



Connecticut Medical Assistance Program
Policy Transmittal 2015-12

Provider Bulletin 2015-20
 February 2015

Roderick L. Bremby, Commissioner

Effective Date: April 1, 2015
 Contact: Colleen Ryan @ 860-424-5195

TO: General Acute Care Hospitals & Border Hospitals
 RE: Establishment of Fixed Fees for Certain Outpatient Procedures

The purpose of this policy transmittal is to inform Hospital providers that the Department of Social Services is changing its pricing for Revenue Center Code (RCC) 324 - *Chest X-Ray* and RCC 403 - *Screening Mammography*. The Department is also changing pricing for Current Procedural Terminology (CPT) code 41899 - *unlisted procedure, dental alveolar structures* when billed in conjunction with RCC 36X or 49X. Effective with dates of services on or after April 1, 2015, the above codes will be transitioned to a fixed fee.

Chest x-ray with fluoroscopy must be billed under RCC 329 – *Other X-Ray* and will remain a ratio of cost to charge. The following CPT codes should be billed in conjunction with RCC 329:

Code	Description
71023	Chest X-ray and Fluoroscopy
71034	Chest X-Ray and fluoroscopy 4/> views

Revenue Center Code 324

Beginning with dates of service April 1, 2015 and forward, the Department will pay a fixed fee for RCC 324 (chest x-ray). Hospitals will be required to bill a chest x-ray under RCC 324; chest x-rays may no longer be billed under any other RCC including codes in the 32X RCC series including 320 - *Radiology General Classification*. RCC 324 will have a fixed fee of \$28.90.

All hospitals will automatically have RCC 324 and RCC 329 loaded to their provider file. Hospitals will not need to request those codes be added.

The following CPT codes related to chest x-ray (excluding x-rays with fluoroscopy) must be billed only under RCC 324:

Revenue Center Code 403

Effective with dates of service April 1, 2015 and forward, RCC 403 - *Screening Mammography* will be reimbursed a fixed fee of \$117.91. The following CPT codes must be billed in conjunction with this RCC:

Code	Description
71010	Chest x-ray 1 view frontal
71015	Chest x-ray stereo frontal
71020	Chest x-ray 2 views frontal & lateral
71021	Chest x-ray frontal and lateral lordotic procedure
71022	Chest x-ray front and lateral oblique projections
71030	Chest x-ray, complete, minimum of 4 views
71035	Chest x-ray special views

Code	Description
77052	Screening Mammography
77057	Screening Mammography, bilateral (2-view film study of each breast
G0202	Screening Mammography, producing direct digital, bilateral, all views

CPT codes related to diagnostic mammography services must be billed under RCC 401 – *Diagnostic Mammography*.

CPT Code 41899

For dates of service on or after April 1, 2015, CPT code 41899 - *unlisted procedure, dental alveolar structures* when performed on an outpatient basis billed under RCC 36X or 49X will be reimbursed at a fixed fee of \$2,000. It is not appropriate to bill this

CPT under any other RCC besides 36X or 49X series. CPT code 41899 is restricted to 1 unit per day.

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 HP Enterprise Services.

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Colleen Ryan, at (860) 424-5195

Date Issued: February 2015