

Office Visit

News for health care providers



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eviCore to manage preauthorization for genetic testing, effective April 1, 2019

eviCore healthcare will begin managing the preauthorization review of most genetic testing for dates of service on or after April 1, 2019. eviCore will review preauthorization requests for all ConnectiCare Medicare Advantage and commercial plans.

eviCore will apply nationally-accepted criteria in its medical necessity review. This partnership will provide you with clinical expertise in the growing molecular and genomic testing field to help ensure that your patients get the right genetic tests.

Reviews will apply to non-emergent outpatient diagnostic services. No preauthorization review is required for services performed in an emergency room, inpatient hospital or observation stay.

Preauthorization reviews by eviCore will include genetic testing for:

- Hereditary cancer syndromes
- Carrier screening
- Tumor marker/molecular profiling
- Hereditary cardiac disorders
- Cardiovascular disease and thrombosis risk variant
- Pharmacogenomics
- Neurologic disorders
- Mitochondrial disease
- Intellectual disability/developmental disorders

ConnectiCare will continue to manage preauthorization reviews for preimplantation genetic testing. The process for those submissions and reviews remains the same.

For a complete list of affected Current Procedural Terminology (CPT) codes that require preauthorization or information on how to submit requests, go to

www.evicore.com/healthplan/connecticare. This website also includes details on what information is required with preauthorization requests and clinical guidelines.

There are two ways to submit preauthorization requests for genetic testing after April 1, 2019:

- Online at www.evicore.com/healthplan/connecticare, available 24 hours, seven days a week. You can submit standard and urgent requests through this website.
- Call eviCore at 888-835-2042 from 7 a.m. to 7 p.m. Eastern Time (ET), Monday through Friday.

Any genetic testing performed without prior authorization may be denied for payment, and you may not seek reimbursement from our members.

Attend a training webinar

We encourage you to attend one of the upcoming webinars hosted by eviCore to learn more about preauthorization requirements and how to submit and track requests online. The hour-long sessions will be held at the following dates and times:

- April 2, 2019, Tuesday, 3 p.m. ET
- April 4, 2019, Thursday, 11 a.m. ET

The webinars are free to our providers, but advance registration is required. To register for a webinar, go to evicore.webex.com and follow the instructions below:

1. Select "Webex Training" below the "Sign in" button.
2. Click the "Upcoming" tab and choose "ConnectiCare Lab Management Provider Orientation."
3. Click "Register" next to the session you wish to attend and enter your registration information.

After you register for the conference, you will receive an email with details on how to access the webinar. Please keep this registration email so you will have the link to the web conference and call-in number for the session you selected.

If you have questions about eviCore's provider training, call [1-800-646-0418](tel:1-800-646-0418) and select option 2 to reach eviCore's provider operations department.

Milliman Care Guidelines will apply to all ConnectiCare plans, effective May 1, 2019

Care guidelines are important factors in medical necessity reviews of any services requiring authorization. ConnectiCare will be adopting the Milliman Care Guidelines effective May 1, 2019 for Connecticut plans and June 1, 2019 for Massachusetts plans. This change may affect prior authorization reviews, concurrent reviews and emergency inpatient admissions for our commercial and Medicare Advantage plan members.

You do not need to take any action. We will update our provider website, connecticare.com/providers, with the Milliman Care Guidelines on or around the effective date.

Cityblock Health arrives in Waterbury area to help serve ConnectiCare members

ConnectiCare has engaged [Cityblock](#) to provide integrated primary care, behavioral health care and social services to a specific panel of members in the greater Waterbury area.

The first 1,500 ConnectiCare members received invitations in late February to join Cityblock. They are both Medicare Advantage (including Passage Dual SNP HMO) and commercial ConnectiCare members.

The first block of members includes those with the most complex healthcare needs. Some have numerous chronic conditions, complex medication requirements and high medical service utilization. Some may also have behavioral health conditions.

Cityblock employees called “Community Health Partners” are currently reaching out to those members to meet and work together on personalized action plans to help the members. Community Health Partners meet wherever it’s convenient for members – in homes or in community spaces.

Cityblock will let you know if any of your patients have been attributed to Cityblock to find out how they can support your efforts to keep your patients healthy. The services Cityblock can provide include:

- Support for preventive health screenings and chronic illness monitoring
- Mental health and substance use disorder treatment
- Wraparound care management and care coordination
- Care navigation, coaching, engagement and accompaniment
- In-person, facility-based care transition support
- Social needs screenings and referrals to social services and community-based organizations
- Access to 24/7 urgent care triage and telehealth services
- Non-emergency medical transportation coordination

If you have questions, contact your ConnectiCare provider relations representative or call Cityblock directly at [\(203\) 518-4566](tel:2035184566).

Claims edit to go into effect May 29, 2019

The following claims edit will go into effect May 29, 2019:

Policy: Surgical pathology

Policy description: CPT codes 88305-88309 should be reported with the diagnosis code for the tissue specimen that matches the CPT code description. A surgical pathology service will be denied if the only reported diagnosis reflects a tissue specimen that does not qualify for the level of

surgical pathology service billed.

Reference: AMA CPT Manual; American Society for Clinical Pathology: Laboratory Medicine, Volume 42, Issue 4, April 2011.

Plans affected: ConnectiCare commercial and Medicare Advantage plans

Clinical practice guidelines for chronic obstructive pulmonary disease (COPD) updated

Once a year we review and update the clinical practice guidelines as needed for some chronic conditions. We have updated our guidelines for chronic obstructive pulmonary disease (COPD) based on the information from the Global Initiative for Chronic Obstructive Lung Disease 2019 report.*

Highlights of the changes are:

- Algorithms for the initiation and follow-up management of pharmacological treatment have been revised. New diagrams have been developed to improve clarity and incorporate recent advances in knowledge.
- A model for the **initiation** of pharmacological management of COPD according to the individualized assessments of symptoms and exacerbation risk, following the ABCD assessment scheme, was developed.
- Following implementation of therapy, patients should be reassessed for attainment of their treatment goals and identification of any barriers for successful treatment.
- Following review of the patient response to treatment initiation, adjustments in pharmacological treatment may be needed.
- A separate algorithm is provided for **follow-up** treatment where management is still based on symptoms and exacerbations but the recommendation does not depend on the patient's GOLD (Global Initiative for Chronic Obstructive Lung Disease) group at diagnosis.
- These follow-up recommendations are designed to facilitate management of patients taking maintenance treatment(s), whether early after initial treatment or after years of follow-up.

- These recommendations incorporate recent evidence from clinical trials and the use of peripheral blood eosinophil counts as a biomarker to guide the use of inhaled corticosteroid (ICS) therapy for exacerbation prevention.
- The response to treatment escalation should always be reviewed and de-escalation should be considered if there is a lack of clinical benefit and/or side effects occur.
- De-escalation may also be considered in COPD patients receiving treatment who return with a resolution of symptoms that subsequently require less therapy.

**Source: Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease 2019 Report. <https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-v1.7-FINAL-14Nov2018-WMS.pdf> (last accessed 11 March 2019).*

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.

ConnectiCare in the community

Here are just a few of the things we did in the community over the past few weeks:



ConnectiCare was the Speak from the Heart sponsor at the [American Heart Association's Go Red for Women luncheon](#) on March 13. ConnectiCare's VP of Human Resources Kristie Lombardo introduced the keynote speaker, Dr. Gina Barreca.





ConnectiCare employees took part in [Dress in Blue Day on March 1](#) to raise awareness of colorectal, or colon, cancer and kick off Colon Cancer Awareness Month.



ConnectiCare Chief Operating Officer Robert Kosior (pictured in the center) participated in the [United Way of Central and Northeastern Connecticut's "We Stand With ALICE" legislative forum](#) at the Connecticut State Capitol on Feb. 25. ALICE (Asset Limited, Income Constrained, Employed) describes working people who have difficulty paying for basic needs like housing, food, child care, transportation, technology and health care.

Much more to see! Follow us on social media to stay up to date:

[Facebook](#) | [LinkedIn](#) | [Twitter](#)

Recent provider headlines

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

- [New commercial policies to go into effect April 1, 2019](#)

- [Infertility policy for commercial plans updated](#)
- [Helping your Medicare patients with urinary incontinence](#)
- [Updated ambulatory surgical grouper policy, effective Jan. 1, 2019](#)
- [Update on UConn study on 3Ds](#)
- [New in-home palliative care services for our commercial and Medicare Advantage members](#)
- [Annual HEDIS data collection to start next month](#)
- [Talk to your patients about staying active](#)
- [New post-pay review and education program for E&M codes](#)
- [CMS requirement on Medicare "Preclusion List" effective Jan. 1](#)
- [A reminder about requesting changes to your Tax Identification Number \(TIN\).](#)

Keep in Touch

