



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2024-21**

Provider Bulletin 2024-49  
October 2024

Andrea Barton Reeves, J.D., Commissioner

Effective Date: October 1, 2024  
Contact: [colleen.johnson@ct.gov](mailto:colleen.johnson@ct.gov)

**TO: Independent Laboratory Providers, Physicians, Physician Assistants,  
Certified Nurse-Midwives, Advance Practice Registered Nurses,  
Podiatrists, and Optometrists**

**RE: COVID-19 Laboratory Testing Updates to Independent Laboratory Fee Schedule**

Effective for dates of service October 1, 2024, and forward, the Connecticut Medical Assistance Program (CMAP) is updating the independent laboratory fee schedule to align with the American Rescue Plan (ARP) Act period ending on September 30, 2024, by:

- (1) Repricing the COVID-19 laboratory testing from 100% to 70% of the Medicare rate, and
- (2) Sunsetting the COVID-19 proprietary laboratory analysis (PLA) testing codes.

**Repricing the COVID-19 Laboratory Testing Codes**

To remain consistent with CMAP's current reimbursement methodology for independent laboratories, the COVID-19 laboratory codes listed below are being repriced from 100% to 70% of the current Medicare rate effective for dates of services October 1, 2024, and forward.

<b>Procedure Code</b>	<b>Rate Eff. 10-1-2024</b>
87426	\$24.73
87428	\$49.20
87635	\$35.92
87636	\$99.84
87637	\$99.84
87811	\$28.97
86328	\$31.70
86408	\$29.49
86409	\$55.73

87913	\$172.10
86413	\$36.00
86769	\$29.49
U0001	\$25.14
U0002	\$35.92

**Sunsetting the COVID-19 PLA Testing Codes**

In response to the COVID-19 public health emergency, a limited number of COVID PLA laboratory testing codes were added to the independent lab fee schedule and continued to be eligible for reimbursement through the ARP period which is ending September 30, 2024.

To remain consistent CMAP's current PLA policy, the following codes will be end dated on the laboratory fee schedule.

<b>PLA Code</b>
0202U
0223U
0224U
0225U
0226U
0240U
0241U

For dates of service October 1, 2024, and forward, providers must bill with a comparable existing Category I Current Procedural Terminology (CPT) lab code/the equivalent 80000 series CPT code.

As a reminder for all lab services, 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.

**Accessing the Fee Schedules:**

The updated fee schedules can be accessed and downloaded by accessing the Connecticut Medical Assistance Program Web site: [www.ctdssmap.com](http://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".

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 CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

**Responsible Unit:** DSS, Division of Health Services, Medical Policy; Colleen Johnson [colleen.johnson@ct.gov](mailto:colleen.johnson@ct.gov)