



Office Visit

News for health care providers

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Coronavirus (COVID-19) updates: Testing payment policy and FAQ for temporary telehealth program

We've put a temporary program in place to reimburse in-network providers for telehealth visits from March 13, 2020 through May 31, 2020. [Here are the programs details.](#)

If you have questions about this program, please refer to our [Telehealth/Telemedicine and Telephone Call Frequently Asked Questions](#) for answers.

Billing guidelines for COVID-19 testing

ConnectiCare is waiving members' cost-share for COVID-19 testing as well as the diagnostic visit associated with that testing if Centers for Disease Control and Prevention (CDC) guidelines are met. Please refer to [Payment Policy: COVID-19 Billing Guidelines \(Commercial/Medicare Advantage\)](#) for more information.

Use chest radiography & computed tomography for suspected COVID-19 infection

Our partner, Magellan Healthcare, is recommending following American College of Radiology (ACR) Recommendations for the Use of Chest Radiography and Computed Tomography (CT) for Suspected COVID-19 Infection. Here's [Magellan Healthcare Specialty Update](#) for more information.

National Imaging Associates, Inc. (NIA): Submit authorization requests online

Our partner National Imaging Associates, Inc. (NIA) is asking our provider community to use its website, [RadMD.com](#), to obtain authorizations, upload clinical documentation, and verify authorization requests as often as possible. [Please read this announcement from NIA.](#)

NIA manages the preauthorization management of the following services for ConnectiCare:

- Cardiac imaging program and implantable devices
- Outpatient interventional spine pain management for certain procedures
- Outpatient advanced imaging
- Inpatient and outpatient spine surgery programs

Free mental health support available through behavioral app for commercial patients

During these stressful times, we want to let you know that Optum, the company that manages and administers ConnectiCare's behavioral health program, now has an app available called "Sanvello" that will help your commercial patients clinical techniques to help them dial down the symptoms of stress, anxiety and depression.

If you see any commercial patients who may benefit from this, please let them know that **they can access this app for free under their ConnectiCare commercial plan**. Tell them to download the app from Google Play or iTunes or from Optum's website, liveandworkwell.com, using their medical insurance member identification (ID) number for free access to the premium version.

2020 updates to the standards of diabetes care

The American Diabetes Association recently updated the standards of diabetes care for 2020. Please refer to the full article, titled [American Diabetes Association Standards of Medical Care in Diabetes — 2020](#), for complete details.

Here are some highlights:*

- A new recommendation for "testing for prediabetes and/or type 2 diabetes should be considered in women planning pregnancy [who may be overweight or obese] and/or who have one or more additional risk factors for diabetes." (See page S18.)
- "The section "Nutrition" was updated and a new recommendation (3.3) was added to recognize that a variety of eating patterns are acceptable for people with prediabetes." (See page S4.)
- "Based on intervention trials, a variety of eating patterns may be appropriate for patients with prediabetes, including Mediterranean and low-calorie, low-fat eating patterns...(all) with an emphasis on whole grains, legumes, nuts, fruits and vegetables and minimal refined and processed foods, is also important." (See page S33.)
- "Patients with type 1 diabetes should be screened for autoimmune thyroid disease soon after diagnosis and periodically thereafter. Adult patients with

type 1 diabetes should be screened for celiac disease in the presence of gastrointestinal symptoms, signs, or laboratory manifestations suggestive of celiac disease.” (See page S42.)

- “In patients taking medication that can lead to hypoglycemia, investigate, screen, and assess risk for or occurrence of unrecognized hypoglycemia, considering that patients may have hypoglycemia unawareness.” (See page S72.)
- “Measure height and weight and calculate BMI at annual visits or more frequently.” (See page S89.)
- “For patients with established ASCVD or indicators of high ASCVD risk... established kidney disease, or heart failure, an SGLT-2 inhibitor or GLP 1-RA with demonstrated CVD benefit is recommended as part of the glucose-lowering regimen independent of A1C and in consideration of patient-specific factors.” (See pages S102-105.)
- “Patients with urinary albumin >30 mg/g creatinine and/or an eGFR <60 mL/min/1.73m² should be monitored twice annually to guide therapy.” (See page S135.)
- “A1C goals must be individualized and reassessed over time. An A1C of <7% (53 mmol/mol) is appropriate for many children. Less-stringent A1C goals (such as <7.5% [58 mmol/mol]) may be appropriate for patients who cannot articulate symptoms of hypoglycemia; have hypoglycemia unawareness; lack access to analog insulins, advanced insulin delivery technology, and/or continuous glucose monitors; cannot check blood glucose regularly; or have nonglycemic factors that increase A1C (e.g., high glycaters). Even less-stringent A1C goals (such as <8% [64 mmol/mol]) may be appropriate for patients with a history of severe hypoglycemia, limited life expectancy, or extensive comorbid conditions.” (See page S166.)
- “After the initial examination, repeat dilated and comprehensive eye examination every 2 years. Less frequent examinations, every 4 years, may be acceptable on the advice of an eye care professional and based on risk factor assessment, including a history of glycemic control with A1C <8%.” (See page S170.)

- “If glycemic targets are no longer met with metformin (with or without basal insulin), liraglutide (a glucagon-like peptide 1 receptor agonist) therapy should be considered in children 10 years of age or older if they have no past medical history or family history of medullary thyroid carcinoma or multiple endocrine neoplasia type 2.” (See page S172.)

**Source: American Diabetes Association Standards of Medical Care in Diabetes — 2020. Diabetes Care. The Journal of Clinical and Applied Research and Education. Vol. 43 | Supplement 1. January 2020. care.diabetesjournals.org/content/diacare/suppl/2019/12/20/43.Supplement_1.DC1/Standards_of_Care_2020.pdf (last accessed 22 March 2020)*

Change in preauthorization process for certain specialty drugs

Starting March 1, 2020, ConnectiCare will review preauthorization requests that providers previously submitted to our partner, Magellan Rx Management (Magellan Rx), for our Medicare Advantage members.

These preauthorization requests involve the following specialty drugs:

- Intravenous Immunoglobulin (IVIG)
- Subcutaneous Immunoglobulin (SCIG)
- Remicade® (infliximab)
- All Remicade’s biosimilar products

This is related to the [news we shared with you last month regarding our commercial members](#).

You can request authorizations for the above specialty drugs from ConnectiCare by:

| | Commercial patients | Medicare Advantage patients |
|-------------|----------------------------|------------------------------------|
| Fax: | 800-249-1367 | 877-243-4812 |

Phone:

[800-828-3407](tel:800-828-3407)

[888-447-0295](tel:888-447-0295)

Payment reminder: Reimbursement policy for drug and alcohol testing with commercial plans

Starting May 1, 2020, claims processing edits will be automated for drug and alcohol testing claims for commercial plans. Providers submitting claims payment for drug and alcohol testing should refer to our [Reimbursement Policy: Drug and Alcohol Testing_\(Commercial\)](#) policy.

Clinical details required for all routine ambulance service requests

A reminder about our policy for routine ambulance services: ambulance service providers must submit full clinical details with their preauthorization requests for routine ambulance/medical transport services for all ConnectiCare members. This applies to both commercial and Medicare Advantage plans.

Requests for routine ambulance service should include clinical documentation that demonstrates transportation by ambulance is medically required and that any other means of transportation could endanger a member's health or condition.

Preauthorization requests and full clinical details should be submitted by fax to:

- 860-674-5893 for members with commercial plans
- 866-706-6929 for members with Medicare Advantage plans

Please note, ConnectiCare may ask for more details during our review.

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 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
- Language spoken

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

Changes to ConnectiCare center locations

We suspended all service and classes at our centers in the interest of public health and safety. Our ConnectiCare center associates are still available by phone at [1-877-523-6837](tel:1-877-523-6837), from 8:30 a.m. to 5 p.m., Monday-Friday. Or call Member Services at [1-800-251-7722](tel:1-800-251-7722) (TTY: [711](tel:711)) 8 a.m. to 8 p.m., Monday – Friday and 9 a.m. to 2 p.m. Saturday.

When it's time to reopen, there will be some changes:

- The ConnectiCare center in Newington will not reopen. Please encourage members in the Newington area to visit the Manchester or Farmington centers when we reopen for events and in-person help with plan questions.
- Our center in Bridgeport is moving! A new, larger ConnectiCare center to serve the Bridgeport area will open in Shelton this spring.

Go to visitconnecticare.com for the most up-to-date information on locations and hours.

Recent provider headlines

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

- [Update on explanations of payments for 2020 Medicare dates of service](#)
- [Vision benefits for Medicare Advantage plans have changed](#)
- [Passage PCPs and specialists for commercial plans: download this list of specialties that need referrals](#)
- [Accredo's Convenient Care Program for commercial members](#)
- [Medicare contract level risk adjustment data validation \(RADV\) audit to begin this month](#)
- [Updated claims review policy now available online](#)
- [New medical policies for foot surgery and durable medical equipment](#)
- [ConnectiCare tools, resources and notifications](#)

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