

# Office Visit

News for health care providers

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## ConnectiCare will sell 2018 policies on and off exchange

We're pleased to let you know that ConnectiCare will continue to sell health plans to individuals in 2018. We'll have plans available through Access Health CT, the

state's health care exchange, and we'll offer ConnectiCare SOLO policies. Open enrollment this year will go from Nov. 1 through Dec. 22, 2017.

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### **Information you need to know for the 2017-2018 flu season**

ConnectiCare members are covered for the flu vaccine. For most members, there is no copayment, coinsurance or deductible if the only reason for a visit is to get a flu shot. If there is an additional, separate reason billed for a visit, applicable copayment, coinsurance and deductible will apply.

If a member receives a flu vaccination from a non-participating provider, ConnectiCare will cover the usual-and-customary amount. If a member pays for the immunization out of pocket, he or she can provide a receipt to ConnectiCare along with a completed [Out-of-Plan Reimbursement Form](#). Medicare members should use this [Medicare Out-of-Plan Reimbursement Form](#).

Members may also call us at 1-800-251-7722 (commercial plans) or 1-800-224-2273 (Medicare plans) to request a reimbursement form. TTY service is also available at 1-800-833-8134 (commercial plans) or 1-800-842-9710 (Medicare Plans).

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Medicare Codes for Flu Vaccinations	
90630	90686
90656	90687
90662	90688
90673	90756*
90674	Q2035
90682	Q2037
90685	Q2039
Administration Code: G0008	

Commercial Codes for Flu Vaccinations	
90630	90685
90656	90686
90658	90687
90662	90688
90673	90749
90674	90756*
90682	
Administration Codes: 90460, 90461, 90471 90472, 90473, 90474	

\*Code 90756 is not available for payment until after Jan. 1, 2018, [per the Centers for Medicare & Medicaid Services guidance](#).

Please note: The Center for Disease Control and Prevention (CDC) has recommended that Flumist not be used for the 2017-18 flu season due to concerns about its effectiveness against influenza A (H1N1) virus in the U.S. As a result, ConnectiCare will not cover Flumist.

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### Facility claims editing update

Starting Oct. 1, 2017, we will be forwarding all Health Care Procedure Coding System (HCPC) and Current Procedural Terminology (CPT) codes to our claim editing vendors. This is not a new edit, but we're applying existing edits to the detail codes that we already require providers to submit with their revenue codes. This is consistent with our billing and claims payment policy in our [commercial provider manual](#) and [Medicare provider manual](#).

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### Claims update for chiropractic codes

We want to notify chiropractors and chiropractor offices that if you are billing chiropractic manipulative treatment codes 98940-98942, you should also report modifier AT "Active Treatment" when clinically applicable and supported by the medical record. This applies to commercial only. Currently, we are using the modifier information for reporting purposes.

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### **Anticipate prescription drug questions from Medicare members**

ConnectiCare will soon notify members in our Medicare Advantage plans of changes to their prescription formularies for 2018. Please support your patients who may be affected by:

- Anticipating any changes in medications that may be needed,
  - Answering your patients' questions, and
  - Writing new prescription orders for them, when needed, well before the New Year.
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### **A reminder about advising patients on Medicare plan enrollment**

The Centers for Medicare & Medicaid Services (CMS) reminds providers that they should remain neutral when discussing Medicare and Part D plans with their patients. The Medicare annual enrollment period (AEP) for 2018 starts Oct. 15, 2017, and ends Dec. 7, 2017.

Providers may:

- Provide the names of plans or plan sponsors with which they may contract and/or participate
- Provide information on and help applying for the low-income subsidy (LIS)

- Make available and/or distribute plan marketing materials in common areas
- Refer their patients to other sources of information, such as state health insurance assistance programs (SHIPs), plan marketing representatives, state Medicaid offices, local Social Security offices or CMS, either through its [website](#) or 1-800-MEDICARE.
- Share information with patients from the CMS website, including the "[Medicare and You](#)" handbook or "[Medicare Plan Finder](#)" or other resources written or approved by CMS

Providers should not:

- Offer scope-of-appointment forms for plan sponsors
- Accept Medicare enrollment applications
- Mail marketing materials on behalf of plans
- Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider
- Offer anything of value to induce plan enrollees to select them as their provider
- Offer inducements to persuade beneficiaries to enroll in a particular plan
- Conduct health screening as a marketing activity
- Accept compensation directly or indirectly from a plan for beneficiary enrollment activities
- Distribute materials or applications within an exam-room setting
- Provide endorsements or testimonials for marketing purposes

Providers who violate these regulations could face penalties up to and including termination of contracts with Medicare and Part D plans and plan sponsors.

If you have questions on discussing Medicare enrollment with your patients, please contact your provider education and service representative.

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## **We're sending reminders to your patients**

We aim to make it easy for our members to get the care they need. And sometimes that's as simple as reminding them of important care they may be missing.

We recently sent letters to our members who are missing preventive screenings or who are living with diabetes and appear to be missing tests, medicine or doctor's visits that are critical to the effective management of their disease.

### **You may be hearing from your patients to schedule the following:**

<b>Preventive care screenings</b>	<b>Diabetes management screenings</b>
Annual physical	HbA1c blood test
Annual flu shot	Urine protein test
Breast cancer screening (mammogram)	Diabetic eye exam
Cervical cancer screening (Pap test)	Blood pressure reading
Colon cancer screening (Colonoscopy, flexible or stool test (FIT))	Statin medication discussion

Please note: We cover Cologuard as a preventive service, but preauthorization will be required for your patients with commercial plans, including employer and individual policies.

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### **Has any of your information changed? Let us know.**

Check our [provider directory](#) to make sure we have the right information for you and your practice. Our members rely on our provider directory to find doctors like

you quickly and easily.

Relevant changes include your:

- tax ID number
- national provider identification (NPI)
- address
- phone number
- office hours
- ability to accept new patients

Submit any changes by filling out our [provider information update form](#) and sending it back to us as noted on the form.

### **Recent provider headlines**

Check out the latest [Provider News & Headlines](#):

- [New post-acute care program to start Sept. 5, 2017](#)
- [PCPs may get letters from UConn regarding their patients and a study on depression, delirium and dementia](#)
- [Help save your patients money: Refer to in-network providers](#)
- [Health assessments with HealthFair and ComplexCare Solutions underway](#)
- [HEDIS measure defined: Medication reconciliation post-discharge \(MRP\)](#)
- [Tips on the preauthorization process for infertility providers](#)



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