



Connecticut Medical Assistance Program

PB 2011-92

Policy Transmittal 2010-36

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2012

Contact: Barbara Fletcher @ 860-424-5136

TO: Hospitals, Independent Laboratories, Physicians, Nurse Practitioners, Nurse-Midwives, Podiatrists and Optometrists

RE: Consolidated Laboratory Fee Schedule Update

Effective for dates of service January 1, 2012 and forward, the Department of Social Services will incorporate the 2012 HCPCS changes (additions, deletions and description changes) to its Consolidated Laboratory Fee Schedule. The Department is making these changes to ensure that its laboratory fee schedule remains compliant with the Health Insurance Portability and Accountability Act. This change applies to services reimbursed under the new HUSKY Health programs (formerly Medicaid fee for service, HUSKY A, HUSKY B, MLIA) and the Charter Oak Health Plan. Limits and cost sharing for HUSKY B and Charter Oak clients remain as outlined in the benefit descriptions of these programs.

83890-83894
83896-83898
83900-83909
83912-83914

Molecular Pathology Codes

The Department is adding the new molecular pathology codes 81200-81408 many of which will require prior authorization (PA). Please check the fee schedule to determine whether the service being ordered or provided requires PA. Prior authorization must be requested prior to the date of service; services will not be authorized retroactively. Please consult "Chapter 9: Prior Authorization" in the Provider Manual located on the Department's Web site for the PA process. Check the box "Professional/Surgical" on the Prior Authorization Request Form. Checking another box will result in a delay in processing the request.

Since CMS has not yet priced these codes, the codes will be set to manually price. DSS will price the codes at 90% of the Medicare fees as soon as the CMS pricing is available. Pricing effective dates will mirror Medicare's gap-fill methodology and, in all probability, will be retroactive to January 1, 2012.

Additional Codes Requiring PA

The Department is adding PA to certain codes on the current consolidated laboratory fee schedule. The following codes will require PA for dates of service February 1, 2012 and forward:

Accessing the Fee Schedule:

The updated laboratory fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download", then to the "Lab" fee schedule. DSS now posts fee schedules in only the CSV (Comma Separated Value) format. To access the CSV file press the control key while clicking the CSV link, then select "Open". The new CSV version will be posted the last week in December.

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 HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Holders of the Connecticut Medical Assistance Program Provider Manual should replace their existing fee schedule with the new schedule. Policy transmittals can also be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP.

Responsible Unit: DSS, Medical Care Administration, Medical Policy Section; Barbara Fletcher, Health Program Supervisor, (860) 424-5136.

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