



TO: Independent Laboratories, Physicians, Advanced Practice Registered Nurses, Physician Assistants, and Outpatient Hospitals

RE: Removal of Prior Authorization for Procedure Codes 81528 and 81511

Effective for dates of service August 1, 2020 and forward, the Department of Social Services (DSS) is removing Prior Authorization (PA) on the following two procedure codes that are listed on the Independent Laboratory fee schedule and on the Connecticut Medical Assistance Program (CMAP) Addendum B.

- **81528** – Oncology (colorectal) screening (Cologuard) and
- **81511** – Fetal congenital abnormalities, biochemical assays of four analytes.

Providers must continue to refer to the Independent Laboratory fee schedule for PA requirements.

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 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.