

# interChange Provider Important Message

## **Attention: Outpatient Hospitals - CMAP Addendum B Updated (April 1, 2024)**

An updated PDF and Excel version of Connecticut Medical Assistance Program (CMAP) Addendum B **V25.1** has been approved by the Department of Social Services (DSS) and has been added to the Hospital Modernization page on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. These changes are effective for dates of service **April 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 **March 28, 2024** with an effective date for dates of service **April 1, 2024** and forward.

Any procedure code that is “NEW”, changed or deleted was updated on **April 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 April 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: [ctxixhosppay@gainwelltechnologies.com](mailto:ctxixhosppay@gainwelltechnologies.com).

