

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 10/19/2026

*All red text is new for 10/19/26

CMAP Addendum B October 2026

The Department of Social Services (DSS) is in the process of 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 October 1, 2026, 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 with a tentative date of November 10, 2026. 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 or K1 will be updated and loaded into the system on October 7, 2026, with an effective date for dates of service October 1, 2026, and forward.

Any procedure code that is “NEW”, changed or deleted will be updated on November 11, 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.

The October changes will be posted to the CMAP Addendum B Changes document on the Hospital Modernization page under “**CMAP Addendum B Changes and Historical Versions**”.

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

Annual October ICD-10 Updates

ICD-10 updates for both diagnosis and surgical procedure codes are effective October 1st. There are 103 ICD-10 surgical codes being added and 39 being discontinued and there are 253 diagnosis codes being added and 36 discontinued. New codes will not be recognized until the new diagnosis related grouper is installed.



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Inpatient claims submitted with new diagnosis or surgical codes will be suspended and then be finalized once the new grouper is in place. Inpatient claims with header Through Date of Service (TDOS) October 1, 2026 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 with a tentative date of November 11, 2026. 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.

Provider Bulletins

Provider Bulletin [2026-50](#) - Hospice Rates for Federal Fiscal Year 2027

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that effective October 1, 2026 and forward, hospice service rates will be adjusted to be consistent with Section 1902(a)(13)(B) of the Social Security Act.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2026-51](#) - Diagnosis Code Requirement for Certain Hormone-related Medications

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that due to the “Final Rule: Prohibition on Federal Medicaid and CHIP Funding for Sex Rejecting Procedures Furnished to Children and Youth (CMS-2451-F)”, effective October 13th, 2026, the Connecticut Medical Assistance Program (CMAP) will require a diagnosis code on all gender affirming care services including pharmacotherapy.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2026-54](#) - October 2026 Quarterly HIPAA Compliant Update - Laboratory Fee Schedule

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that effective for dates of service October



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1, 2026, and forward, the Department of Social Services (DSS) is incorporating the October 2026 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) to the Laboratory fee schedule. DSS is making these changes to ensure that the Laboratory fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Please refer to the provider bulletin for additional information.

TPL Audit Report - October 2026

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

- Day Kimball Hospital - Outpatient
- Bridgeport Hospital - Inpatient Crossover
- The Danbury Hospital - Inpatient Crossover
- Lawrence and Memorial - Inpatient
- Middlesex Hospital - Outpatient
- Norwalk Hospital - Outpatient & Inpatient Crossover
- Saint Francis Hospital and Medical Center - Inpatient
- Saint Vincent Medical Center - Inpatient & Outpatient
- Windham Community Memorial Hospital - Inpatient

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**:

- Saint Mary's Hospital - Inpatient 12/17/2026
- The Hospital of Central Connecticut(4 separate enrollments due) - 2 Inpatient 1/6/2027, 1 Outpatient 1/6/2027, 1 Outpatient 1/31/2027
- The Danbury Hospital - Inpatient 1/13/2027 & Outpatient 2/24/2027
- Lawrence and Memorial Hospital - Inpatient 3/24/2027
- William W. Backus Hospital - Inpatient 3/26/2027

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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 0770 MUE Units Exceeded

Cause:

The Medically Unlikely Edit (MUE) edit occurs when a provider bills more than the maximum units of service for a HCPCS/CPT code than would be reported under most circumstances for a single client on a single date of service.

Example of one resolution:

Please verify the units billed on the outpatient claim. Correct the claim and re-submit. Hospitals can refer to the CMS MUE tables by referring to the link below to obtain published quarterly additions, deletions, and revisions:

[Medicaid NCCI Edit Files | CMS](#)



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Tip:

Although CMS defines NCCI edits for hospital outpatient departments, the edits are specific to CPT and HCPCS codes only. CPT and HCPCS codes are updated quarterly, 2026 quarter 4 edit files were posted on September 1, 2026.

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.

If hospitals are questioning the DRG code applied to their claim, hospitals are required to verify the DRG code using the 3M Health/Solventum Information Systems available on the following Web site:

<https://patientclassificationmethodologies.solventum.com/login>

Holiday Closures

Please be advised, the Department of Social Services (DSS) and Gainwell Technologies (GT) offices will be closed on Wednesday, November 11, 2026, in observance of the Veteran's Day Holiday, the Department of Social Services (DSS) and Gainwell Technologies (GT) will re-open on Thursday, November 12, 2026.

