



Connecticut Medical Assistance Program
Policy Transmittal 2015-07

Provider Bulletin 2015-19
February 2015

Roderick L. Bremby, Commissioner

Effective Date: April 1, 2015
Contact: Nina Holmes @ 860-424-5486

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, and Certified Nurse Midwives

RE: Revised Physician Radiology Fee Schedule – Professional Component of Radiology Services

The purpose of this policy transmittal is to notify providers that, effective for dates of service April 1, 2015 and forward, the Department of Social Services is revising the reimbursement for the professional component of physician radiology services to 57.5% of the 2007 Medicare Physician Fee Schedule. The Department is implementing this change in order to establish a pricing methodology consistent with Medicare where, for a given radiology service, the fee for the professional component added together with the fee for the technical component equals the global fee. The global and technical component (TC) will **not** be impacted by this change and will continue to each be reimbursed at 57.5% of the 2007 Medicare fee.

Please note, related to this update to the professional component reimbursement, that the billing guidance previously communicated in PB 2011-38 is being revised and superseded by this policy transmittal. Effective for dates of service April 1, 2015 and forward, when a radiology service is provided in an office setting, providers are no longer required to submit only for the global component and may bill with modifiers 26 (professional component) or TC (technical component), as appropriate.

Providers are reminded that when a radiology service is performed in facility type code / places of service including 21 (inpatient hospital), 22 (outpatient hospital), 23 (emergency room), and 24 (ambulatory surgery center), modifier 26 (professional component) must be billed on the claim for the professional component, otherwise the service detail on the claim will deny.

This policy change applies to services reimbursed on the Physician Radiology Fee Schedule under the HUSKY Health program (HUSKY A, B, C, and D) for dates of service April 1, 2015 and forward.

Accessing the Fee Schedules

The revised fee schedule will be available for downloading after March 23, 2015. Fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance 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 then

proceed to 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 HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

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

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