



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: see below  
Contact: See below

**TO: Independent Laboratories and Outpatient Hospitals**

**RE: CMAP COVID-19 Response – Bulletin 24: Addition of Laboratory Procedure Codes to the Independent Laboratory Fee Schedule**

The Department of Social Services (DSS) has added the following procedure codes to the Connecticut Medical Assistance Program’s (CMAP) laboratory fee schedule.

- **86328** - Immunoassay for infectious agent antibody(ies), qualitative or semi-quantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
- **86769** - Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
- **87635** - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique” that can be used to bill for diagnostic testing for COVID-19.
- **U0003** - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.
- **U0004** - 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.

Effective for dates of service **April 14, 2020 and forward**, procedure code U0003 should be billed to identify tests that would otherwise be identified by procedure code 87635 but being performed with high throughput technologies. Procedure code U0004 should be billed to identify tests that would otherwise be identified by U0002 but being performed with high throughput technologies. It is noted that neither U0003 nor U0004 should be used for tests that detect COVID-19 antibodies.

Please see the grid below for current reimbursement rates and effective dates for the procedure codes listed above.

<b>Procedure Code</b>	<b>CMAP Effective Date</b>	<b>Reimbursement</b>
87635	3/13/2020	\$51.31
86328	3/13/2020	\$45.23
86769	3/13/2020	\$42.13
U0003	4/14/2020	\$100.00
U0004	4/14/2020	\$100.00

As a reminder, as specified in Section 17b-262-649 of the Regulations of Connecticut State Agencies concerning Independent Laboratory Requirements for Payment of Independent Laboratory Services, payment shall be made at the lowest of (1) the providers usual and customary charge to the general public; (2) the lowest Medicare rate; (3) the amount in the applicable fee schedule as published by the Department; (4) the amount billed by the provider; or (5) **the lowest price charged or accepted for the same or substantially similar goods or**

services by the provider from any person or entity.

**Outpatient Hospitals:**

The procedure codes listed above that have been added to CMAP's laboratory fee schedule have been added to CMAP's Addendum B. Outpatient Hospitals should continue to follow CMAP Addendum B for coverage and payment of all outpatient hospital services.

**Accessing the Fee Schedule:**

The updated Independent Laboratory fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance (CMAP) Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, 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".

**Accessing CMAP Addendum B:**

CMAP's Addendum B can be accessed via the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by selecting the "Hospital Modernization" Web page. CMAP's Addendum B (Excel) is located under "Important Messages – Connecticut Hospital Modernization".

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](http://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:

**Laboratory Services:** Please contact Colleen Johnson, Medical Policy Consultant at [colleen.johnson@ct.gov](mailto:colleen.johnson@ct.gov).

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