

Connecticut Department of Social Services Medical Assistance Program

www.ctdssmap.com

Provider Bulletin 2015-91 November 2015

TO: Outpatient Hospital Providers

RE: 1. Update to Revenue Center Codes (RCC) Requiring a Valid CPT or HCPCS on Outpatient Claims

2. Change in Prior Authorization Requirements for certain RCCs

The purpose of this bulletin is to inform hospitals of additional instructions related to the requirement to bill a valid Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) procedure code when billing a Revenue Center Code (RCC). This change is effective for dates of service January 1, 2016 and forward on outpatient claims.

The Department of Social Services (DSS) is adding the requirement of a valid CPT/HCPCS when the following RCCs are billed:

273	Take Home Supplies
274	Prosthetic/Orthotic Devices
277	Oxygen-Take Home
470	General Classification Audiology
471	Diagnostic – Audiology DX
472	Treatment –Audiology RX
479	Other Audiology

All claim details with these RCCs that are not billed with a valid CPT/HCPCS code will deny for EOB 390 – "Revenue Center Code Requires a HCPCS/Procedure Code." Please note that the newly required RCCs listed are in addition to existing RCCs, for which the Department previously communicated the requirement to bill a corresponding CPT or HCPCS.

For a complete list of RCCs requiring a CPT or HCPCS go to the www.ctdssmap.com Web site, go to Information > Publications > Provider Manuals > Chapter 8. Choose "Hospital" from the drop down box and refer to Attachment B "List of All Revenue Center Codes Requiring CPT/HCPCS Codes.

In addition, effective for dates of service January 1, 2016 and forward, hospitals will no longer need to obtain prior authorization for RCCs 470, 471, 472 and 479.

If you have any questions regarding this bulletin, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.