

**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES**

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA 25-AQ: October 2025 Quarterly HIPAA Updates –  
Physician Office and Outpatient Fee Schedule and  
Durable Medical Equipment Prosthetic Orthotic Supplies (DMEPOS) Fee Schedule**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS). Public comment information is at the bottom of this document.

**Changes to Medicaid State Plan**

Effective on or after October 1, 2025, SPA 25-AQ will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the October 2025 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) to the physician office and outpatient fee schedule and the DMEPOS fee schedule. DSS is making these changes to ensure the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Fee schedules are published at this link: <http://www.ctdssmap.com> (select “Provider,” then “Provider Fee Schedule Download,” accept the terms and conditions, and select the applicable fee schedule).

**Fiscal Impact**

DSS does not anticipate the HIPAA updates to physician office and outpatient fee schedule or the DMEPOS fee schedule will have any fiscal impact to annual aggregate expenditures in State Fiscal Year (SFY) 2026 or SFY 2027.

**Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS resource center, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 25-AQ: October 2025 Quarterly HIPAA Updates – Physician Office and Outpatient Fee Schedule and DMEPOS Fee Schedule”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **October 15, 2025**.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: CONNECTICUT

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(5) Physician's services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician's services. The agency's fee schedule rates were set as of ~~April~~July 1, 2025, and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

TN # 25-X  
Supersedes  
TN # 25-T

Approval Date \_\_\_\_\_

Effective Date 7/1/2025

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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**Home Health Services (Continued)**

**(d) Medical supplies, equipment and appliances suitable for use in the home** – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical supplies, equipment and appliances suitable for use in the home. The agency's fee schedule rates were set as of October 1, 2025, and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule. Over-the-counter products provided by pharmacies, including COVID-19 at-home test kits, are reimbursed at Average Wholesale Price (AWP) with no dispensing fee, except for blood glucose testing strips which are reimbursed at WAC (Wholesale Acquisition Cost) with no dispensing fee and alcohol prep pads which are reimbursed at a maximum amount of \$6.00 per 100 prep pads with no dispensing fee. COVID-19 vaccines will be reimbursed at AWP + \$1.00 with no dispensing fee.

Prescription products and devices provided by pharmacies, including continuous glucose monitoring (CGM) devices, are reimbursed at the device cost specified below plus the professional dispensing fee specified for pharmacies in section 12 of Attachment 4.19-B of the Medicaid State Plan, which is currently \$10.75. Reimbursement for the device cost shall be the lowest of: (i) the usual and customary charge to the public or the pharmacy's actual submitted ingredient cost; (ii) the National Average Drug Acquisition Cost (NADAC) established by CMS; (iii) the Affordable Care Act Federal Upper Limit (FUL); or (iv) Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for a specific drug.