



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Outpatient Hospitals

RE: Reminder: Use of “C” Codes for Certain Advanced Imaging Procedures When Performed in the Outpatient Hospital Setting

Connecticut Medical Assistance Program (CMAP) providers are being reminded that when the following services are performed in an outpatient hospital setting, the provider **must** request authorization using corresponding Healthcare Common Procedure Coding System (HCPCS) “C” code instead of the Current Procedural Terminology (CPT) code. Hospitals must confirm that a valid, approved prior authorization is on file for the appropriate “C” code prior to performing the service.

This provider bulletin supersedes provider bulletin (PB) 2017-27 “Reminder About Use of “C” Codes for Certain Advanced Imaging Services”.

Below is a listing of CPT codes with their corresponding HCPCS “C” code:

CPT	HCPCS	HCPCS DESCRIPTION
74185	C8900	MRA with contrast, abdomen
	C8901	MRA without contrast, abdomen
	C8902	MRA without contrast, followed by contrast, abdomen
77048	C8903	MRI with contrast, breast; unilateral
	C8905	MRI without contrast followed by with contrast, breast; unilateral

77049	C8906	MRI with contrast, breast; bilateral
	C8908	MRI without contrast followed by with contrast, breast; bilateral
71555	C8909	MRA with contrast, chest (excluding myocardium)
	C8910	MRA without contrast, chest (excluding myocardium)
	C8911	MRA without contrast followed by with contrast, chest (excluding myocardium)
73725	C8912	MRA with contrast, lower extremity
	C8913	MRA without contrast, lower extremity
	C8914	MRA without contrast followed by with contrast, lower extremity
	C8918	MRA with contrast, pelvis
72198	C8919	MRA without contrast, pelvis

	C8920	MRA without contrast, followed by with contrast, pelvis
72159	C8931	MRA with contrast, spinal canal/contents
	C8932	MRA without contrast, spinal canal/contents
	C8933	MRA without contrast followed by with contrast, spinal canal/contents
73225	C8934	MRA with contrast, upper extremity
	C8935	MRA without contrast, upper extremity
	C8936	MRA without contrast followed by with contrast, upper extremity

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