



Roderick L. Bremby, Commissioner

Effective Date: January 1, 2017
Contact: Edith Atwerebour @ 860-424-5671

TO: General Hospitals, Independent Laboratories, Physicians, Nurse Practitioners, Nurse-Midwives, Podiatrists and Optometrists

RE: 2017 Consolidated Laboratory Fee Schedule Update

Effective for the dates of service January 1, 2017 and forward, the Department of Social Services will incorporate the 2017 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Independent Laboratory Fee Schedule. The Department is making these changes to ensure that the laboratory fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). These changes apply to the HUSKY Health programs, which include HUSKY A, HUSKY B, HUSKY C and HUSKY D.

PRESUMPTIVE URINE DRUG TESTING GUIDELINES

The American Medical Association (AMA) and Center for Medicare and Medicaid Services (CMS) made changes to the presumptive drug testing HCPCS codes for 2017. Codes G0477, G0478 and G0479, which were introduced for calendar year 2016, will be discontinued. The following codes will be added to the Independent Laboratory Fee Schedule, to replace each deleted code as of January 1, 2017:

80305-*(Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g. immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service*

80306-*(Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures, (e.g., immunoassay) read by instrument assisted direct optical observation*

(e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service)

80307-*(Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service.)*

The laboratory codes for definitive drug testing that were first introduced in 2016, (G0480, G0481, G0482, G0483) will continue to be utilized for calendar year 2017. For additional clinical guidelines concerning drug testing, please refer to policy transmittal PB 2015-96, which is posted on the Web site www.ctdssmap.com.

MOLECULAR PATHOLOGY, CHEMISTRY AND MICROBIOLOGY CODES

The Department is also adding the following new molecular pathology codes: 81413, 81414, 81439, the chemistry code 84410, and the microbiology code 87483 to the Independent Laboratory fee schedule effective January 1, 2017. Molecular pathology codes will require prior authorization (PA). Please check the fee schedule to determine whether the service being ordered or provided requires PA. Authorization must be requested prior to the date of service; services will not be authorized retroactively. Providers must submit an outpatient prior authorization request to the Medicaid program's medical administration services organization (ASO)

Community Health Network of Connecticut, Inc. (CHNCT) and obtain approval for the services prior to providing them to HUSKY Health members and billing the Department. For specific prior authorization information, please refer to the HUSKY Health Web site at www.huskyhealth.com. Click on “For providers” and then select “Benefit Grids” from the menu on the left hand side of the screen.

ACCESSING THE FEE SCHEDULE

The new comma-separated value (CSV) version of the updated laboratory fee schedule will be posted during the last week in December 2016 and can be accessed and downloaded by going to the Connecticut Medical Assistance Web site: www.ctdssmap.com. From this Web site, go to “Provider”, then to “Provider Fee Schedule Download”, then to the “Lab” 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.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Edith Atwerebour, Policy Consultant, at (860) 424-5671.

Date Issued: December 2016