



TO: Outpatient Hospitals

RE: Digital Breast Tomosynthesis – Outpatient Hospital Billing

Effective for dates of service July 1, 2016 and forward, digital breast tomosynthesis services must be billed under Revenue Center Code (RCC) 409 – *Other Imaging Services* **and** one of the following Current Procedural Terminology (CPT) codes:

Code	Description
77061	Digital breast tomosynthesis; unilateral
77062	Digital breast tomosynthesis; bilateral
77063	Screening digital breast tomosynthesis, bilateral

Consistent with the payment type listed on CMAP’s Addendum B, procedure codes 77061-77063 are reimbursed off of the Physician Radiology fee schedule.

All hospitals will automatically have RCC 409 loaded to their provider file. Hospitals will not need to request that RCC 409 be added. Hospitals may resubmit any previously denied claims for digital breast tomosynthesis services for dates of service 7/1/2016 and forward.

This policy applies to services reimbursed under HUSKY Health (HUSKY A, B, C and D).

Accessing the Fee Schedules

CMAP’s Addendum B and other fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. CMAP’s Addendum B can be accessed by selecting the “Hospital Modernization” Web page. Fee schedules can be accessed by going to www.ctdssmap.com. From this Web page, go

to “Provider”, then to “Provider Fee Schedule Download”. Click on the “I accept” button and proceed to click on the “Physician Radiology fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

