



**Connecticut Medical Assistance Program**  
Policy Transmittal 2026-11

Provider Bulletin 2026-13  
April 2026

Andrea Barton Reeves, J.D., Commissioner

Effective Date: April 1, 2026  
Email: [catherine.holt@ct.gov](mailto:catherine.holt@ct.gov)

**TO: Dialysis Clinics, Medical Clinics**

**RE: Addition of COVID Vaccine Code to Select Clinic Fee Schedules**

Effective for dates of service April 1, 2026, and forward, the Department of Social Services (DSS) is adding the following Current Procedural Terminology (CPT) code to the Dialysis Clinic and Medical Clinic fee schedules.

| Code Addition | Description                            | Rate     |
|---------------|--|----------|
| 91323         | Sarscov2 vac 10 mcg/0.2ml IM (Moderna) | \$201.91 |

The changes apply to services reimbursed under the HUSKY Health A, B, C and D programs.

This vaccine is FDA approved for individuals classified as “high risk” for severe outcomes from COVID-19 and for individuals 65 years of age or older. Based on this approval, claims submitted for CPT code 91323 will be eligible for reimbursement for HUSKY Health members ages 19 and older. Providers should continue to refer to [PB 2024-52](#) for additional guidance on the reimbursement for the administration of COVID-19 vaccines.

As a reminder, there are specific COVID-19 vaccines available through the CT Vaccine Program (CVP) for use in all children ages 6 months through 18 years. Consistent with HUSKY Health policy, the applicable pediatric vaccines must be acquired through the CVP and DSS will only reimburse for the administration of these vaccines for this age group and will deny reimbursement for the product procedure code. For more information related to the CVP visit the CT

Department of Public Health’s Immunization Program Web Site [CT Vaccine Programs \(CVP/CVFA\)](#).

**Accessing the Fee Schedule:**

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site at [www.ctdssmap.com](http://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 CSV file, press the control key while clicking the CSV link, then select “Open”.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:** Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

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

**Responsible Unit:** DSS, Division of Health Services, Medical Policy; Catherine Holt, Health Program Assistant, email [catherine.holt@ct.gov](mailto:catherine.holt@ct.gov).

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