

Connecticut Department of Social Services Medical Assistance Program

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Provider Bulletin 2014-07 February 2014

To: Physicians, Advanced Practice Registered Nurses (APRN), Physician Assistants (PA), Independent Radiology Centers and Outpatient Hospitals

Subject: Prior Authorization of Nuclear Cardiology Studies

The purpose of this provider bulletin is to notify providers of changes to the prior authorization of nuclear cardiology procedures.

Effective for dates of service March 1, 2014 and forward, providers will no longer need to contact Care to Care to modify an authorization when the nuclear cardiology procedure performed is included in the same code group as the procedure authorized. This is similar to the system currently in place for MRI, CT and PET studies.

The following tables illustrate the code groupings for nuclear cardiology studies:

Myocardial Perfusion Imaging, Tomographic

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78451	78452

Myocardial Perfusion Imaging, Planar

78453 78454

Myocardial Imaging, Infarct Avid Planar

78466	78468
78469	

Cardiac Blood Pool Imaging

78472	78473	
78481	78483	
78494	78496	

Myocardial Imaging, PET

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78491	78492

For all other changes to nuclear cardiology prior authorizations (e.g. site changes, changes in procedure performed when not in the same code group), providers must contact Care to Care within two business days to modify the authorization.

Example #1:

An authorization is given for CPT code 78451 "Myocardial perfusion imaging, tomographic (SPECT); single study, at rest or stress".

The cardiologist performs CPT code 78452 "Myocardial perfusion imaging, tomographic (SPECT); multiple studies, at rest and/or stress and/or redistribution and/or rest reinjection".

The provider **does not** need to contact Care to Care to modify the authorization as CPT code 78452 is included in the same code group as CPT code 78451.

Example #2:

An authorization is given for CPT code 78453 "Myocardial perfusion imaging, planar; single study, at rest or stress".

The cardiologist performs 78466 "Myocardial imaging, infarct avid, planar; qualitative or quantitative".

The provider **does** need to contact Care to Care to modify the authorization within two business days as CPT code 78466 is not included in the same code group as CPT code 78453.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, Monday through Friday between the hours of 8:00 am and 7:00 pm.