



Connecticut Medical Assistance Program

Policy Transmittal 2012 -07

PB 2012-18

April 2012

Roderick L. Bremby, Commissioner

Effective Date: June 1, 2012

Contact: Barbara Fletcher 860-424-5136

TO: Physicians, Advanced Practice Registered Nurses (APRN), Physician Assistants (PA), Independent Radiology Centers and Outpatient Hospitals
RE: Important Changes to Radiology Services

This policy transmittal serves as notification of changes being made by the Connecticut Department of Social Services (DSS) to the Connecticut Medical Assistance Program (CTMAP) to manage outpatient advanced imaging and nuclear cardiology procedures for clients enrolled in the HUSKY Health Program and Charter Oak Health Plan. Community Health Network of Connecticut, Inc. (CHNCT), the Department's medical administrative service organization, will manage these services, with assistance from Care to Care (CtC), a radiology benefit management company. The HUSKY Health Program and Charter Oak Health Plan's radiology management program will include the requirement of authorization for advanced imaging – CT, CTA, MRI, MRA, PET, PET/CT and nuclear cardiology studies – using comprehensive clinical criteria available on the CtC website at: www.caretocare.com. From the home page select "Resources", "Provider" and then select "Imaging Criteria". Please note that while CtC criteria will be considered in making authorization decisions for these services, all final determinations will be made in accordance with the statutory definition of "medical necessity" in accordance with Conn. Gen. Stat. Section 17b-259b(a). Further, to the extent such criteria are used in denying a request for authorization, a copy must be made available to the client in accordance with Connecticut General Statutes 17b-259b(c).

Effective Date

For dates of service June 1, 2012 and forward, non-emergent advanced imaging and nuclear cardiology services will require prior authorization when performed in an outpatient setting. CHNCT and CtC are prepared to accept prior authorization requests beginning May 1, 2012.

Services Requiring Prior Authorization (PA)

Prior authorization will be required for all HUSKY A, HUSKY B, HUSKY C, HUSKY D, Charter Oak and limited eligibility clients and must be obtained prior to the performance of any of the procedures requiring PA. Authorizations for advanced imaging and nuclear cardiology studies are valid for 30 days from the date

of approval. Failure to obtain authorization will result in a denial of claims.

For providers billing on a professional claim form 837/CMS 1500 (e.g. physician offices, independent radiology centers):

- Authorization is required for any of the CPT codes listed in the grids contained in this transmittal.
- Authorization will be requested for the desired study using the applicable CPT code, number of units and modifier(s) as appropriate.
- PA is not required if the provider is billing with modifier 26 (professional component). As a reminder, a claim will deny if billed with modifier 26 and the place of service is "office" (FTC 11).
- Bilateral procedures must be requested with the CPT code on two lines, one with modifier RT and one with modifier LT, one unit each.

For providers billing on an institutional claim form 837/UB-04 (e.g. outpatient hospitals):

- Revenue Codes 35X, 404 and 61X will ALWAYS require prior authorization.
- Revenue Code 34X, in combination with any of the CPT codes on the grid under 34X, will ALWAYS require prior authorization.
- Revenue Code 34X, in combination with OTHER CPT codes will NOT require prior authorization.
- Hospitals request PA for the CPT code only. The PA system will automatically assign the appropriate RCC as mapped in the grids contained in this transmittal. The PA file will reflect the CPT code only. The claim must be submitted with both the RCC and CPT and will pay based on the provider's rate for the RCC.
- Authorization will be requested for the desired study using the applicable CPT code and number of units.

Advanced Imaging and Nuclear Cardiology Procedure Codes Requiring Prior Authorization:

Computed Tomography (CT) - Computed Tomographic Angiography (CTA)

Revenue Code Series: **35X**

70450	70460	70470	70480	70481	70482
70486	70487	70488	70490	70491	70492
70496	70498	71250	71260	71270	71275
72125	72126	72127	72128	72129	72130
72131	72132	72133	72191	72192	72193
72194	73200	73201	73202	73206	73700
73701	73702	73706	74150	74160	74170
74174	74175	74176	74177	74178	74261
74262	74263	75571	75572	75573	75574
75635	76380	77078			

Magnetic Resonance Imaging (MRI) – Magnetic Resonance Angiography (MRA)

Revenue Code Series: **61X**

70336	70540	70542	70543	70544	70545
70546	70547	70548	70549	70551	70552
70553	70554	70555	71550	71551	71552
71555	72141	72142	72146	72147	72148
72149	72156	72157	72158	72159	72195
72196	72197	72198	73218	73219	73220
73221	73222	73223	73225	73718	73719
73720	73721	73722	73723	73725	74181
74182	74183	74185	75557	75559	75561
75563	75565	76390	77058	77059	77084

Positron Emission Tomography (PET)

Revenue Code: **404**

78459	78491	78492	78608	78609	78811
78812	78813	78814	78815	78816	

Nuclear Cardiology

Revenue Code Series: **34X**

78451	78452	78453	78454	78466	78468
78469	78472	78473	78481	78483	78494
78496					

Process for Obtaining Prior Authorization for Advanced Imaging Services

Prior authorization may be obtained by:

- Submitting an online authorization request by logging into the secure HUSKY Health Program and Charter Oak Health Plan provider portal via www.huskyhealth.com and selecting the hyperlink to caretocare.com. This hyperlink will be available on April 16, 2012. Provider offices/ facilities will be required to set up a user account during initial log in. For initial registration providers may navigate directly to

<https://careportal.caretocare.com/> and select “Register New User”.

- Calling the CHNCT Provider Line at 1-800-440-5071 and following the prompts to radiology authorizations; or
- Faxing the authorization to CtC at 1-888-931-2468.

When faxing prior authorization requests, providers should use the Advanced Imaging Prior Authorization Request Form located on both:

- The HUSKY Health Program and Charter Oak Health Plan provider portal via www.huskyhealth.com. From the home page log-in to the secure provider portal through the “For Providers” link. After log-in is complete, select “Forms”
- The Care to Care website at www.caretocare.com. From the home page, select “Resources”, then “Provider”. Select the HUSKY Health Program and Charter Oak Health Plan form from the “Prior Authorization Forms” drop down menu (available mid-April).

Authorization request forms must be faxed to CtC at 1-888-931-2468.

Claims Submission

Providers billing on a professional claim form 837/CMS 1500 (e.g. physician offices, independent radiology centers):

- For providers billing on a professional claim form, claims must be submitted with the CPT code(s) and number of units authorized per study;
- For studies performed bilaterally, claims must be submitted with the CPT code on two separate claim lines, one with modifier RT (right) and one with modifier LT (left), one unit each;
- The professional component (reading and interpretation) of advanced imaging and nuclear cardiology procedures will NOT require prior authorization. Procedure codes must be submitted with a modifier 26 to avoid claim denial. A claim will not pay with modifier 26 and place of service “office” (11); and
- Reimbursement will be made at the applicable fee schedule allowed amount for a given CPT code.

Providers billing on an institutional claim form 837/UB-04 (e.g. outpatient hospitals):

- For dates of service June 1, 2012 and forward, the field labeled “admit source” must be completed for the claim to pay. Please see the Billing Instructions located on the

ctdssmap.com website for a list of valid values. From the Home Page go to “Publications”, then to “Chapter 8” and choose “Hospital” from the drop down box.

- For providers billing in an institutional claim format, revenue codes 35X, 404, 61X and 34X must be submitted with the revenue code, CPT code and number of units to avoid claim denial. For the code combinations that require PA only the combinations on the grids contained in this Policy transmittal will pay. For example a claim with RCC 351 and CPT 70450 will pay the fee on file for RCC 351. A claim with RCC 351 and CPT 70336 will deny since code 70336 maps to RCC 61X not 35X.
- RCC 34X will pay without PA when billed with a CPT code not on the grid above. Please note that a valid CPT code is still required on a claim for RCC 34X.
- Advanced imaging and nuclear cardiology procedures performed as part of an emergency room visit will NOT require prior authorization. Admission source of “7” must be entered in the appropriate field on the claim for processing without PA; and
- Payment will be made based on the rate for the revenue center code.

Responsible Unit: DSS, Medical Care Administration, Medical Policy Section, Barbara Fletcher (860) 424-5136. For PA related questions please contact Care to Care via the CHNCT Provider Line at 1-800-440-5071. From the main menu, select prompt #2 for authorizations. From the authorizations menu select prompt #2 for radiology authorizations.

Date Issued: April 2012

Provider Training

During the month of April webinars will be offered and hosted by representatives from DSS, HP, CHNCT and CtC. The webinars will address the following:

- An overview of the HUSKY Health Program and Charter Oak Health Plan’s radiology benefit management program and services;
- An overview of CtC’s clinical guidelines;
- Procedures for requesting prior authorization; and
- Detailed information on the use of CtC’s on-line authorization system.

Providers may refer to the new HUSKY Health Program and Charter Oak Health Plan provider website at www.huskyhealth.com for a listing of upcoming webinars.

Posting Instructions: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. Go to “Publications”, then “Bulletin Search”.

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