

Provider Update

NEWS FOR THE NETWORK

August 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

Telehealth flexibilities for Medicare members

We want to make you aware of some telehealth flexibilities that CarePartners of Connecticut is providing for members and offer guidance on telehealth billing.

Telehealth billing guidance

When billing for telehealth services for Medicare members, please be aware that CarePartners of Connecticut will accept CPT telehealth codes 98000–98015 for dates of service through Dec. 31, 2025, although the Centers for Medicare and Medicaid Services (CMS) does not offer coverage of these codes.

However, for dates of service beginning Jan. 1, 2026, these codes will no longer be reimbursable for members. For dates of service as of Jan. 1, 2026, please adhere to the following coding guidelines — and note that this is also the recommended approach for billing telehealth services prior to Jan. 1.

When submitting a professional claim for services provided via telehealth, providers should use the appropriate evaluation and management (E/M) code along with a place of service (POS) code and the appropriate modifier.

Bill using one of the following required POS codes:

- **POS 02** — telehealth service provided in the patient's home
- **POS 10** — telehealth service provided other than in patient's home

Required modifiers for Medicare members include: 93, 95, GT, GQ, FQ, FR, G0.

For modifier descriptions and complete details, refer to the [Telehealth/Telemedicine Payment Policy](#).

Supporting telehealth for our members

In addition, the extension that CMS put into place for COVID-related telehealth flexibilities is scheduled to end on Sept. 30, 2025. When this occurs, Medicare will no longer cover telehealth for all sites of service. Recognizing the convenience of telehealth for our Medicare members, we will continue to cover telehealth for a variety of services and all sites of service as a supplemental benefit for CarePartners of Connecticut members.

Effective Oct. 1, 2025 and carrying over into the 2026 benefit year, the following codes 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
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

Summary of changes

The following chart offers a summary of the changes noted in the sections above for telehealth for Medicare members by date of service.

Telehealth coding guidance		
Dates of service	Codes covered	Additional information
1/1/25 – 10/1/25	98000–98015 (new codes released in 2025)	While not covered by Medicare, CarePartners of Connecticut will cover.
	E/M codes with telehealth POS codes	Covered by Medicare for all sites
10/1 (or end of Covid telehealth flexibilities) – 12/31/25	98000–98015 (new codes released in 2025)	While not covered by Medicare, CarePartners of Connecticut will cover.
	E/M codes with telehealth POS codes	Medicare will not cover all sites of service. CarePartners of Connecticut will cover certain codes and all sites of service.

Telehealth coding guidance		
Dates of service	Codes covered	Additional information
1/1/26 and beyond	98000–98015 (new codes released in 2025)	Not covered by Medicare. Not covered by CarePartners of Connecticut.
	E/M codes with telehealth POS codes	Medicare will not cover all sites of service. CarePartners of Connecticut will cover certain codes and all sites of service.
<p>In addition:</p> <ul style="list-style-type: none"> CMS will pay for the new CPT code 98016, which describes short virtual check-ins, instead of HCPCS code G2012 (patient Initiated). Per CMS, two-way, real-time, audio only communication technology is allowable if the provider is technically capable of using an audio-video telehealth system and the member is either unable or unwilling to use video. 		



Preventive screenings at-home for select members

CarePartners of CT is dedicated to ensuring the highest quality of care for our members, and in supporting them in receiving important preventive care that supports their health and wellbeing. We also know how difficult it can be to encourage some members to visit their doctor's office for screenings—that's why we're partnering with several innovative health services organizations to conduct at-home screenings for select members.

Beginning in late July, we'll be offering at-home screenings for colorectal cancer, kidney disease/HbA1c, diabetic eye disease, and bone density to targeted members who are overdue for these important health assessments. We're offering these screening kits at no cost for the member.

These initiatives focus on:

- **Kidney/HbA1c screening** — We've engaged Quest Diagnostics, Inc. to provide collection kits to measure blood and urine levels. These tests are important for managing the ongoing care of patients with diabetes. Members receive everything they need to complete the collection at home and return the kit via the included postage-paid envelope.
- **Colorectal cancer screening** — We're working with Exact Sciences to mail Cologuard screening kits to members who are overdue for a colon cancer screening. The Cologuard test, which is non-invasive and doesn't require prep, looks for abnormal DNA and blood in the stool. After completing the test, the patient returns the sample to the lab using the enclosed prepaid shipping label, and test results are typically available in two weeks.
- **Diabetic retinal screening** — Retina Labs will be offering at-home preventive vision screening tests conducted by a professional technologist to help ensure that members with diabetes receive their annual eye exams.
- **Bone mineral density scan** — Retina Labs will also offer in-home ultrasound-based bone mineral density scans to indicate whether individuals are at risk of bone fracture in the future. This will be offered to women age 65 or older who have been identified by CarePartners of Connecticut as being at-risk for osteoporosis.

The results from at-home screenings will be shared with the member and mailed to their PCP. We'll be encouraging members to work with their PCP and other physicians on a treatment plan.



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
CarePartners of Connecticut Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines (Cervical Fusion section)	10/1/2025	Removing prior authorization requirement from CPT codes 22800, 22802, 22808, 22810, and 22812.
Tonic Motor Activation for the Treatment of Restless Leg Syndrome	8/1/2025	New MNG. HCPCS codes E0743 (external lower extremity nerve stimulator) and A4544 (electrode for external lower extremity nerve stimulator for restless leg syndrome) now covered with prior authorization.

Reducing 30-day readmissions

Reducing hospital readmissions within 30 days is a considerable priority in health care, leading to increased patient satisfaction and improved outcomes.

To do this, it's essential to identify patients who may not understand their transition of care (TOC) instructions, including necessary follow-up care and changes to their medication regimens, and to provide targeted post-discharge TOC interventions.

Effective TOC interventions should prioritize timely follow-up and patient education.

Timely follow-up

Follow-up that is absent or delayed too far beyond the window immediately following a patient's transition out of the hospital can be a significant factor in the occurrence of 30-day readmissions. Some examples of timely follow-up that can help avoid these early readmissions include:

- Communication from the patient's primary care physician, such as reaching out to schedule a follow-up appointment
- Follow-up phone calls from any member of the patient's care team
- Home visits, when appropriate
- Medication reconciliation/review to ensure that the patient's medications are being used and monitored appropriately

Patient education

It's critical to make sure the patient has a solid understanding of their TOC plan so they can take the correct steps to avoid adverse events and readmissions. An integral component of TOC patient education is medication management; CarePartners of Connecticut strongly encourages providers to review these patients' medication lists with them to ensure that the lists are accurate and they have the correct prescriptions.

Initiation and engagement of substance use disorder treatment (IET)

Early identification and continued treatment for individuals diagnosed with a substance use disorder are crucial in preventing future drug-related illnesses, relapse, and overdose, thereby improving quality of life.

Recognizing the importance of this, the NCQA's HEDIS (Healthcare Effectiveness Data and Information Set) program includes a measure for Initiation and Engagement of Substance Use Disorder Treatment (IET). The IET HEDIS measure assesses the percentage of new substance use disorder (SUD) episodes that result in treatment initiation within 14 days (initiation rate) followed by treatment engagement within 34 days of initiation (engagement rate).

To improve patient outcomes, referring patients for treatment and providing support for follow up care is recommended. Follow up services include inpatient SUD admissions, outpatient visits in person or via telehealth, intensive outpatient encounters, partial hospitalizations, and medication management visits.

What else can you do to improve these measures for your patients?

- **Use** appropriate clinical documentation and correct coding.
- **Maintain** appointment availability for patients who have had recent hospital admissions.
- **Explain** the importance of follow-up to your patients as part of discharge planning.
- **Support** the coordination of assistance for members with competing social demands such as childcare, transportation, and housing that would otherwise prevent them from attending treatment appointments.
- **Reach out** to patients who do not keep initial appointments and reschedule them as soon as possible.
- **Remember** that telehealth visits with the appropriate diagnosis will meet the follow-up criteria.
- **Submit** accurate and timely claims and encounter data.

For complete information, refer to the CarePartners of Connecticut [IET HEDIS Tip Sheet](#). To explore a variety of additional HEDIS topics, please refer to the [HEDIS tip sheet page](#) on our provider website.

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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.