



TO: Physicians, Advanced Practice Registered Nurses (APRN), Physician Assistants (PA), Chiropractors, Certified Nurse-Midwives (CNM), Independent Radiology Centers and Outpatient Hospitals

RE: Changes to Prior Authorization Requirements for Advanced Imaging and Nuclear Cardiology Services

The purpose of this provider bulletin is to notify Connecticut Medical Assistance Program (CMAP) providers of modifications being made to the requirements for the prior authorization of advanced imaging and nuclear cardiology services.

Nuclear Cardiology Services

Effective for dates of service July 1, 2016 and forward, the CPT codes for nuclear cardiology procedures listed below will no longer require prior authorization for HUSKY A, B, C, D and limited eligibility members:

78451	78452	78453	78454	78459	78466
78468	78469	78472	78473	78481	78483
78491	78492	78494	78496		

Advanced Imaging Services

Effective for dates of service July 1, 2016 and forward, the following advanced imaging procedures will no longer require prior authorization for HUSKY A, B, C, D and limited eligibility members who are 18 years of age and under at the time of service:

Computed Tomography (CT)-Computed Tomographic Angiography (CTA)

70450	70460	70470	70480	70481	70482
70486	70487	70488	70490	70491	70492
70496	70498	71250	71260	71270	71275
72125	72126	72127	72128	72129	72130
72131	72132	72133	72191	72192	72193
72194	73200	73201	73202	73206	73701
73702	74150	74160	74170	74174	74175
74176	74177	74178	74261	74262	74263
75571	75572	75573	75574	75635	76380
77078					

Magnetic Resonance Imaging (MRI)-Magnetic Resonance Angiography (MRA)

70336	70540	70542	70543	70544	70545
70546	70547	70548	70549	70551	70552
70553	70554	70555	71550	71551	71552
71555	72141	72142	72146	72147	72148
72149	72156	72157	72158	72159	72195
72196	72197	72198	73218	73219	73220
73221	73222	73223	73225	73718	73719
73720	73721	73722	73723	73725	74181
74182	74183	74185	75557	75559	75561
75563	75565	76390	77058	77059	77084

Positron Emission Tomography (PET)/Computed Tomography (CT)

78608	78609	78811	78812	78814	78815
78816					

Non-emergent advanced imaging services listed in the charts above will continue to require prior authorization when performed in an outpatient setting for HUSKY A, B, C, D and limited eligibility members who are 19 years of age and over at the time of service. There is no change in the process or requirements for the submission of prior authorization requests or claims for these services.

Authorization for Members with Other Insurance (OI) or Medicare

As outlined in DSS Provider Bulletin PB 2014-24 “Authorization for Clients with Other Insurance (OI) or Medicare”, if a client has OI, providers are required to obtain authorization prior to the service being rendered. However, if a client has Medicare as their primary insurance, prior authorization



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

is not required with the exception of those members with Medicare Part A only. Those members with Medicare Part A only will continue to require prior authorization for radiology services

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