



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

Subject: Consolidated Laboratory Fee Schedule Update

The Department of Social Services (DSS) wishes to provide additional guidance to providers for the submission of prior authorization (PA) and correct billing of the new molecular pathology codes (CPT 81200-81408). These codes are used for medical laboratory procedures involving the analyses of nucleic acid to detect variants in genes indicative of germline or somatic conditions, or to test for histocompatibility antigens. The codes are typically used for genetic testing. These codes were added to the CPT Code set effective January 2012. All codes require prior authorization, with the exception of those used for cystic fibrosis screening during pregnancy (see below).

This provider bulletin serves as notification of the CTMAP requirements for prior authorization requests and for billing of these new codes.

Prior Authorization Request Process

When there is a new code for the molecular pathology test being ordered providers must request prior authorizations for the new code (e.g. 81200, 81205) supported by the codes billed prior to January 2012 as “stacked” codes (e.g. 83909, 83891) for the test being ordered, including the number of units of each of the stacked codes. The Department will authorize one unit of the new code. When possible, an appropriate price for a new code will be established on the Consolidated Laboratory Fee schedule. When an appropriate price for the new code cannot be established the new code will be priced at the sum of the Medicaid stacked code fees in accordance with the listed “per unit” fees for the stacked codes.

DSS has developed a new form for requesting PA for molecular pathology codes. This form along with detailed instructions for completion can be found on the HUSKY Web site, www.huskyhealth.com. Click on “For Providers” then on “Provider Bulletins, Updates & Forms.” Use the Outpatient Authorization Request Form.

Not all molecular pathology codes have a new code. If a new code does not exist, providers must submit PA requests and claims with the stacked codes. In such instances reimbursement will be based on the sum of the applicable per unit fees.

Claim Submission Process

Claims must be submitted with the pathology code(s) as they appear on the approved request.

Molecular pathology codes that do not require PA

Among the molecular pathology tests added to the CPT Code set effective 2012 are specific codes used for cystic fibrosis screening which the American College of Obstetrician Gynecologists recommends for each first pregnancy. DSS is not requiring PA for these new codes if they are billed with a diagnosis of pregnancy. PA will be required for non-pregnant patients. Specifically, codes 81220-81224 (CFTR...gene analysis, common variants) will not require PA when the diagnosis is one of the following: V22.x, V23.x, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3 or 659.x3.

Providers should bill one unit of the molecular pathology code for CFTR gene analysis, i.e., Cystic Fibrosis Screening, CPT 81220. A fee is being added to the Department’s fee schedule to equal the sum of the stacked codes that are typically billed behind this code and related ones.

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”.

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. Questions on the PA process should be directed to CHNCT at 1-800-440-5071.