



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: see below
Contact: See below

TO: Independent Laboratories, Outpatient Hospitals, Dialysis Clinics, Family Planning Clinics and Medical Clinics (including school based health centers)

RE: CMAP COVID-19 Response – Bulletin 33: Addition of Laboratory Procedure Codes to Various Fee Schedules and Updating the Effective Date on Procedure Code U0001 and U0002 Previously Added to the Consolidated Laboratory Fee Schedule

Effective for dates of service retroactive to March 13, 2020, the Department of Social Services (DSS) is (1) adding select COVID-19 diagnostic testing procedures codes to the Dialysis Clinic (DC), Family Planning Clinic (FPC) and Medical Clinic (MC) fee schedules and (2) back dating the effective date for COVID-19 diagnostic testing procedure codes (U0001 and U0002) previously added to the Independent Laboratory fee schedule.

(SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.

Please see the grid below for further information regarding the effective date, the reimbursement rate and the fee schedule to which the code is being added.

Addition of Procedure Codes to Various Fee Schedules:

The following procedure codes are being added to various fee schedules in an effort to ensure the availability for diagnostic testing for the identification of 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.
- **U0001** - 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel – To be used for tests developed by the Centers for Disease Control (CDC)
- **U0002** - 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets) – To be used for non-CDC laboratory tests
- **U0003** - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2

Procedure Code	Effective Date	Rate	Fee Schedule
87635	3/13/20	\$51.31	DC, MC, FPC
U0001	3/13/20	\$35.91	DC, MC, FPC
U0002	3/13/20	\$51.31	DC, MC, FPC
U0003	4/14/20	\$100	FPC

Procedure Codes Previously Added to the Independent Laboratory Fee Schedule and Addendum B for Outpatient Hospitals:

The following procedure codes were previously added to the Connecticut Medical Assistance Program’s (CMAP’s) Laboratory fee schedule and CMAP’s Addendum B with an effective date of March 18, 2020. DSS is updating the effective date from March 18, 2020 retroactively to March 13, 2020.

- **U0001** - 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel – To be used for tests developed by the Centers for Disease Control (CDC)

- **U0002** - 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets)

Please Note: All other information listed in **PB 2020-12 CMAP COVID-19 Response – Bulletin 2: Laboratory Testing Coverage** remains effective except the effective date has been changed as noted above. Outpatient Hospitals must continue to follow CMAP Addendum B for coverage and payment of all outpatient hospital services.

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, Section 171.4I.I per the Medical Services Policy for Freestanding Medical Clinics and per Section 17b-262-658 of the Regulations of Connecticut State Agencies concerning Requirements for Payment of Dialysis Clinics, 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.**

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. 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 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 CMAP 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:

Outpatient Hospital, Laboratory Services, Dialysis Clinics and Family Planning Clinics please contact Colleen Johnson, Medical Policy Consultant at Colleen.Johnson@ct.gov.

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