



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: January 1, 2023
Contact: Colleen.Johnson@ct.gov

TO: Independent Laboratory Providers, General Hospitals, Physicians, Advanced Practice Registered Nurses, Certified Nurse Midwives, Podiatrists, Optometrists, Physician Assistants

RE: 1. January 2023 HIPAA Compliant Changes – Laboratory Fee Schedule 2. The Addition of Procedure Codes 81500 and 81503

1. Annual Update: January 2023 HIPAA Compliant Changes

Effective for dates of service January 1, 2023, and forward, the Department of Social Services (DSS) will incorporate the January 2023 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) to the Laboratory Fee Schedule. DSS is making these changes to ensure that the Laboratory Fee Schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Providers should continue to refer to the Laboratory Fee Schedule for prior authorization and reimbursement information. These changes apply to the HUSKY Health programs, which includes HUSKY A, B, C and D.

2. The Addition of Procedure Codes 81500 and 81503

Effective for dates of service January 1, 2023, and forward, the following procedure codes will be added to the laboratory fee schedule:

| Procedure Code | Description |
|----------------|---------------------------|
| 81500 | Onco (ovar) two proteins |
| 81503 | Onco (ovar) five proteins |

Please refer to the Laboratory fee schedule for reimbursement.

Procedure code 81500 and 81503 will require Prior Authorization (PA). For questions regarding the PA process, please contact CHNCT at 1-800-440-5071, Monday through Friday, between the hours of 8:00 a.m. to 6:00 p.m.

The HUSKY Health policy for procedure codes 81500 and 81503 is available on the HUSKY Health Web site titled “Multi-Marker Serum Testing”. HUSKY Health Policies are available on the HUSKY Health Web site at: www.ct.gov/husky to access the policy, click on For Providers followed by Policies, Procedures and Guidelines under the Medical Management menu item.

OUTPATIENT HOSPITALS

As a reminder, outpatient hospitals must continue to follow CMAP Addendum B for coverage and payment of all outpatient hospital services.

Accessing the Fee Schedule:

The updated Laboratory fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance (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 “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 (CMAP) 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.

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

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Colleen Johnson, Medical Policy Consultant, at colleen.johnson@ct.gov.

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