PROVIDER UPDATE

NOVEMBER 1, 2022

NEWS FOR THE NETWORK | CarePartners of Connecticut

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).

60-Day Notifications & Policy Updates

2023 Benefit Changes for CarePartners HMO Members

The following benefit changes apply to CarePartners of Connecticut's HMO members and are effective for dates of service on or after Jan. 1, 2023, upon the plan's effective or renewal date. Changes may not apply to all CarePartners of Connecticut HMO plans:

- Reduced routine hearing exam copay to $0.
- Reduced outpatient diagnostic lab copay to $0.
- Increased copay for outpatient diagnostic tests to $20 per day.
- Increased copay for outpatient diagnostic x-rays to $20 - $30 per day.
- Increased copay for outpatient hospital services to $300 - $370 per day.
- Reduced copay for outpatient mental health care to $20 per visit.
- Reduced copay for outpatient rehabilitation services to $30 per visit.
- Reduced copay for outpatient substance abuse services to $20 per visit.
- Reduced copay for outpatient surgery at an ambulatory surgical center (ASC) to $200 - $270 per day.
- Increased copay for outpatient surgery at an acute care hospital to $300 - $370 per day.
- Increased over the counter (OTC) benefit to $50 per quarter and expanded eligible purchases to participating retailers.
- Reduced annual diabetic retinopathy copay to $0.
- Copays for outpatient diagnostic labs, tests, or x-rays will not apply if performed and billed as part of an urgent care visit (copays already waived if part of an office visit).
- Applicable office visit copay will apply to surgery services performed during an office visit.
- Covered Continuous Glucose Monitors (CGMs) includes therapeutic and adjunctive CGMs.
- Covered therapeutic CGMs will be limited to FreeStyle Libre products.
- Part B Insulin will be covered at copay of $35 per month when used with insulin pump.
- Part D Insulin will be covered at copay of $35 for one month (30-day) supply.
- Tier 6 Vaccine drugs will be covered at $0 copay in all stages (already covered at $0 copay in the initial coverage stage).

Please keep in mind that this is only a summary of benefit changes. Before services are rendered, providers are reminded to check member benefits and cost-share amounts using CarePartners of Connecticut's secure Provider portal or other self-service tools, even for members seen on a regular basis.

2023 Benefit Changes for Access PPO Members

The following benefit changes apply to CarePartners of Connecticut's Access PPO members and are effective for dates of service on or after Jan. 1, 2023, upon the plan's effective or renewal date:

- Reduced maximum out-of-pocket (MOOP) costs for combined in- and out-of-network services to $8,950 (in-network only MOOP unchanged at $4,900).
- Reduced copay for outpatient mental health care to $20 per visit (in-network).
- Reduced copay for outpatient rehabilitation services to $30 per visit (in-network).
- Reduced copay for outpatient substance abuse services to $20 per visit (in-network).
- Reduced copay for outpatient surgery at an ambulatory surgical center (ASC) to $200 per day (in-network).
- Increased copay for outpatient surgery at an acute care hospital to $300 per day (in-network).
- Increased over the counter (OTC) benefit to $65 per quarter and expanded eligible purchases to participating retailers.
- Reduced copay for Pulmonary rehabilitation services to $20 per visit (in-network).
- Reduced copay for annual Diabetic Retinopathy to $0 (in-network).
- Copays for outpatient diagnostic labs, tests, or x-rays will not apply if performed and billed as part of an urgent care visit (copays already waived if part of an office visit).
- Applicable office visit copay will apply to surgery services performed during an office visit.
- Covered Continuous Glucose Monitors (CGMs) includes therapeutic and adjunctive CGMs.
- Covered therapeutic CGMs will be limited to FreeStyle Libre products.
- Part B Insulin will be covered at copay of $35 per month when used with insulin pump.
- Part D Insulin will be covered at copay of $35 for one month (30-day) supply.
- Tier 6 Vaccine drugs will be covered at $0 copay in all stages (already covered at $0 copay in the initial coverage stage).

Please note that this is only a summary of benefit changes. Before services are rendered, providers are reminded to check member benefits and cost-share amounts using CarePartners of Connecticut's secure Provider portal or other self-service tools, even for members seen on a regular basis.

Formulary Coverage Changes

Non-Covered Drugs
Effective for fill dates on or after Jan. 1, 2023, CarePartners of Connecticut will no longer cover certain drugs, including drugs with interchangeable generics or therapeutic alternatives. For members currently taking these drugs, coverage will continue without disruption through Dec. 31, 2022. A prescribing provider must submit a formulary exception request if they wish for a member to continue taking the drug.

Drugs Moving to a Higher Tier
Effective for fill dates on or after Jan. 1, 2023, CarePartners of Connecticut will move Eprontia and Prolia to a higher tier. For members currently taking these drugs, current coverage will continue for these drugs unchanged through Dec. 31, 2022. Providers and patients are encouraged to refer to the formulary for lower cost, lower tier potential therapeutic alternatives. If the available alternatives are not clinically appropriate, and your patient cannot afford the new copay, 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 refer to the 2023 formularies for futher information.

Medical Drug Step Therapy Changes

Effective for dates of service beginning Jan. 1, 2023, CarePartners of Connecticut is updating our step therapy requirements for medical benefit drugs.

Step therapy requires that members first try certain preferred drugs to treat their medical condition before coverage of another non-preferred drug for that condition is approved as medically necessary. Non-preferred products must meet the following criteria: history of use of at least one preferred product resulting in substandard response, history of intolerance or adverse event of at least one preferred product or have rationale that the preferred products are not clinically appropriate.

For complete information, please refer to the Medicare Part B Step Therapy Medical Necessity Guideline. Some of the changes include:

- Cerezyme (J1786) will be a non-preferred product and will require prior authorization. Preferred products in this class, which do not require prior authorization are: Eleyso (J3060) or Vpriv (J3385).
- Riabni (Q5123) will now be a non-preferred product in the rituximab class — along with existing non-preferred medical drugs Rituxan (J9312) and Rituxan Hycela (J9311) — and will require prior authorization. Preferred products are Ruxience (Q5119) or Truxima (Q5115).
- Herzuma (Q5113) and Ontuzant (Q5112) will now be non-preferred products in the trastuzumab class — along with existing non-preferred medical drugs Herceptin (J9355) and Herceptin Hylecta (J9356) — and will require prior authorization. Preferred products Kanjinti (Q5117), Ogivri (Q5114), and Trazimera (Q5116) will not require prior authorization.

For more information, also refer to the applicable Medical Benefit Drug Medical Necessity Guideline.

Update to Reimbursement for Acupuncture Claims

Acupuncture services administered for any condition other than chronic low back pain are considered non-medical and non-covered by Medicare. Effective Jan. 1, 2023, acupuncture claims submitted for non-medical services will be denied, regardless of whether the member's plan includes a Wellness Allowance benefit for supplemental acupuncture services.

Medicare-covered acupuncture services for chronic low back pain should be billed using CPT codes 97810, 97811, 97813, 97814, 20560, and 20561, per Section 410.2, Chapter 32, of the Medicare Claims Processing Manual.

Providers can resubmit claims with the appropriate Medicare-covered CPT code(s) if a denial was the result of an error.

CarePartners CareAdvantage Preferred HMO members whose plan has a Wellness Allowance benefit can file a reimbursement request for supplemental acupuncture services not covered by their medical benefit.

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

WEBSITES

- Public Provider Website
- Secure Provider Portal

CONTACT INFORMATION

- Call Provider Services at 888.341.1508, weekdays, 8 a.m.-5 p.m.

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