

# Provider Update

## NEWS FOR THE NETWORK

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

## Reminders and Updates

### Reminder: Correct coding and claims edits

As a reminder, as part of our commitment to ensuring accurate claims processing, claims submitted to CarePartners of Connecticut are subject to edits that are maintained and updated at regular intervals and are generally based on the Centers for Medicare and Medicaid's guidelines, national and state regulatory requirements, medical society recommendations, drug manufacturers' package label inserts, and the Plan's clinical, administrative, and payment policies. ♦

### Reducing unnecessary emergency department visits

As unwarranted emergency department (ED) visits continue to burden hospital staff and potentially delay access to treatment for patients with life-threatening illness or injury, we are committed to working with you to help redirect patients away from the ED for non-emergency-related care.

CarePartners of Connecticut emphasizes to members that consulting with their primary care physicians should always be the first step in seeking treatment for a non-severe condition. As you reinforce this message with your patients, please consider communicating up-to-date practice hours, telehealth options, and after-hours contacts. When primary care appointments are not available, directing patients to nearby urgent care centers can be a fitting alternative, given their capacity to perform x-rays, basic tests, and lab work that can assist with timely diagnoses. Retail health clinics that provide treatment for minor illness and injury offer another viable option, with both in-person and virtual services often available.

Members should be sure to check their plan and select an in-network provider to ensure coverage and help minimize copayments and out-of-pocket expenses. Information on participating urgent care and retail clinics is available through the [CarePartners of Connecticut Doctor Search](#).

We appreciate your collaboration in educating patients on where to turn for appropriate and affordable care. ♦

## Psychiatric Collaborative Model of Care billing reminder

As a reminder, when billing CarePartners of Connecticut members for services that are delivered through the Psychiatric Collaborative Model of Care, also referred to as Collaborative Care Model (CoCM), it's important to use the following procedure codes:

- **99492:** Initial psychiatric collaborative care management, in the first calendar month first 70 minutes
- **99493:** Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month.
- **99492:** Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month
- **G2214:** Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month

Psychiatric Collaborative Model of Care is an integrated behavioral health service delivery method in which a health care provider and a care manager provide structured care management to a patient, while working in collaboration with a psychiatric consultant who reviews the clinical status and care of the patient and makes recommendations. While Collaborative Model of Care codes are typically billed by the patient's primary care physician, they can also be billed by providers with other specialties.

You can find information about the Psychiatric Collaborative Model of Care, including coding, in CarePartners of Connecticut's [Evaluation & Management Payment Policy](#). ♦

## Claims editing platform update

CarePartners of Connecticut is updating our claims editing platforms in an effort to consistently apply industry standard claims edits and national correct coding.

For this effort, which is applicable for claims with dates of service on or after Oct. 1, 2024, we'll be leveraging existing tools, and you'll continue to submit claims the same way you do today. This work is part of our ongoing commitment to ensuring accurate claims processing and consistency with correct coding standards. ♦

## Correct coding edits effective Oct. 1, 2024

Effective for dates of service beginning Oct. 1, 2024, CarePartners of Connecticut is making the updates outlined below to our General Coding and Claims Editing Payment Policy, to align with industry standard correct coding practices.

- **Factors Influencing Health Status and Contact with Health Services Diagnoses and Non-Routine Examinations:** CarePartners of Connecticut will deny any services billed with an ICD-10 diagnosis code in the Z53.1–Z53.20 range, indicating that the patient decided not to receive the procedure or treatment.
- **Interprofessional Telephone/Internet Consultations:** Any of the following services will be denied if an evaluation and management (E/M) service denoted by CPT codes 99202–99439, 99446–99499, or 99091 has also been billed with the same primary diagnosis on the same day, previous seven days, or following day:
  - telephone E/M services 99441–99443
  - remote evaluation of recorded video and/or image (G2010)
  - brief check in by a physician or other qualified health care professional (G2012, G2252)
- **Stem Cell Transplantation and Bone Marrow Transplantation:** The procedure code CPT 38240 (Bone marrow or blood-derived peripheral stem-cell transplantation; allogeneic) will be reimbursed only when submitted with the ICD-10 diagnosis code Z00.6 to indicate that the patient is participating in an approved clinical trial.
- **Transesophageal Echocardiography (TEE):** CarePartners of Connecticut will deny any TEE service (CPT codes 93312–93318, 93355, or C8925–C8927) when they are billed with any of the following as the first listed or principal diagnosis:

- Encounter for aftercare following heart or lung transplant (ICD-10 Z48.21, Z48.280)
- Heart and lungs transplant status (ICD-10 Z94.1, Z94.3)
- Presence of prosthetic or other heart valve replacement (Z95.2–Z95.4)

These changes are documented in CarePartners of Connecticut's updated [General Coding and Claims Editing Payment Policy](#). ♦

## 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
<a href="#">Out-of-Network Coverage at the In-Network Level of Benefits and Continuity of Care</a>	7/9/2024	We have developed these Medical Necessity Guidelines to document the prior authorization standard when CarePartners of Connecticut is responsible for determining whether it is medically necessary for the member to receive services from an out-of-network provider, as well as our continuity of care criteria for medically necessary transitional treatment for new members who wish to stay with their current providers and treatments for a defined period of time until they can transition care to in-network providers.



## 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.

Medications being added to prior authorization		
Drug(s)	Eff. date	Policy & additional information
Focinvez (fosaprepitant)	10/1/2024	Part B Step Therapy Policy (will be available as of 10/1/2024)  Focinvez (HCPSC J1434) will be added to the Part B Step Therapy Policy as a non-preferred agent and will now require prior authorization.
Updates to existing prior authorization programs		
Part B Step Therapy	10/1/2024	Part B Step Therapy Policy (will be available as of 10/1/2024)
Amtagvi	9/1/2024	<a href="#">Amtagvi</a>  CarePartners of Connecticut will now use MassHealth criteria for prior authorization review of Amtagvi.



# 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](https://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.
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## 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.