



Roderick L. Bremby, Commissioner

Effective Date: January 1, 2018
Contact: Edith Atwerebour @ 860-424-5671

TO: All Independent Laboratory Providers

RE: 2018 HIPAA Compliant Changes on Independent Laboratory Fee Schedule

Effective for dates of service January 1, 2018 and forward, the Department of Social Services (DSS) 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. DSS is making these changes to ensure that the independent 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.

Code Deletions

Effective for dates of service on and after January 1, 2018, and forward, DSS will remove the following procedure codes from the Independent Laboratory fee schedule:

| Code | Code Description | Rate |
|-------|---|-------|
| 86910 | Blood typing, for paternity testing, per individual, ABO, Rh and MN | 21.79 |
| 86911 | Blood typing, for paternity testing, per individual, ABO, Rh and MN, each additional antigen system | 6.18 |

Rate Adjustments for Existing Laboratory Services

Effective for dates of service January 1, 2018 and forward, 79 procedure codes that are currently payable on the 2017 Independent Laboratory fee schedule as manually priced services, will be priced at 70% of the 2018 Medicare fee schedule rate. Please refer to the 2018 Medicaid Independent Laboratory fee schedule for more information.

Additionally, effective for dates of service January 1, 2018 and forward, the rates for the following two procedure codes have been adjusted to 70% of 2018 Medicare pricing:

| Code | Code Description |
|-------|--|
| 81223 | CTFR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants |
| 81220 | CTFR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg. ACMG/ACOG guidelines) |

Accessing the Fee Schedule:

The updated fee schedules can be accessed and downloaded by accessing 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". An Important Message (IM) will be posted and distributed to all providers once the fee schedule has been updated.

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 DXC Technology.

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

Date Issued: December 2017