



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), and Independent Radiology and Outpatient Hospitals

RE: Reminder About Use of “C” Codes for Certain Advanced Imaging Services

This provider bulletin serves to remind Connecticut Medical Assistance Program (CMAP) providers that, when the following services are performed ***in an outpatient hospital setting***, the provider **MUST** request authorization using the corresponding Healthcare Common Procedure Coding System (HCPCS) “C” code instead of the Current Procedural Terminology (CPT) code.

Hospitals must confirm that a valid, approved authorization is on file for the appropriate “C” code prior to performing the service.

CPT	HCPCS	DESCRIPTION
74185	C8900	MRA with contrast, abdomen
	C8901	MRA without contrast, abdomen
	C8902	MRA without contrast, followed by contrast, abdomen
77058	C8903	MRI with contrast, breast; unilateral
	C8904	MRI without contrast, breast; unilateral
	C8905	MRI without contrast followed by with contrast, breast; unilateral
77059	C8906	MRI with contrast, breast; bilateral
	C8907	MRI without contrast, breast; bilateral
	C8908	MRI without contrast followed by with contrast, breast; bilateral

71555	C8909	MRA with contrast, chest (excluding myocardium)
	C8910	MRA without contrast, chest (excluding myocardium)
	C8911	MRA without contrast followed by with contrast, chest (excluding myocardium)
73725	C8912	MRA with contrast, lower extremity
	C8913	MRA without contrast, lower extremity
	C8914	MRA without contrast followed by with contrast, lower extremity
72198	C8918	MRA with contrast, pelvis
	C8919	MRA without contrast, pelvis
	C8920	MRA without contrast, followed by with contrast, pelvis
72159	C8931	MRA with contrast, spinal canal/contents
	C8932	MRA without contrast, spinal canal/contents
	C8933	MRA without contrast followed by with contrast, spinal canal/contents
73225	C8934	MRA with contrast, upper extremity
	C8935	MRA without contrast, upper extremity
	C8936	MRA without contrast followed by with contrast, upper extremity

Please refer to PB 2016-70 for more information about the prior authorization process for radiology services.

For questions regarding the prior authorization process, please contact Community Health Network of Connecticut (CHNCT) at 1-800-440-5071, Monday through Friday, between the hours of 8:00 a.m. to 6:00 p.m.



Questions? Need assistance? Call the Provider Assistance Center Mon–Fri 8:00 am – 5:00 pm
Toll free 1-800-842-8440 or write to DXC Technology, PO Box 2991, Hartford, CT 06104
Program information is available at www.ctdssmap.com