



TO: Independent Laboratories, Physicians, Advanced Practice Registered Nurses, Physician Assistants and General Hospitals

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

Effective for dates of service listed below until the Department of Social Services (DSS) declares COVID-19 to no longer be a public health emergency, the reimbursement for the following clinical diagnostic laboratory services is being updated retroactive to the dates as listed below to 100% of the Medicare rate:

Procedure Code	Description	Current Rate	New Rate/Eff Date
87428	Sarscov & inf vir a&b ag ia	\$11.45	\$63.59 1/1/2021
87811	Sars-cov-2 covid19 w/optic	\$11.45	\$41.38 10/6/2020
86413	Sars-cov-2 antib quantitative	\$14.32	\$51.43 9/8/2020

Effective for dates of service March 13, 2020 and forward, DSS is revising the reimbursement for the following procedure code on the Lab Fee Schedule. 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 a laboratory service.

Procedure Code	Description	Rate Eff Prior to 3/13/2020	Rate Eff 3/13/2020
86769	Sars-cov-2 covid-19 antibody	\$45.13	\$42.13

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.**

Outpatient Hospitals

The procedure codes listed above that have been updated on the Connecticut Medical Assistance Program’s (CMAP’s) laboratory fee schedule have also been updated on CMAP’s Addendum B. Outpatient Hospitals should continue to follow CMAP Addendum B for coverage and payment of all outpatient hospital services.

Accessing CMAP Addendum B (Outpatient Hospitals)

CMAP's Addendum B for outpatient hospital services can be accessed via the 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".

Accessing Fee Schedules

The updated fee schedules can be accessed and downloaded by accessing the CMAP 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".