



TO: Independent Laboratories, Physicians, and General Hospitals

RE: Revision of Rates for Certain Clinical Diagnostic Laboratory Testing Codes

The Department of Social Services (DSS) is revising the reimbursement for certain clinical diagnostic laboratory testing on the Lab Fee Schedule as described below. DSS is implementing this change to comply with federal Medicaid law (42 U.S.C. § 1396b(i)(7)), which prohibits state Medicaid programs from paying more than Medicare would pay for any laboratory service.

Effective for dates of service retroactive to January 1, 2019 and forward, the reimbursement on the following procedure codes will be updated:

Procedure Code	Description	Rate Effective 1/1/2019
81316	PML/RARalpha 1 breakpoint	\$230.35
82286	Assay of bradykinin	\$5.73
83987	Exhaled breath condensate	\$3.98
86821	Lymphocyte culture mixed	\$40.62

Please note: Claims billed with dates of service January 1, 2019 and forward will be adjusted to the updated rate at a later date.

These changes apply to the HUSKY Health programs, which include HUSKY A, HUSKY B, HUSKY C and HUSKY D.

ACCESSING THE FEE SCHEDULE

The updated laboratory fee schedule can be accessed and downloaded from the Connecticut Medical Assistance Program (CMAP) Web site: www.ctdssmap.com. From this Web site, go to “Provider”, then to “Provider Fee Schedule Download”, select “I accept, and then select the “Lab” fee schedule to access the CSV file. Press the control key while clicking the CSV link, then select “Open”.

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.