CarePartners of Connecticut MEDICARE ADVANTAGE

Provider Update

NEWS FOR THE NETWORK

November 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

Update: Telehealth flexibilities for Medicare members

We noted in the August issue of the provider newsletter that CarePartners of Connecticut decided to extend some telehealth flexibilities for Medicare members and wanted to provide additional information in light of recent announcements from the Centers for Medicare and Medicaid Services (CMS).

Reminder on Point32Health coverage

Certain telehealth flexibilities that CMS put in place during the COVID pandemic were due to expire Sept. 30, 2025 barring action from lawmakers — and the government shutdown, which began on Oct. 1, 2025, has led to uncertainty about the status of these flexibilities. When the government reopens, lawmakers and CMS may decide to let the expiration of these flexibilities stand or may extend the flexibilities to continue coverage.

Anticipating that CMS may not continue to extend telehealth flexibilities, and recognizing the convenience of telehealth for our Medicare members, CarePartners of Connecticut will continue to cover telehealth for a variety of services and all sites of service as a supplemental benefit for members — regardless of CMS' determination.

Effective Oct. 1, 2025, and carrying over into the 2026 benefit year, the following codes will be added to our existing supplemental telehealth benefit and will remain eligible for telehealth reimbursement:

Category	Allowable codes
Cardiac rehabilitation services	93797, 93798
Group sessions for mental health specialty services	97150, 97154, 97156, 97157, 97158, 96202, 96203
Individual sessions for mental health specialty services	90875, 0326T, 97129
Individual sessions for psychiatric services	96110. 96125. 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139,96170, 96171, 97130, 97151. 97152, 97153, 97155,
Intensive cardiac rehabilitation services	G0422, G0423
Kidney disease education services	90953, 90956, 90959, 90962

Category	Allowable codes
Other health care professionals	G0248, 97550, 97551, 97552, G0539, G0540, G0541, G0542, G0543, 98960, 98961, 98962, 0591T, 0592T, 0593T
Partial hospitalization program	G0410
Physical therapy and speech language pathology services	92507, 92508, 92521, 92522, 92523, 92524, 96105
Physician specialist services	77427, 94005, 94664, 95970, 95983, 95984
Pulmonary rehabilitation services	94625, 94626

Claims guidance from CMS

In addition, on Oct. 10, 2025, CMS instructed Medicare Advantage organizations to temporarily hold claims for the telehealth flexibilities that expired on Oct. 1, pending further guidance.

Please note that we will continue to process claims for the telehealth flexibilities that we are covering as supplemental benefits. These updates will remain in place, and those claims will be processed.

For telehealth services that expired on Oct. 1, meaning those that CMS is not currently covering and CarePartners of Connecticut did not add as supplemental benefits, we will pend claims consistent with CMS guidance.

We are closely monitoring CMS updates, and will process or deny these claims in accordance with further guidance from CMS.

For guidance on billing for telehealth services, providers should refer to the CarePartners of Connecticut Telehealth/Telemedicine Payment Policy.

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Expanding UM fax lines for medical prior authorizations

We encourage providers to utilize our secure provider portal when requesting prior authorization for the administrative ease and speediness it offers. For providers who prefer to make their prior authorization requests for **medical services** by fax, however, we're enhancing our fax capabilities by adding an additional fax line, with requests delineated by type. By offering dedicated fax lines we can route your request in a more appropriate and timely manner.

When requesting prior authorization for medical services by fax, please utilize one of the following fax lines:

- For **inpatient** requests: 857-304-6410
- For **outpatient** requests: 857-304-6463

In the coming months, we'll also be updating our Medical Necessity Guidelines templates to reference the updated fax lines.

Keep in mind that we are not discontinuing the existing fax line; we're simply expanding to include an additional line. You can rest assured that we'll continue receiving the requests you send to the fax lines we use today.

It's also important to note the following:

- The contact options for pharmacy and medical drug prior authorization requests differ from the medical request contact options. We recommend sending your requests electronically through PromptPA. PromptPA can be accessed through our secure provider portal or directly at https://point32health.promptpa.com/. In addition, the relevant policy will list the fax number for making your request.
- If the utilization management team requires additional clinical information, you will receive instructions on how to submit the necessary documentation, and a separate fax number may be provided specifically for this submission.

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2026 formulary coverage changes

CarePartners of Connecticut is incorporating a number of updates to our drug formularies for the 2026 plan year, which are summarized below.

Drugs moving to non-covered status

Effective for fill dates on or after Jan. 1, 2026, we will no longer cover certain drugs, including drugs with interchangeable generics or therapeutic alternatives, for members of the plans indicated above. Refer to this document (page 1) for the list of drugs moving to non-covered status.

For members currently taking these drugs, coverage will continue without disruption through Dec. 31, 2025. 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.

Drugs moving to a higher tier

For fill dates on or after Jan. 1, 2026, certain drugs will be moving to a higher tier. Click here to review a list of these drugs, which you'll find on page 2. For members currently taking these drugs, their current coverage will continue unchanged through Dec. 31, 2025.

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.

Additional changes

Refer to page 3 of the 2026 formulary changes document for information about additional updates. These include:

- The addition of quantity limits for certain medications
- New prior authorization requirement for Revcovi
- A preferred product change for diabetic testing supplies
- Drugs excluded under Medicare law which will no longer be covered as an enhanced benefit

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CarePartners of Connecticut 2026 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, 2026, upon the plan's effective or renewal date.

For 2026 benefit update information, please refer to this document on our provider website.

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Coverage changes for Remicade and biosimilars

We want to make you aware of some upcoming coverage changes related to the monoclonal antibody medication Remicade (infliximab) and its biosimilars. Effective Jan. 1, 2026, **Avsola and Inflectra will be the preferred infliximab products.** Remicade and unbranded Infliximab (HCPCS code J1745) will become non-preferred products.

This coverage change will apply to members initiating treatment of infliximab on or after Jan. 1. Our Medical Benefit Drug MNG for Targeted Immunomodulators – Skilled Administration and Medicare Part B Step Therapy have been updated to reflect these changes.

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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	**Effective date**	**Summary**
Gastroenterology	11/1/2025	Minor administrative updates for accuracy and clarity.
Vision	11/1/2025	Minor administrative edits for accuracy and clarity.
Evaluation and Management	11/1/2025	Minor administrative edits for accuracy and clarity.
Drugs and Biologicals	11/1/2025	Minor administrative edits for accuracy and clarity.
Orthotics and Prosthetics	11/1/2025	Minor administrative edits for accuracy and clarity.
Durable Medical Equipment (DME) and Medical Supplies	11/1/2025	Minor administrative edits for accuracy and clarity.

CarePartners of Connecticut's access to care standards

One of CarePartners of Connecticut's fundamental priorities is ensuring the best possible access to care for the members we serve. To that end, the Access Standards section of our Provider Manual (located on page 17) outlines network practitioner standards regarding clinician availability, timeliness of appointments, and telephone accessibility, among other things. Please refer to the Provider Manual to review these standards and requirements.

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. to 5 p.m.