open on Wednesday, November 12, 2025.

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