



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: See Below  
Contact: See Below

**TO: Independent Laboratories and Outpatient Hospitals**

**RE: Addition of Procedure Codes to the Independent Laboratory Fee Schedule and CMAP Addendum B**

Retroactive to the applicable dates of service listed below, the Department of Social Services (DSS) is adding the following laboratory procedure codes to the Independent Laboratory fee schedule and to the Connecticut Medical Assistance Program (CMAP’s) Addendum B.

Procedure Code	Rate	Effective Date
87426	\$11.45	6/25/2020
86408	\$16.15	8/10/2020
86409	\$16.15	8/10/2020
86413	\$14.32	9/8/2020
87811	\$11.45	10/7/2020
87636	\$122.51	10/7/2020
87637	\$122.51	10/7/2020

**Please Note:** In the absence of a published Medicare rate for the above codes, DSS has set interim rates. The rates listed above will be updated once Medicare has set rates and claims will automatically be reprocessed accordingly.

**Procedure Code Descriptions**

- **87426** - Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])
- **86408** - Neutralizing antibody, severe acute respiratory syndrome coronavirus 2

- (sars-cov-2) (coronavirus disease [covid-19]); screen
- **86409** - Neutralizing antibody, severe acute respiratory syndrome coronavirus 2(sars-cov-2) (coronavirus disease [covid-19]); titer
- **86413** – Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative
- **87811** - Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
- **87636** - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
- **87637** - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique

It should be noted that descriptors for procedure codes ranging from 87301 to 87430 were also revised by removing the undefined term “multi step method” from the code description. This revision clarifies the proper reporting for antigen tests that are read by a

machine, as compared to those which can be visually interpreted without a machine.

As a reminder, 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 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](http://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”.

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.

**Accessing CMAP Addendum B:**

CMAP’s Addendum B can be accessed via the [www.ctdssmap.com](http://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.

**Posting Instructions:**

Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:**

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

**Responsible Unit:**

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