

interChange Provider Important Message

Attention: Outpatient Hospitals

CMAP Addendum B Updated (July 1, 2024)

An updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B **V25.2** 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 **July 1, 2024** and forward.

Payment rate changes for procedure codes assigned a status indicator G or K were updated and loaded into the system on **June 25, 2024** with an effective date for dates of service **July 1, 2024** and forward.

Any procedure code that is “NEW”, changed or deleted was updated on July 24, 2024.

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**.”

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

