



Connecticut Medical Assistance Program
Policy Transmittal 2024-26

Provider Bulletin 2024-55
October 2024

Andrea Barton Reeves, J.D., Commissioner

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

TO: Family Planning Clinics

RE: (1) COVID-19 Laboratory Testing Reimbursement Updates to the Family Planning Clinic and (2) Addition of Procedure Code to the Family Planning Clinic Fee Schedule

(1) COVID-19 Laboratory Testing Reimbursement Updates to Family Planning 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 family planning clinic fee schedule from 100% to 95% 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 coronavirus	\$48.74
87636	Detection test by multiplex amplified probe technique for severe acute respiratory	\$135.50
U0001	Cdc 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	\$34.11
U0002	2019-ncov coronavirus sars-cov-2/2019-ncov (covid-19) any technique multiple	\$48.74

DSS is making this change (1) to align with the American Rescue Plan (ARP) Act period

ending on September 30, 2024 and (2) to align the reimbursement of these services with the reimbursement of other similar services on the family planning clinic fee schedule.

(2) Addition of Procedure Code to the Family Planning Clinic Fee Schedule

Effective for dates of service October 1, 2024, and forward, the Department of Social Services (DSS) is adding the following procedure code to the Family Planning Clinic fee schedule:

Code	Description	Rate
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision.	\$265.68

This change applies to services reimbursed under the HUSKY Health A, B, C and D programs.

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.

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