

Provider Update

NEWS FOR THE NETWORK

March 2025

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

New medication adherence Star Measure tip sheet

CarePartners of Connecticut has developed a new Star Measure tip sheet for the [Medication Adherence](#) measure.

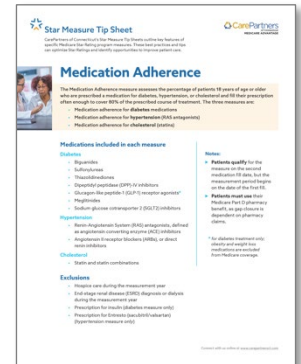
The Medication Adherence measure assesses the percentage of patients 18 years of age or older who are prescribed a medication for diabetes, hypertension, or cholesterol and fill their prescription often enough to cover 80% of the prescribed course of treatment. Three measures are included:

- Medication adherence for **diabetes** medications
- Medication adherence for **hypertension** (RAS antagonists)
- Medication adherence for **cholesterol** (statins)

CarePartners of Connecticut's Star Measure tip sheets outline key features of specific Medicare Star Rating program measures. These best practices and tips can identify opportunities to improve patient care and optimize Star Ratings.

For the full collection of tip sheets currently available, refer to the [HEDIS and Star Measure tip sheets page](#) on our provider website. And be sure to look to future issues of Provider Update for new information as we continue to develop additional tip sheets.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



Coordinating care for medical and behavioral health

CarePartners of Connecticut recognizes that communication and collaboration among primary care physicians, behavioral health care providers, talk therapy specialists, and other health care professionals are key to improving health outcomes, particularly for patients living with chronic physical and/or mental illness. With serious medical conditions and behavioral health disorders often entwined, patients rely on multiple health care providers working together to accurately diagnose and appropriately treat what ails them.

The role of primary care providers is integral to a patient’s overall care plan, from screening for behavioral health issues during yearly visits, to coordinating care with behavioral health specialists. At the same time, behavioral health care providers and prescribers can ensure that baseline and annual metabolic monitoring — for diabetes and cholesterol — is conducted for patients in their care, especially those taking antipsychotic medications who are at greater risk for developing diabetes, high blood pressure, abnormal cholesterol and triglyceride levels, and obesity.

Coordinating care for a shared patient

Regular communication among medical and behavioral health care providers tending to a shared patient supports whole-person care and ensures that all relevant clinical information is available when developing a treatment plan. You can use our [Coordination of Care Check List](#) (or one of your own) to document, request, and share provider contacts and progress notes, along with patient diagnoses, medications, and other information vital to the treatment of primary care and behavioral health patients. To facilitate the exchange of information, you can request that patients complete an [Authorization to Disclose Protected Health Information](#) form.

Contact number for additional guidance

As a partner in the delivery of health care to your patients, CarePartners of Connecticut appreciates the spirit of collaboration and its role in providing an exceptional health care experience. Whether you are a primary care physician, behavioral health care specialist, or community health practitioner, our Provider Services team is available to assist you with your patient-related inquiries at 888-341-1508.



Members’ rights and responsibilities

CarePartners of Connecticut members are notified of their rights and responsibilities as members upon enrollment and annually thereafter.

Periodically, CarePartners of Connecticut will include this information in our provider newsletter. Please take a moment to familiarize yourself with this information, found in the Member Rights and Responsibilities section of our [online Provider Manual](#).

Copies of this information can also be mailed upon request by calling Provider Services.



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
Intensity-Modulated Radiation Therapy (IMRT)	1/1/2025	Prior authorization is no longer required for CPT codes 77301 and 77338 .



Correct coding reminders

We’re offering reminders of correct coding practices to keep in mind when completing a UB-04 claim, as well as when billing for services rendered at an ambulatory surgical center. Because errors are common in these billing scenarios, we want to support our provider partners in billing appropriately to enable claims to be priced and paid properly.

Billing UB-04 claims

It's important to follow industry standard billing guidance when completing a UB-04 form or its electronic equivalent, the 837 institutional claim transaction. As a reminder, facility providers should not bill both medical and behavioral health services together on the same claim. In addition, to identify members discharged/transferred to a psychiatric hospital or a psychiatric distinct part unit (DPU) of a hospital, it's mandatory to include discharge status code 65 on the claim.

You can find general billing guidance pertaining to the UB-04 form or the electronic 837 institutional claim transaction in our [CarePartners of Connecticut Provider Manual](#).

Billing for ambulatory surgical center services

When billing for services rendered at an ambulatory surgical center on a CMS-1500 form or an 837 professional claim transaction, please remember to include the modifier SG in order to apply the correct benefit configuration (e.g., cost sharing, deductible). When applicable, always submit a modifier that reduces the fee schedule/allowable amount in the primary modifier position, and modifier SG in the secondary position.



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.