Connecticut Medical Assistance Program



Policy Transmittal 2022-46

Provider Bulletin 2022-70 September 2022

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Effective Date: October 1, 2022 Contact: Colleen Johnson

TO: Independent Laboratories, Outpatient Hospitals, Physicians, Advanced Practice Registered Nurses, Certified Nurse Midwives, Podiatrists, Optometrists, Physician Assistants

RE: Quarterly Update: October 2022 HIPAA Compliant Changes to the Independent Laboratory Fee Schedule - Updated

Effective for dates of service October 1, 2022, and forward, the Department of Social Services (DSS) is incorporating the October 2022 quarterly updates of the Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Independent Laboratory fee schedule.

DSS is making these changes to ensure that the Independent Laboratory fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). These changes apply to the HUSKY Health Programs A, B, C and D.

Effective for dates of service October 1, 2022, and forward, the following procedure code will be added to the Independent Laboratory fee schedule to be used for Monkeypox testing.

Procedure Code	Description
87593	infectious agent detection by nucleic acid [DNA or RNA]; orthopoxvirus [e.g., monkeypox virus, cowpox virus, vaccinia virus], amplified probe technique, each)

Please note that procedure code 87593 should only be billed to the Connecticut Medical Assistance Program when the test is commercially purchased. If testing is obtained free of charge or if only a sample is obtained for submission to a CT State

laboratory for processing, procedure 87593 should **not** be billed to CMAP.

Reimbursement: In the absence of a published Medicare rate for the above procedure code, DSS has set an interim rate reimbursed for a comparable laboratory service. Once Medicare sets a rate, the rate for 87593 will be updated to 100% of the Medicare rate during an established public period emergency or Monkeypox. surveillance period for Providers will not need to do anything, and claims will automatically be reprocessed. At the conclusion of the PHE or active surveillance period, DSS will reassess the reimbursement and update it according to the current independent laboratory reimbursement methodology.

As a reminder, as specified in Section 17b262-649 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 provider's 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 must continue to follow CMAP Addendum B for coverage and payment of all outpatient hospital services.

Accessing the Fee Schedule

The updated Independent Laboratory fee schedule can be accessed and downloaded by going to the CMAP Web site: 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".

Accessing CMAP Addendum B

CMAP's Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the CMAP's Addendum B (Excel) is located under "Important Messages – Connecticut Hospital Modernization" Web page.

<u>Posting Instructions</u>: Policy transmittals can be downloaded from the Web site at <u>www.ctdssmap.com</u>.

<u>Distribution</u>: This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit:

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