



**Connecticut Medical Assistance Program**  
Policy Transmittal 2024-08

Provider Bulletin 2024-19  
March 2024

Andrea Barton Reeves, J.D., Commissioner

Effective Date: April 1, 2024  
Contact: [catherine.holt@ct.gov](mailto:catherine.holt@ct.gov)

**TO: Family Planning Clinics**

**RE: Addition of Lab Services to the Family Planning Clinic Fee Schedule**

Effective for dates of service April 1, 2024 and forward, the Department of Social Services (DSS) is adding two lab testing procedure codes to the Family Planning Clinic fee schedule.

The following procedure codes will be added to the Family Planning Clinic fee schedule:

Code	Description	Rate
87631	Resp virus 3-5 targets	\$122.51
87636	Sarscov2 & inf a&b amp prb	\$142.63

The changes apply to services reimbursed under the HUSKY Health (A, B, C, and D) programs.

**Accessing the Fee Schedule**

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site at [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable 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 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](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

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