



Connecticut Medical Assistance Program
Policy Transmittal 2024-25

Provider Bulletin 2024-54
October 2024

Andrea Barton Reeves, J.D., Commissioner

Effective Date: October 1, 2024
Contact: catherine.holt@ct.gov

TO: Medical Clinics

RE: (1) COVID-19 Laboratory Testing Reimbursement Updates to the Medical Clinic Fee Schedule and (2) October 2024 Quarterly HIPAA Compliant Update – Medical Clinic Fee Schedule

(1) COVID-19 Laboratory Testing Reimbursement Updates to the Medical Clinic Fee Schedule

Effective for dates of service October 1, 2024, and forward, the Department of Social Services (DSS) is updating the reimbursement for the following COVID-19 testing codes on the medical clinic fee schedule from 100% to 80% of the Medicare rate.

Procedure Code	Short Description	Rate Eff 10-1-24
87635	Amplified DNA or RNA probe detection of severe acute respiratory syndrome coronav	\$41.05
U0001	Cdc 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	\$28.73
U0002	2019-ncov coronavirus sars-cov-2/2019-ncov (covid-19) any technique multiple	\$41.05

DSS is making this change (1) to align with the American Rescue Plan (ARP) Act period ending on September 30, 2024 and (2) remain consistent with CMAP's current payment

methodology for the medical clinic fee schedule.

(2) October 2024 Quarterly HIPAA Compliant Update – Medical Clinic Fee Schedule

Effective for the dates of service October 1, 2024 and forward, the Department of Social Services (DSS) is incorporating the October 2024 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the medical clinic fee schedule.

DSS is making these changes to ensure that the medical clinic fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). The changes apply to the services reimbursed under the HUSKY Health programs (A, B, C, and D).

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. 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.

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

Responsible Unit: DSS, Division of Health Services, Medical Policy;
catherine.holt@ct.gov