CarePartners of Connecticut MEDICARE ADVANTAGE

Provider Update

NEWS FOR THE NETWORK

November 2024

Provider Update is a monthly, online provider newsletter. We encourage you to register to receive *Provider Update* by email. If you have registered for email distribution but aren't receiving *Provider Update* at the beginning of each month, look in your spam folder or check with your organization's system administrator to ensure the organization's firewall is adjusted to allow for receipt of *Provider Update* from (SENDER: providerupdate@email-carepartnersct.com).

Reminders and Updates

Utilization and care management delegation for select members

Beginning Jan. 1, 2025, care management and utilization management of medical services and Medicare Part B drugs for CarePartners of Connecticut members with an Advance Plus Network – Connecticut (APN-CT) primary care provider will be delegated to APN-CT, a partnership of Optum® and Hartford Healthcare. Part D pharmacy benefit drugs will continue to be reviewed by CarePartners of Connecticut.

Current CarePartners of Connecticut prior authorization requirements and medical necessity guidelines will continue to apply for these members.

How to obtain prior authorization through APN-CT

If you are aware that one of your CarePartners of Connecticut patients has an APN-CT primary care provider (PCP), you can request authorization for medical services and Part B drugs directly with APN-CT. You can submit the request to APN-CT in one of the following ways:

- **Online:** via the Optum Pro portal at optumproportal.com (Have questions? Select *Contact Us* in the portal to submit your question or issue.)
- **Phone: 1-888-556-7048**, 8 a.m. – 6 p.m. ET, Monday–Friday (*only if online unavailable*)

If you are unsure whether the patient has an APN-CT PCP, continue to utilize the CarePartners of Connecticut provider portal as you do today; in the event that the patient does fall under this delegation agreement, you will be automatically redirected to the Optum Pro portal.

Register for Optum Pro

If you don't have an Optum Pro account, please register for an account today to get started. Registered users have access to several eLearning resources to help navigate the portal. To view eLearnings:

- Sign in to Optum Pro
- Select Education & Training from the navigation ribbon on the left
- eLearnings are available in the Activity section:
  - Select + to expand the collapsed Activity section
  - Select Start to begin the eLearning(s) in the expanded Activity section

For additional support, contact APN-CT at **1-888-556-7048**, 8 a.m.–6 p.m. ET, Monday–Friday.

Appeals and claims

This delegation only includes utilization management and care management. Please continue to follow the existing process for all other requests including:

- **Appeals:** If a prior authorization is denied by APN-CT, you or the member have the option to file an appeal through CarePartners of Connecticut.
- **Claims:** Submit claims to CarePartners of Connecticut. For the fastest processing time, we recommend submitting claims electronically.

For further guidance on these transactions, please refer to the CarePartners of Connecticut Provider Manual. ◆

CarePartners of Connecticut 2025 benefit changes

As the annual election period for Medicare Advantage is underway, we want to update you on changes to our CarePartners of Connecticut plans and benefits for the coming plan year, which are effective for dates of service beginning Jan. 1, 2025, upon the plan's effective or renewal date.

For 2025 benefit update information, please refer to this document on our provider website. ◆

2025 formulary coverage changes

CarePartners of Connecticut is incorporating a number of updates to our drug formularies for the 2025 plan year, which are summarized below.

1. Drugs moving to non-covered status

Effective for fill dates on or after Jan. 1, 2025, CarePartners of Connecticut will no longer cover certain drugs, including drugs with interchangeable generics or therapeutic alternatives. Refer to this document (pages 1-2) for the list of drugs moving to non-covered status.

For members currently taking these drugs, coverage will continue without disruption through Dec. 31, 2024. If you are a prescribing provider and you wish for a member to continue taking a drug on this list, you'll need to submit a formulary exception request.

2. Drugs moving to a higher tier

For fill dates beginning Jan. 1, 2025, certain drugs will be moving to a higher tier, as indicated on pages 2-4 of this list.

For members currently taking these drugs, their current coverage will continue unchanged through Dec. 31, 2024.

If an impacted patient cannot afford the new copay, please refer to the formulary for potential therapeutic alternatives at lower tiers. If the available alternatives are not clinically appropriate, a tier exception can be requested and will be reviewed in accordance with CMS regulations, as not all drugs are eligible for tier exceptions.

Please keep in mind that for 2025, certain provisions of the Inflation Reduction Act may help manage costs for eligible patients impacted by these formulary changes, including the lowering of the out-of-pocket maximum to $2,000 and the availability of a Medicare Prescription Payment Plan, which allows patients to spread costs for Medicare Part D prescription drugs out by splitting bills into monthly installments across the calendar year.

3. New prior authorization and step therapy requirements

For the 2025 plan year, CarePartners of Connecticut will require prior authorization for alosetron, indicated for the treatment of irritable bowel syndrome in women. Additionally, we are adding a step therapy requirement for the medication Rebif; members will be required to have first tried at least two of our preferred products for multiple sclerosis (Avonex, Betaseron, or Plegridy) before coverage will be available for Rebif.

4. Respiratory preferred product change for ICS-LABA class

Effective for fill dates on or after Jan. 1, 2025, the authorized generic for Symbicort (budesonide/formoterol) will be moving to non-covered status. Breo Ellipta will remain our preferred product for this drug class, and Breyna (true generic for Symbicort) will move from Tier 3 to Tier 4. ◆

CarePartners of Connecticut Medical Necessity Guideline Updates

Providers and office staff can refer to the following chart to review changes and updates to CarePartners of Connecticut's Medical Necessity Guidelines, which detail coverage and prior authorization criteria.

MNG Title	Eff. Date	Summary
New prior authorizations for 2025	1/1/2025	CarePartners of Connecticut will be newly requiring prior authorization for a number of services/codes as of Jan. 1, 2025. Please refer to this article for further information about MNGs being updated to require additional prior authorizations for 2025.
Remote Patient Monitoring	11/1/2024	Minor criteria updates made for additional clarity.
Behavioral Health Inpatient and 24-Hour Level of Care Determinations Behavioral Health Level of Care for Non-24 Hour/ Intermediate/Diversionary Services	11/1/2024	CarePartners of Connecticut has conducted our annual review of these MNGs with no changes.

Service	Coding/prior authorization change effective Jan. 1, 2025
Levels of Care: • Acute Inpatient Rehabilitation • Long-Term Acute Care • Skilled Nursing Facility	**Acute Inpatient Rehabilitation** and **Long-Term Acute Care** will be added to prior authorization using Medicare Benefit Policy Manual Chapter 1 for prior authorization coverage criteria. **Skilled Nursing Facility** will require prior authorization using Medicare Benefit Policy Manual Chapter 8 for prior authorization coverage criteria.
Non-Emergent Medical Transportation (Ambulance)	CarePartners of Connecticut will follow Medicare Benefit Policy Manual Chapter 10 for criteria, and will require prior authorization for the following codes: A0426, A0428, A0430, A0435. Refer to this article for additional details.
Intensity-Modulated Radiation Therapy	Prior authorization will be required for the following codes: 77338, 77301, 77385, 77386, 77387, G6015, G6016, G6017 Refer to the internal MNG for prior authorization and coverage criteria. Please note that members receiving intensity-modulated radiation therapy (IMRT) prior to Jan. 1, 2025 will not be impacted by this new prior authorization requirement. **All members starting IMRT on or after Jan. 1, 2025 will require prior authorization.** In alignment with the Out of Network at the In Network Level of Benefit and Continuity of Care Medical Necessity Guidelines, all

Service	Coding/prior authorization change effective Jan. 1, 2025
	members who are in an active course of IMRT prior to Jan. 1, 2025 will have 90 days' continuity of care starting Jan. 1, 2025 and do not need to obtain a prior authorization for that course of treatment.
Proton Beam Therapy	We will follow Local Coverage Determination (LCD) L35075 and associated article A56827 for prior authorization review criteria, and prior authorization will be required for codes 77520, 77522, 77523, and 77525. Please note that members receiving proton beam therapy prior to Jan. 1, 2025 will not be impacted by this new prior authorization requirement. **All members starting proton beam therapy on or after Jan. 1, 2025 will require prior authorization.** In alignment with the Out of Network at the In Network Level of Benefit and Continuity of Care Medical Necessity Guidelines, all members who are in an active course of proton beam therapy prior to Jan. 1, 2025 will have 90 days' continuity of care starting Jan. 1, 2025 and do not need to obtain a prior authorization for that course of treatment.
Procedures for the Treatment of Symptomatic Varicose Veins	We will follow LCD L34536 and LCD L33575 (associated articles A56914, A52870) for prior authorization review criteria, and prior authorization will be required for the following codes: 36465, 36466, 36468, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, 93970, 93971.
Transurethral Waterjet Ablation of the Prostate	Prior authorization will be required for codes C2596 and 0421T, and we will follow LCD L38682 and associated article A5209 for coverage criteria.
Blepharoplasty, Blepharoptosis, and Brow Lift	We will follow LCD L34528 and associated article A456908 for prior authorization review criteria, and prior authorization will be required for the following codes: 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908.
Reconstructive and Cosmetic Surgery	We will follow LCD L39051 and associated article A58774 for prior authorization criteria for breast reduction, rhinoplasty, gynecomastia surgery, and panniculectomy, and prior authorization will be required for the following codes: 15830, 15847, 15877, 19318, 19300, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462.
Guardant360 CDx	We will follow NCD 90.2 for prior authorization criteria, and prior authorization will be required for code 0242U for the Guardant360 CDx test.
Epidural Steroid Injections for Pain Management	We will follow LCD L39036 and associated article A58745 for prior authorization criteria, and prior authorization will be required for codes 62321, 62323, 64479, 64480, 64483, and 64484.
Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture	We will follow LCD L33569 and associated article A56178 for prior authorization coverage criteria, and prior authorization will be required for codes 22510, 22511, 22512, 22513, 22514, and 22515.
Lumbar Spinal Fusion	We will follow LCD L37848 and associated article A56396 for prior authorization criteria, and prior authorization will be required for codes 22533, 22558, 22612, 22630, and 22633.

Service	Coding/prior authorization change effective Jan. 1, 2025
Cervical Fusion	We will follow LCD L39770 and associated article A59632 for prior authorization criteria, and prior authorization will be required for the following codes: 22548, 22551, 22552, 22554, 22590, 22595, 22600, 22800, 22802, 22808, 22810, 22812.
Removal of Benign Skin Lesions	Codes 17000, 17003, 17004, 17100, 17111 will be covered only when submitted for certain diagnoses, following guidance in CMS article A54602. See MNG for details, including a list of covered ICD-10 codes.
Genetic Testing	We will follow LCD L35000 and associated article A56199 for prior authorization. See MNG for more details, including codes requiring authorization.

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New prior authorizations for 2025

CarePartners of Connecticut continually evaluates our utilization management programs and the prior authorization requirements we have in place to promote medical necessity and clinical appropriateness and alignment with evidence-based guidelines, so that we can ensure our members receive the care that is best for them while managing health care costs.

To that end, effective Jan. 1, 2025, we're instituting prior authorization requirements for a number of services/codes, as identified in the chart below. For complete details, please refer to CarePartners of Connecticut's updated Prior Authorization, Notification, and No Prior Authorization list for all details. ◆

Non-emergent medical transportation (ambulance) updates

As identified in the article titled "New prior authorizations for 2025," which is also included in this issue of Provider Update, CarePartners of Connecticut is making updates to our prior authorization requirements for non-emergent medical transportation (ambulance) effective Jan. 1, 2025.

We will require prior authorization for the following codes and will follow Medicare Benefit Policy Manual Chapter 10 for criteria:

- A0426
- A0428
- A0430
- A0435

Please keep in mind that this change does not apply to emergent medical transportation using an ambulance, or to non-emergent medical transportation using another other type of vehicle, such as a wheelchair van or chair car. The intention of the change is to encourage the use of the least intensive means of transportation whenever possible, which helps manage costs for members and helps ensure that prompt ambulance transportation is accessible for those who need it most. ◆

Removing certain drugs from white bagging program

Effective for dates of service beginning Jan. 1, 2025, certain medications will no longer be offered as part of our office-administered medical drug/white bagging program.

The drugs identified below will be removed from the Office-Administered Medical Drugs list for CarePartners of Connecticut and will no longer be available through CVS Caremark.

- Actemra (J3262)
- Remicade (J1745)

- Orencia (J0129)
- Simponi Aria (J1602)

Providers can continue to buy and bill these medications once prior authorization has been obtained. We recommend submitting requests electronically through PromptPA on our Provider Portal or directly at https://point32health.promptpa.com/. Electronic prior authorization (ePA) requests can also be submitted through EMR, CoverMyMeds, or Surescripts. If preferred, providers can fax prior authorization requests using our request forms to 617-673-0956.

In addition, some of the medications may be available under our Pharmacy benefit. Please refer to CarePartners of Connecticut's online formulary to confirm drug Pharmacy coverage. ◆

Helpful reminders for providers

- **Avoid Printing:** All CarePartners of Connecticut provider documentation is updated regularly. For the most current information, providers should view all documentation online at carepartnersct.com/for-providers and avoid printing.
- **Browser Note:** If you are using an outdated or unsupported browser, certain features on CarePartners of Connecticut's website may be unavailable. For an improved user experience, upgrade your browser to the latest version of Mozilla Firefox or Google Chrome.
- **Secure Provider Portal Self-Service Tools:** CarePartners of Connecticut's online self-service tools enable providers to electronically submit transactions and/or access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information and more. Log in to the secure Provider portal to manage transactions online.

Not yet registered?

Information on how to register for secure access is available on CarePartners of Connecticut's public Provider website.

For more information: Public Provider Website; Secure Provider Portal

Contact information: Call Provider Services at 888-341-1508, weekdays, 8 a.m.–5 p.m.