

**TO: Outpatient Hospitals, Physicians, Physician Assistants, Advanced Practice Registered Nurses**  
**RE: Addition of Prior Authorization on Select Radiology Procedure Codes**

Effective for dates of service October 1, 2025, and forward, consistent with existing prior authorization requirements for radiology services, the Department of Social Services (DSS) is adding prior authorization (PA) to the following procedure codes for outpatient hospitals:

Procedure Code	Description
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging

The outpatient hospital PA grid will be updated to add procedure codes C9762 and C9763 with the October 1, 2025 updates. The outpatient hospital grid can be accessed via the [ctdssmap.com](http://ctdssmap.com) Web site by selecting “Hospital Modernization” then “CMAP Addendum B (excel)” and then by selecting the tab titled “PA Grid” on CMAP Addendum B.

For questions related to the radiology prior authorization process, contact [eviCore](mailto:eviCore)

healthcare at 1-800-440-5071 and follow the prompts to Radiology Authorizations.

**Accessing the Fee Schedule:**

The updated fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance (CMAP) Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, then click on your specific 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.