

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 11/17/2025

*All red text is new for 11/17/25

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 has been updated as of October 29, 2025.

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.

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. With the updated grouper version loaded into the system, claims with the EOB code 0693 and EOB 0920 will be re-cycled and reprocessed.

3M Grouper Updates

The new version of the Diagnosis Related Grouper (DRG) has been implemented as of October 29, 2025. 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.

Procedure Code (CPT) G2083 Mass Adjustment

Providers please note, procedure code G2083 has had two rate changes generating an initial mass adjustment and an upcoming mass adjustment which may be causing some confusion. In August 2025, the rate for 1/1/2024 - current was changed to \$1,850.50, and claims were mass adjusted in the 2nd cycle of September 2025. In October, the rate of \$1,850.50 was end dated as of 12/31/2024. Claims for dates of service after 12/31/2024 will rate mass adjust in November to the lower rate of \$1,450.50.

Upcoming Hospital Refresher Workshops

The Department of Social Services and Gainwell Technologies will be presenting Hospital Refresher Workshops in December. This is a great opportunity for a review of hospital billing for Medicaid, especially for newer staff. Please note, the workshops will be the same and only one registration will be needed if interested in attending.

The workshops will be held on:

- Monday, December 9, 2025 9:00 am - 12:00 pm (Registration Due Thursday, December 4, 2025)
- Thursday, December 18, 2025 1:00 pm - 4:00 pm (Registration Due Sunday, December 14, 2025)

Please make sure to register before the due dates by following the link below:

[Hospital Provider Refresher Workshop Invitation](#)



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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 [2025-54](#) - Wegovy Coverage for Metabolic-Associated Steatohepatitis (MASH) and new diagnosis Requirement for Wegovy for Major Adverse Cardiovascular Events (MACE)

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that the Department of Social Services (DSS) will reimburse new prescriptions for Wegovy through the pharmacy benefit when prescribed to treat Metabolic-Associated Steatohepatitis (MASH) in adults 18 and older. This prescription will be reimbursed under the HUSKY Health Programs (A, C, and D) for those meeting the specified criteria.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2025-58](#) - Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule (HUSKY Health Program)

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that the Department of Social Services (DSS) and Gainwell Technologies are publishing the Connecticut Medical Assistance Program Electronic Claims Submission, Remittance Advice (RA), Check and Electronic Funds Transfer (EFT) issue dates and 835 schedule for the benefit of the provider community.

Please refer to the provider bulletin for additional information.

TPL Audit Report - November 2025

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

- Danbury Hospital Outpatient
- Danbury Hospital DBA New Milford Hospital Outpatient
- Norwalk Hospital Inpatient
- Windham Hospital Inpatient

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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
- Gaylord Hospital, Inc - 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.



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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) will be closed on Thursday, November 27, 2025 in observance of the Thanksgiving Day Holiday. DSS offices will re-open on Friday, November 28, 2025. Gainwell Technologies will be closed on Thursday, November 27, 2025 and Friday, November 28, 2025 in observance of the Thanksgiving Day Holiday. Gainwell Technologies will re-open on Monday, December 1, 2025.

