

# interChange Provider Important Message

## Attention Providers:

### Connecticut Medical Assistance Program (CMAP) Laboratory Fee Schedule and CMAP Addendum B Update

The following procedure codes were previously added to the Connecticut Medical Assistance Program (CMAPs) Laboratory fee schedule at an interim rate in absence of a set Medicare rate (Provider Bulletin 2020-71 - Addition of Procedure Codes to the Independent Laboratory Fee Schedule and CMAP Addendum B). Consistent with the guidance published in PB 2020-71, CMAP is updating the reimbursement for the following services to 100% of Medicare rates retroactive to the code's effective date. All previously submitted claims will automatically be reprocessed and adjusted accordingly.

Procedure Code	Description	Rate	Effective Date
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])	\$35.33	6/25/2020
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid19]); screen	\$42.13	8/10/2020
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2(sars-cov-2) (coronavirus disease [covid19]); titer	\$105.33	8/10/2020
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	\$142.63	10/6/2020

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87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	\$142.63	10/6/2020
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