



**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	<b>C8900</b>	MRA with contrast, abdomen
	<b>C8901</b>	MRA without contrast, abdomen
	<b>C8902</b>	MRA without contrast, followed by contrast, abdomen
77058	<b>C8903</b>	MRI with contrast, breast; unilateral
	<b>C8904</b>	MRI without contrast, breast; unilateral
	<b>C8905</b>	MRI without contrast followed by with contrast, breast; unilateral
77059	<b>C8906</b>	MRI with contrast, breast; bilateral
	<b>C8907</b>	MRI without contrast, breast; bilateral
	<b>C8908</b>	MRI without contrast followed by with contrast, breast; bilateral

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