



Connecticut Medical Assistance Program
Policy Transmittal 2025-16

Provider Bulletin 2025-37
July 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: July 1, 2025
Contact: Refer to Responsible Units

TO: Home Health Agencies/Access Agencies

RE: Increased Reimbursement Rates for Select Medication Administration Services

Effective for dates of services, July 1, 2025 and forward, the Department of Social Services (DSS) will increase the reimbursement rates for the following medication administration procedure codes for select medication administration billed by home health agencies/access agencies.

their August 27, 2025 Remittance Advice. **Providers are encouraged to bill their usual and customary charge when submitting claims to ensure the systematic reprocessing of their claims whenever a rate change occurs.**

Prior Authorization (PA) Process:

No changes have been made to the PA process and home health agencies **must continue to request prior authorization from the medical administrative services organization (ASO), Community Health Network of Connecticut, Inc. (CHNCT), or the behavioral health ASO, Carelon Behavioral Health (CT BHP) for greater than 14 hours of home health aide services per week.**

Home health agencies are reminded that PA for home health services to clients covered under the Connecticut Home Care Program (CHC), Acquired Brain Injury (ABI), and Personal Care Assistance (PCA) Waiver benefit plans are obtained from the Access Agency that case manages the client. PA for home health services provided to Autism (AUT) Waiver clients are obtained from the HUSKY Health member's DSS Autism case manager. PAs for services below or at the standard benefit will auto approve, while those above will remain in an in-process status until reviewed by DSS for medical necessity.

Procedure Code	Modifier	Description	New Rate
T1502		Adm. of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	\$54.12
T1502	TT	Adm. of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	\$27.06
T1503		Adm of medication other than oral and/or injectable, by a health care agency/professional, per visit	\$54.12
T1502	TT	Adm of medication other than oral and/or injectable, by a health care agency/professional, per visit	\$27.06

Billing Instructions:

Paid claims where the detailed billed amount is equal to or greater than the new allowed amount will be systematically adjusted in a future rate mass adjustment cycle on August 22, 2025. Providers will see these claims on

Electronic Visit Verification (EVV) and Billing Instructions:

Home Health agencies who submit Electronic Visit Verification (EVV) mandated services to Gainwell Technologies for claim adjudication

via the Santrax system must update their Master Rates to the usual and customary rates for dates of service beginning July 1, 2025 in their Sandata database prior to billing claims for dates of service July 1, 2025 and forward via the Sandata system.

Home Health agencies are encouraged to refer to the “Billing Rates” document by clicking on “Electronic Visit Verification” then “New Provider Information” then “Welcome Kit” then “Billing Rates” for assistance in updating their usual and customary rates in their Santrax system. Please click the link below to access the “Billing Rates” document from the www.ctdssmap.com Web site home page or use the link provided below.

[EVV Welcome Kit](#)

Providers who submitted claims at the previously allowable rate via EVV must first fully recoup the claim using the www.ctdssmap.com secure Web portal or via an 837 electronic transaction. Claims must then be rolled back in EVV and resubmitted to obtain the new rate.

Providers who have submitted claims at the previously allowed rate outside of EVV must adjust their claims via the Web portal or electronic 837 transaction to obtain the new rate.

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the PDF file, click on the PDF icon for the Home Health fee schedule.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Units:

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Waivers (CT Home Care Program for Elders, Personal Care Assistant, Acquired Brain Injury, Autism) - DSS, Division of Health Services, Community Options; Christine Weston, email christine.weston@ct.gov.

Electronic Visit Verification email ctevv@gainwelltechnologies.com.

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