

Provider Update

NEWS FOR THE NETWORK

July 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

Change Healthcare update: Timely filing limits to resume

Effective for claims submitted on or after Sept. 1, 2024, CarePartners of Connecticut is ending the claims timely filing waiver that we instituted related to the Change Healthcare cybersecurity event and will return to our standard requirements.

To support providers who utilize Change Healthcare, a subsidiary of Optum, as a clearinghouse while connections were being restored, CarePartners of Connecticut temporarily waived timely filing limits.

With electronic claims submission connections with Change Healthcare restored through RelayHealth (see the [May 1 article](#) in the CarePartners of Connecticut newsletter for details) for claims submitted on or after Sept. 1, 2024, our standard timely filing requirements will resume.

For the latest information, please refer to the [Our Response to Change Healthcare's Cybersecurity Incident page](#). To view our standard timely filing and claims adjustment requirements, refer to the claims section of our [Provider Manual](#).

Reminder to submit your electronic claims

For quick, efficient claims processing, we encourage providers to utilize 837 electronic claims submission. Please be sure to use payer ID# 16307 when submitting electronic claims to CarePartners of Connecticut.

In addition to Change Healthcare/Optum RelayHealth, CarePartners of Connecticut has established connections with several other trading partners, giving your practice options for electronic claims submission. Our trading partners include:

- Allscripts
- Cortex EDI
- Dominion National
- Waystar
- Zirmed

If you have any questions or issues with submitting claims electronically to us, please work directly with the trading partner/clearinghouse or the software vendor at your provider organization. If you currently utilize another trading partner, please let your trading partner know that you would like them to work with CarePartners of Connecticut and inform our electronic data interchange (EDI) team at edi_operations@point32health.org. ◆

Coordination of Benefits Quick Reference Guide

When members have more than one health insurance plan, it can be challenging to figure out which plan should be billed for services. CarePartners of Connecticut has developed this [Coordination of Benefits Quick Reference Guide](#) to give providers tips on how to determine which plans have the primary obligation to provide benefits

For more information on Coordination of Benefits, refer to the Coordination of Benefits section of our Provider Manual and our Coordination of Benefits Payment Policy. ◆

New HEDIS tip sheet for GSD

CarePartners of Connecticut is pleased to share that we have developed a new HEDIS® tip sheet related to the [Glycemic Status Assessment for Patients with Diabetes \(GSD\) measure](#), which replaces the former Hemoglobin A1C Control for Patients with Diabetes (HBD) measure.

The best practices highlighted in our HEDIS tip sheets are intended to support your practice by ensuring that the data reported accurately reflects your practice's performance on these measures, and by identifying opportunities to improve patient care.

For the full collection of CarePartners of Connecticut tip sheets currently available to providers, refer to the [HEDIS tip sheet page](#) on our provider website.

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). ◆

Help us keep directory information up to date

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. In accordance with the No Surprises Act of 2021, providers should review and revalidate their information every 90 days to ensure accuracy of the Provider Directory. Failure to review and update information at least every 90 days may result in directory suppression until such information is validated.

Please make sure to notify CarePartners of Connecticut in advance of any changes to your practice address(s), phone number, office hours, ability to accept new patients, and any other changes affecting availability to see patients. You can confirm current practice information using the [Doctor Search](#). If the information listed is incorrect, update it as soon as possible by informing CarePartners of Connecticut using the Directory Inaccuracy reporting feature located on the search or by completing the [Provider Information Change Form](#) and returning it to CarePartners of Connecticut by email at provider_information_dept@point32health.org, as noted on the form.

If CarePartners of Connecticut identifies potentially inaccurate provider information in the directory, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider record may be subject to suppression in the directories until up-to-date information is received. ◆

New and updated Payment Policies

CarePartners of Connecticut has developed a new Payment Policy for Urgent Care, as well as updated our policies for Ambulance and Transportation Services and Nutritional Counseling.

Ambulance and Transportation Services

We are updating our Ambulance and Transportation Services Payment Policy, effective for dates of service **beginning Sept. 1, 2024**, and will consequently implement the following change to our billing and reimbursement practices.

As of the Sept. 1 effective date, **we will no longer reimburse non-emergent ambulance services provided to a member during an inpatient or outpatient admission.** Consistent with industry-standard practices, these services are included as part of the facility reimbursement and should be billed to the facility.

For more information, please refer to CarePartners of Connecticut's updated [Ambulance and Transportation Services Payment Policy](#).

Urgent Care

CarePartners of Connecticut has developed a new payment policy outlining essential billing and reimbursement guidelines, provider requirements and responsibilities, and other information pertaining to urgent care services. The policy documents existing requirements for CarePartners of Connecticut providers and does not represent a change in processes or services.

CarePartners of Connecticut reimburses services provided by uniquely contracted urgent care providers that meet participation criteria, in accordance with applicable referral, notification, and authorization policies and procedures.

[The Urgent Care Payment Policy](#) identifies prerequisites for reimbursement of urgent care services used to treat an acute or chronic illness or injury that is immediate in nature and requires professional attention, but is not life threatening — and additionally clarifies services for which reimbursement is not considered appropriate, such as:

- Handling fees, routine blood draws, or special reports
- High end radiology services
- Preventive or routine services

Nutritional Counseling

We've bolstered our [Nutritional Counseling Payment Policy](#) with additional clarity and guidance, and to specify that CarePartners of Connecticut does not routinely compensate for the following:

- Commercial diet plans, weight management programs or any related food or services
- Gym membership therapy
- Holistic therapy
- Nutritional counseling when offered by health resorts, recreational programs, camps, wilderness programs, outdoor skill programs, relaxation, or lifestyle programs, including any services provided in conjunction with such programs
- Supplemental foods
- Treatment by a physical therapist for weight loss



Reminder: required billing for telehealth services

CarePartners of Connecticut would like to remind providers of the required billing practices for telehealth services, which are documented on our Telehealth/Telemedicine Payment Policy.

In accordance with industry standard correct coding, when submitting a claim for services provided via telehealth, you're required to use place of service (POS) code 02 (telehealth provided other than in patient's home) or POS 10 (telehealth provided in patient's home), as appropriate.

To ensure proper payment, in conjunction with POS 02 or 10, you must also append one of the following modifiers (only these modifiers will be accepted for telehealth services), and only one should be reported per line:

- **Modifier 93** – synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system (append to codes listed in Appendix T of the CPT Manual)
- **Modifier 95** – synchronous telemedicine service rendered via a real-time audio and video telecommunications system (append to codes listed in Appendix P of the CPT Manual)
- **Modifier GT** – via interactive audio and video telecommunications systems
- **Modifier GQ** – via an asynchronous telecommunications system
- **Modifier FQ** – telehealth service utilizing real-time audio-only communication
- **Modifier FR** – the supervising provider was present in a real-time two-way, audio and video communication technology
- **Modifier G0** – telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke.

As a reminder, appending the above-referenced modifiers to procedure codes that are inherently telehealth services (e.g., telephonic codes) is redundant and may result in a denial.

For complete information, please refer to the [Telehealth/Telemedicine Payment Policy](#). ♦

Dr. Jud Brewer’s Hunger Habit workshop available on demand

If you missed the chance to join Dr. Jud Brewer’s Hunger Habit workshop in March, you can [access the recorded version](#) on the Boston University Center for Continuing Education website from now until April 22, 2025.

Ideal for health care professionals who treat patients struggling with unhealthy eating patterns, Dr. Brewer’s virtual workshop focuses on practical processes for changing unhelpful habits and making healthier choices.

Dr. Jud Brewer, MD, Ph.D. (“Dr. Jud”), is a New York Times best-selling author and thought leader in the field of habit change. To learn more about his work, clinical resources, and trainings, visit [drjud.com](#). ♦

CarePartners of Connecticut Medical Necessity Guideline Updates

MNG Title	Eff. date	Summary
Behavioral Health Inpatient and 24 Hour Level of Care Determinations Behavioral Health Level of Care for Non-24 Hour/Intermediate/Diversionary Services	7/1/2024	New MNGs intended as coverage guidelines to document existing notification processes and requirements, which utilize InterQual Medicare Behavioral Health Criteria consisting of CMS national coverage determinations (NCDs)/local coverage determinations (LCDs).
CarePartners of Connecticut Prior Authorization and Inpatient Notification List	7/1/2024	Updated format of existing CarePartners of Connecticut Prior Authorization and Inpatient Notification List, which outlines services requiring prior authorization and notification in one streamlined location for quick reference.



Medical drug program updates

Medications being added to prior authorization		
Drug(s)	Eff. date	Policy & additional Information
Ryzneuta (efbemalenograstim alfa)	7/1/2024	Medicare Part B Step Therapy Prior authorization is now required for Ryzneuta (J9361), approved by the FDA in Nov. 2023 to decrease the incidence of infection, as manifested by febrile neutropenia, in adults with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.
Amtagvi (lifileucel)	7/1/2024	Amtagvi (lifileucel) Amtagvi, a tumor derived autologous T cell immunotherapy approved by the FDA in March 2024 for the treatment of adult patient with unresectable or metastatic melanoma, is covered with prior authorization.
Updates to existing prior authorization programs		
Drug(s)	Eff. date	Policy & additional Information
Adstiladrin (nadofaragene firadenovec-vncg) Hemgenix (etranacogene dezaparvovec-drlb) Lyfgenia (lovotibeglogene autotemcel) Roctavian (valoctocogene roxaparvovec-rvox) Zynteglo (betibeglogene autotemcel)	7/1/2024	Adstiladrin (nadofaragene firadenovec-vncg) Hemgenix (etranacogene dezaparvovec-drlb) Lyfgenia (lovotibeglogene autotemcel) Roctavian (valoctocogene roxaparvovec-rvox) Zynteglo® (betibeglogene autotemcel) CarePartners of Connecticut will now use MassHealth criteria for prior authorization review for these gene therapies.
Casgevy (exagamglogene autotemcel)	7/1/2024	Casgevy (exagamglogene autotemcel) Casgevy will now be covered with prior authorization for an additional indication: treatment resistant beta-thalassemia
Carvykti (ciltacabtagene autoleucel)	7/1/2024	Carvykti (ciltacabtagene autoleucel) Carvykti has moved from a fourth-line treatment to a second-line treatment.
Abecma (idecabtagene vicleucel)	7/1/2024	Abecma (idecabtagene vicleucel) Abecma has moved from a fourth-line treatment to a third-line treatment.



Upcoming training opportunity

CarePartners of Connecticut offers interactive training sessions for up-to-date information on products, plans, and processes that you can attend without having to leave your office. To register for a session, simply find a training date that works for you on our [webinars page](#), click the link, and enter the requested information.

- **Wednesday, July 24** from 1–2 p.m. ET

We look forward to seeing you! ◆

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.