



Connecticut Medical Assistance Program
Policy Transmittal 2015-25

Roderick L. Bremby, Commissioner

Provider Bulletin 2015-57
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Effective Date: January 1, 2015

Contact: Edith Atwerebour @ (860) 424-5671

TO: Freestanding Ambulatory Surgical Centers

RE: Modifications to Prior Authorization Requirements for Select Surgical Codes

The purpose of this policy transmittal is to notify all ambulatory surgical center providers of modifications being made to the 2015 freestanding ambulatory surgery clinic fee schedule.

Effective for dates of service January 1, 2015 and forward, the prior authorization requirements have been removed from the following current procedural terminology surgical codes: 61885, 61886, 62361, 62362, 63685, 64568, 64590 and 69930. Prior authorization will no longer be required for these particular procedures when performed within a freestanding ambulatory surgical center. All current rates on the freestanding ambulatory surgical fee schedule will remain the same.

For additional questions concerning billing, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Accessing the Fee Schedule:

The clinic fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site: 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 Clinic – Ambulatory Surgical Center fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP.

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