

# Provider Update

## NEWS FOR THE NETWORK

October 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](mailto:providerupdate@email-carepartnersct.com)).

## Reminders and Updates

### Authorization reminder: non-emergent medical transportation

CarePartners of Connecticut wants to remind our provider network that — as we announced in the November 2024 issue of *Provider Update* — prior authorization is required for the following codes associated with non-emergent medical transportation:

- A0426
- A0428
- A0430
- A0435

Our [Non-Emergent Ambulance Transportation for CarePartners of Connecticut Medical Necessity Guidelines](#) detail the prior authorization requirements for non-emergent medical transportation, including criteria, coverage limitations, and modifier combinations for various required transfer types (e.g., hospital to non-hospital-based dialysis facility, hospital to skilled nursing facility).

As a reminder, the prior authorization requirement 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 policy 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. ♦

### Utilization management best practices and tips

We're offering some guidance around best practices and tips for utilization management (UM) requests and transactions so that CarePartners of Connecticut and our provider partners can work together as efficiently as possible for a positive shared experience.

These tips highlight just a few common issues and opportunities for improved collaboration, based on feedback from our provider community and our UM staff who work to help facilitate essential functions so that our providers can continue to deliver best-in-class care to our member population.

## Benefits and eligibility

When looking to confirm a member's benefits and eligibility prior to initiating care or referring them for a service, the best place to start is our [secure provider portal](#). This [reference guide](#) offers more guidance on how to use the portal to verify benefits and eligibility.

We encourage you to use the electronic self-service capabilities offered via the provider portal whenever possible for its ease of use and quick turnaround times. When looking up your patient in the provider portal, for many members you'll be directed to MHK, which is the medical management tool accessed from within the provider portal. MHK allows you to perform a number of transactions efficiently in one place, such as submitting referrals and authorizations, finding the status of a claim, providing inpatient notification, and more. It's the most direct way to submit requests, providing real-time determinations and allowing you to attach clinical documentation and notes.

Alternatively, if the member has an Advantage Plus Network – Connecticut (APN-CT) primary care provider (Hartford Healthcare Medical Group and ProHealth Physicians), you'll be directed to the [Optum Pro portal](#).

## Updating an authorization

If you initiated a request for prior authorization but need to make any changes to the information (e.g., the number of visits listed, diagnosis or procedure codes, the date range), the authorization should be submitted again as a new request. While we encourage you to use the applicable provider portal to do this, you may also choose to submit the request via fax.

As a reminder, if one of your CarePartners of Connecticut patients has an APN-CT PCP, you should request authorization 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](https://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)

After submitting a request either electronically or by fax, please allow CarePartners of Connecticut a reasonable amount of time to review the request and respond. Submitting multiple requests unnecessarily may delay processing, as our UM team will need to review each request separately.

## Include all necessary information

Please remember to include all pertinent information when submitting an authorization or other UM request. This includes any appropriate clinical documentation, the provider's NPI or TIN, or any other identifying information necessary to convey a complete picture of the request or encounter so that we can process it without the need for provider resubmission.

## Provider Service Center

For assistance with any functions you're unable to perform using our electronic self-service tools, we encourage you to contact the Provider Service Center at 888-341-1508. We do not recommend calling other CarePartners of Connecticut departments such as UM directly for support, as the Provider Service Center is staffed and trained more appropriately to handle such inquiries. ♦

## Reimbursement rate update for home infusion therapy

As a reminder, if you are reporting home infusion therapy services for multiple dates of service for the same CarePartners of Connecticut member, you should report a separate line for each date of service with the applicable procedure code(s) and number of units for that date.

Consistent with industry standard correct coding guidelines, CarePartners of Connecticut requires that modifier SH (second concurrently administered infusion therapy) or SJ (third or more concurrently administered infusion therapy) be included as appropriate. **Effective for dates of service beginning Dec. 1, 2025, we will reimburse subsequent concurrent infusions (identified by SH or SJ) at 50% of the standard rate/fee schedule amount.**

For more information, please refer to our updated [Home Infusion Payment Policy](#). ♦

## 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](mailto: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. ♦

## Reminders regarding required billing of modifiers

As you're aware, it's important to include modifiers on a claim whenever appropriate to provide additional information to describe the encounter in better detail. We're offering the reminders below regarding certain types of encounters or scenarios for which the inclusion of modifiers is required in the interest of industry standard correct coding.

### Drugs with multiple routes of administration

When reporting drugs that have only one HCPCS Level II (J or Q) code but multiple potential routes of administration, providers must append one of the following modifiers to denote the route of administration:

- **JA:** Administered intravenously
- **JB:** Administered subcutaneously

### End stage renal disease and erythropoiesis-stimulating agents

When billing for end stage renal disease and erythropoiesis-stimulating agents, you're required to append the following modifiers, as appropriate:

- **EA:** Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy
- **EB:** Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer radiotherapy
- **EC:** ESA administered to treat anemia not due to anti-cancer radiotherapy or anti-cancer chemotherapy

### Positron Emission Tomography (PET) services

Providers reporting PET services with an oncological diagnosis must append the following modifiers:

- **PI:** Positron Emission Tomography (PET) or PET/Computed Tomography (CT) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing
- **PS:** Positron Emission Tomography (PET) or PET/Computed Tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent antitumor strategy

Please keep in mind that failure to append the modifiers referenced above when applicable may result in a claim denial. ♦

## Updates to Medical Necessity Guidelines

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.

Updates to Medical Necessity Guidelines (MNG)		
MNG Title	Eff. date	Summary
<a href="#">Intensity Modulated Radiation Therapy</a>	10/1/2025	Minor updates to criteria language.  In addition, intensity modulated radiation therapy is now covered when medically necessary for the following indications: oral cavity, oropharynx, hypopharynx, larynx



## Medical drug program updates

You can refer to the chart below to review changes and updates related to CarePartners of Connecticut's prior authorization and coverage program for medical drugs.

New prior authorization programs		
Drug/MNG	Plan and additional information	Eff. date
<a href="#">Kebilidi</a>	Prior authorization is now required for Kebilidi (J3590), an adeno-associated virus vector-based gene therapy indicated for the treatment of adult and pediatric patients with aromatic L-amino acid decarboxylase deficiency.  Our coverage criteria are aligned with MassHealth's, as is the case for all gene therapies.	10/1/2025
<a href="#">Encelto</a>	The ophthalmology drug Encelto (J3403) is covered with prior authorization.	10/1/2025



## Updates to Payment Policies

Please refer to the chart below for information on new and updated CarePartners of Connecticut Payment Policies. For details, access the policies listed below by navigating to the Payment Policies category of our [Provider Resource Center](#).

Updates to Payment Policies		
Payment Policy Title	Eff. date	Summary
<a href="#">Home Health Care Services</a>	10/1/2025	Minor administrative updates for accuracy and clarity. Updates to Additional Resources section
<a href="#">Transplants</a>	10/1/2025	Minor administrative edits for accuracy and clarity.
<a href="#">Inpatient Facility</a>	10/1/2025	Clarified language for out-of-network referral requirements.

Updates to Payment Policies		
Payment Policy Title	Eff. date	Summary
<a href="#">Obstetrics/Gynecology</a>	10/1/2025	Minor administrative edits for accuracy and clarity.
<a href="#">Radiation Oncology</a>	10/1/2025	Minor administrative edits for accuracy and clarity.
<a href="#">Oncology</a>	10/1/2025	Minor administrative edits for accuracy and clarity.
<a href="#">General Coding and Claims Editing</a>	10/1/2025	Minor administrative edits for accuracy and clarity.
<a href="#">Imaging Services</a>	10/1/2025	Minor administrative edits for accuracy and clarity.



## Helpful reminders for providers

<b>Avoid printing</b>	All CarePartners of Connecticut provider documentation is updated regularly. For the most current information, providers should view all documentation online at <a href="https://carepartnersct.com/for-providers">carepartnersct.com/for-providers</a> and avoid printing.
<b>Browser note</b>	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.
<b>Secure Provider Portal self-service tools</b>	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.

<b>Not yet registered?</b>	Information on how to <a href="#">register for secure access</a> is available on CarePartners of Connecticut's public Provider <a href="#">website</a> .
<b>For more information</b>	<a href="#">Public Provider Website</a> ; <a href="#">Secure Provider Portal</a>
<b>Contact information</b>	Call Provider Services at 888-341-1508, weekdays, 8 a.m. to 5 p.m.