



Connecticut Medical Assistance Program
Policy Transmittal 2026-05

Provider Bulletin 2026-16
April 2026

Andrea Barton Reeves, J.D., Commissioner

Effective Date: January 1, 2026
Contact: dana.robinson-rush@ct.gov

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, and Certified Nurse Midwives

RE: Updates to the Obstetric (OBS) and Facility Obstetric (FTO) Rate Types

This provider bulletin supersedes [PB 15-76](#) Changes to the Obstetric (OBS) and Facility Obstetric (FTO) Rate Types.

Effective for dates of service retroactive to January 1, 2026, the Department of Social Services (DSS) will adjust the reimbursement rates for select physician surgical, physician radiological and office and outpatient services reimbursed under the obstetric (OBS) and facility obstetric (FTO) rate types.

Please note the changes included in this provider bulletin (PB) do not impact the reimbursement methodology for the Maternity Bundle. For information pertaining to the maternity bundle, providers should continue to refer to [PB 2024-44](#) and [FAQ: Connecticut Maternity Bundle Billing and Claims](#).

Updates to Rate Methodology for OBS and FTO Rate Types:

The rate methodology for the OBS and FTO rate types will be updated to 120% of the 2025 Medicare physician fee schedule. This update applies to **select** services reimbursed under the OBS and FTO rate types on the Physician Surgical, Physician Radiology, and Physician Office and Outpatient fee schedules effective retroactively for dates of service, January 1, 2026 and forward.

OBS Surgical and Office and Outpatient Services Billing Criteria:

Providers are reminded that, in order for a surgical or office and outpatient service to qualify for reimbursement under the OBS or

FTO rate type, all of the following criteria must be met:

- The billing provider must be a physician, physician group practice, Advanced Practice Registered Nurses (APRN), or APRN group, with a specialty in family medicine or obstetrics and gynecology, or a Certified Nurse Midwives (CNM) or CNM group and has met the enrollment requirements.
- The procedure code must have an OBS or FTO rate type on the applicable physician surgical or office and outpatient fee schedule.
- The HUSKY Health member must be female, and the claim must indicate an obstetric diagnosis code as the **primary** header diagnosis code for the claim.

Please refer to **Table 9** under the Fee Schedule Instructions for the applicable ICD-10 diagnosis codes for the OBS rate type.

OBS Radiology Services for High-Risk Pregnancy:

The obstetric radiology services listed under the OBS rate type for high-risk pregnancy are listed below.

Obstetrical Radiology Services

Ultrasound	Fetal biophysical, non-stress test
76801-76802	76818
76805	
76810-76812	
76815	
76817	

DSS identifies high risk pregnancies based on specific diagnosis codes. Please see the list of Obstetric High Risk diagnosis codes, located under **Table 13b** of the Fee Schedule Instructions. Please note the following guidance for specific high risk diagnosis codes.

Preterm labor is defined as labor starting before 37 weeks of pregnancy.

History of poor obstetric or reproductive health is defined as a history of stillbirth or neonatal death.

History of abortion means that the member has had more than one abortion, or an abortion within three months of the current pregnancy.

The current pregnancy with insufficient prenatal care where insufficient prenatal care is identified as inadequate care on the attached Adequacy of Prenatal Care: Kessner Index.

The detail on the claim for the obstetric radiology service must include the appropriate diagnosis code indicating at least one high risk diagnosis code listed on **Table 13b** to fulfill one of the criteria required for reimbursement under the OBS rate type.

Billing Criteria for Obstetric Radiology Services for High-Risk Pregnancy:

All of the following billing criteria are required in order for an obstetric radiology service to qualify for reimbursement under the OBS rate type:

- The billing provider must be a physician, physician group practice, APRN, or APRN group, with a specialty in family medicine or obstetrics and gynecology, or a CNM or CMN group and has met the enrollment requirements.

- The procedure code must have an OBS rate type on the physician radiology fee schedule.
- The HUSKY Health member must be female, and the detail primary diagnosis code must indicate a high-risk obstetric diagnosis code in order for the detail to reimburse at the OBS rate type.

Please refer to Table 13b on the Fee Schedule Instructions.

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 April 24, 2026. Providers will see these claims on their April 29, 2026 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.**

Please refer to provider bulletin, [PB 26-15](#) Updates to Physician Fee Schedules for additional information about the adjustments of other select non-obstetric physician services.

Accessing the Tables:

Eligible diagnosis codes can be accessed and downloaded from the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I Accept" button and click on "Fee Schedule Instructions" in the red text at the top of the page. Scroll down the table listings until you find Table 9: Physician Office and Outpatient codes for OBS (Obstetrical) rate type IC-10-CM codes and Table 13b: ICD-10-CM Diagnosis Codes for High Risk Obstetrical Radiology Services.

Accessing the Fee Schedules:

The updated fee schedules can be accessed and downloaded from the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I Accept" button and proceed to click on the appropriate 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 schedules 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.

Distribution:

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

Responsible Unit:

DSS, Division of Health Services, Medical Policy Section; Dana Robinson-Rush, Health Program Assistant, email dana.robinson-rush@ct.gov.

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