



Connecticut Medical Assistance Program
Policy Transmittal 2025-38

Provider Bulletin 2025-81
December 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: January 1, 2026
Contact: See Below

TO: Psychiatric Residential Treatment Facilities (PRTFs)

RE: Rate Increase for PRTFs

Effective for dates of service beginning January 1, 2026, the revised per diem rate for procedure code T2048 is \$1,040.00 per day. This rate increase reflects the additional costs of each private PRTF in hiring and retaining staff and to continue to improve the quality and oversight of services provided by the PRTF.

DSS, Division of Health Services, Integrated Care Unit, Behavioral Health, Hector Massari, at hector.massari@ct.gov or Alexis Mohammed, at alexis.mohammed@ct.gov

Date Issued: December 2025

Prior Authorization:

There is no change to existing prior authorization (PA) requirements. Any service requiring PA must be obtained from the respective ASO responsible for the broad category of services requested (medical, rehabilitation or behavioral health, etc.).

Posting Instructions:

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For questions regarding this bulletin please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Distribution:

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Responsible Unit: