



## Connecticut Medical Assistance Program

PB 2012-62

Policy Transmittal 2012-21

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2013

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, 2013 and forward, the Department of Social Services will incorporate the 2013 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 all the HUSKY Health programs and the Charter Oak Health Plan. Limits and cost sharing for HUSKY B and Charter Oak clients remain as outlined in the HUSKY Health and Charter Oak Benefits and Prior Authorizations Requirements Grid for Laboratory Services. This grid is available at [www.huskyhealth.com](http://www.huskyhealth.com) under "For Providers" under "Benefits and Authorizations".

### Molecular Pathology Codes

The Department is adding the new molecular pathology codes in the 81201-81479 range, all of which will require prior authorization (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 website for the PA process. Check the box "Genetic testing/lab services" on the Prior Authorization Request form. Checking another box will result in a delay in processing the request.

### Pricing

Due to a delay in receipt of 2013 CMS pricing for laboratory codes, the new codes will be set to manually price until the CMS pricing becomes available at which time DSS will price the codes at 90% of the Medicare fees. Notification that pricing has been updated will be via a Banner Message on a provider's Remittance Advice.

Effective January 1, 2013 the Department is reducing its fees for laboratory services by 5% with the exception of codes for which CMS has established a

floor price. Fees for these codes will equal the floor price.

### Prior Authorization Request Process

Providers must request prior authorizations for all molecular pathology codes (e.g. 81200, 81201) supported by the codes previously billed as "stacked" codes (e.g. 83909, 83891) for the test being ordered, including the number of units of each of the stacked codes. Listing the stacked codes will enable the Department to price the request appropriately even though these stacked codes are no longer recognized by CMS. The Department will authorize one unit of the molecular pathology code. When possible, an appropriate price for a molecular pathology 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 reasonable fees for the stacked codes.

The Department has developed a form for requesting PA for molecular pathology codes. This form along with detailed instructions for completion can be found on the HUSKY Website, [www.huskyhealth.com](http://www.huskyhealth.com). Click on "For Providers" then on "Provider Bulletins, Updates & Forms." Use the Outpatient Authorization Request Form.

### Claim Submission Process

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

### Accessing the Fee Schedule:

The updated laboratory fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Website: [www.ctdssmap.com](http://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 no later than 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 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 Website at [www.ctdssmap.com](http://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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