

interChange Provider Important Message

Hospital Monthly Important Message Updated as of 8/18/2025

*All red text is new for 8/18/25

CMAP Addendum B July 2025

The Department of Social Services (DSS) updated 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 was posted 7/30/2025 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.

The July Changes have been 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.”

Providers please take note, Procedure Codes 98000, 98001, 98002, 98003, 98004, 98005, 98006, and 98007 initially posted as a Payment Type “No” have been updated to Payment Type “FS” with CT Fee Schedule “OFOUT”. Please make sure to use the most current version of the July 1, 2025 Addendum B posted on the Web site.

3M Grouper Updates

The Diagnosis Related Grouper (DRG) was implemented on July 29, 2025. Claims submitted on and after 7/29/25 with DOS 7/1/25 and after will use the new version of the grouper. Although this is a new version of the grouper, **there are no changes to DRG rates or weights.**



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Providers please take note, there is a “NEW” Fee Schedule for “Dietitian/Nutritionist” for the coverage of Medical Nutrition Therapy (MNT).

The updated fee schedule can be accessed and downloaded by accessing the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the “Dietitian-Nutritionist” fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open". Please refer to the Provider Bulletin [25-18](#) for additional information.

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 [2025-34](#) - 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 goods and services.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2025-36](#) - HUSKY B Allowance Updates - Vision and Hearing Aid Services

Effective July 1, 2025 and forward, consistent with the requirements under 42 C.F.R. §457.480 for the Children’s Health Insurance Program (CHIP), also known as HUSKY B, the \$100.00 allowance for eyeglasses and \$1,000.00 allowance for hearing aids will be discontinued, and instead the Department of Social Services (DSS) will provide reimbursement in full, up to the fee schedule allowed amount. This update applies to vision and hearing aid services covered for HUSKY B members. Effective July 1, 2025, and forward, HUSKY B members will no longer be responsible for any portion of coverage for eyeglasses or hearing aids. The reimbursement received by DSS will be considered payment in full.

Please refer to the provider bulletin for additional information.

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Provider Bulletin [2025-38](#) - Changes to Prior Authorization of Physical Therapy, Occupational Therapy, and Speech Therapies

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of an upcoming change to the clinical review criteria used for authorizations for physical therapy, occupational therapy, and speech & language pathology.

Please refer to the provider bulletin for additional information.

Provider Bulletin [2025-40](#) - Submission of Prior Authorization Requests and Letters of Medical Necessity

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers Pharmacy Prior Authorization requests and Pharmacy Medical Necessity requests must originate from the enrolled prescriber. Only the enrolled prescriber can sign the request form to be considered for review.

Please refer to the provider bulletin for additional information.

TPL Audit Report - August 2025

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

- Middlesex Hospital Crossover
- Natchaug Hospital
- The Hospital of Central Connecticut
- Vassar Health Connecticut dba Sharon Hospital
- William W. Backus Hospital
- Yale New Haven Hospital

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.



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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

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, the Department of Social Services (DSS) and Gainwell Technologies (GT) offices will be closed on Monday, September 1, 2025 in observance of the Labor Day Holiday, the Department of Social Services (DSS) and Gainwell Technologies (GT) will re-open on Tuesday, September 2, 2025.

