

interChange Provider Important Message

Attention: Outpatient Hospitals - CMAP Addendum B Updated (January 1, 2024)

An updated PDF and Excel version of the Connecticut Medical Assistance Program (CMAP) Addendum B V25.0 has been approved by the Department of Social Services (DSS) and has been added to the Hospital Modernization page on the www.ctdssmap.com Web site. These changes are effective for dates of service January 1, 2024 and forward.

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system prior to January 1, 2024 effective date for dates of service January 1, 2024 and forward.

Any procedure code that is new, changed or deleted were updated on January 23, 2024. Any claims with new procedure codes will be identified and reprocessed at a later date. An important message will be posted to announce that date.

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 January 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.”

Any questions on the updated version of the CMAP Addendum B should be submitted to Gainwell Technologies using the following e-mail address: ctxixhosppay@gainwelltechnologies.com