



INDEPENDENT CARE HEALTH PLAN
iCare is a wholly-owned subsidiary of Humana

Provider **BULLETIN**

Issue 1 | 2025



Claims Processing Reminder

The Medicare therapy cap for 2025 is as follows:

- Physical therapy (PT) and speech-language pathology (SLP) services combined: \$2,410
- Occupational therapy (OT) services: \$2,410
- The KX modifier threshold amounts of \$2,410 for CY 2025

These amounts are based on the Medicare Economic Index (MEI). The therapy cap is the maximum amount that Medicare will pay for outpatient therapy services in a calendar year.

Please note that these figures are subject to change. For the most up-to-date information, please refer to the Medicare website <https://www.cms.gov/medicare/coding-billing/therapy-services>

Duplicate Radiology Services

Use modifier 76 to indicate a duplicate radiology code, meaning the same procedure was performed on the same day by the same physician.

M8 DISCLAIMER: Medicare Non-Covered or Exhausted Benefit

To ensure prompt payment and correct claim processing, it is important to use the M8 disclaimer when Medicare benefits are not covered or exhausted. iCare's claim system will always process under the primary enrollment without the disclaimer.

Examples of when to use the M8 Disclaimer in Box 80 of the UB04 form or 11 of the CMS1500

- Personal Care Services – T1019 is not a covered Medicare benefit
- Skilled Nursing Facilities – Medicare 100-day benefits have been exhausted
- Hospice – Non-Covered Medicare Service

Updated Pay Cycles

iCare is moving to two pay cycles per week beginning the week of March 3rd. Pay cycles will be run on Tuesday and Thursday nights.

Medicare Coverage Policy and Prior Authorization List (PAL) Update – January 2025

Please see our website: <https://www.icarehealthplan.org/Provider-Documents.htm> for updates to the Medicare Coverage Policy and <https://www.icarehealthplan.org/Prior-Authorization.htm> for updates to the PAL.

Members and providers may request a copy of the criteria used to make this UM determinations by calling the Prior Authorization Department at 414- 299-5539 or 855-839-1032.

iCare's Clinical Coverage Policies are also available at <https://www.icarehealthplan.org/Members/Member-Documents.htm>

Annual Reminder

Model of Care

It is important for providers to review iCares Model of Care on an annual basis. This can be found on our website: <https://www.icarehealthplan.org/Education/Resources.htm>

Cultural Competency Training

Cultural competency training should be completed annually. Please see our website under Training and Resources to view iCare's training on inclusion, Bia, Health Equity and Cultural competency. <https://www.icarehealthplan.org/Education/Resources.htm>

Fraud, Waste and Abuse

Review our Fraud, Waste and Abuse information which can found on our website: <https://www.icarehealthplan.org/Education/Resources.htm>



Prior Authorization Updates

For dates of on or after 3/1/2025, iCare will require prior authorization for the following codes:

Procedures: 22836, 22837, 22838, 27278

Neurostimulators: 61889, 61891, 61892, 64596, 64597, 64598

Laboratory/Pathology:

81457, 81458, 81459, 81462, 81463, 81464, 0439U, 0440U, 0444U, 0448U, 0449U, 0476U, 0477U, 0478U, 0481U, 0485U, 0486U, 0487U, 0489U, 0493U, 0496U, 0497U, 0498U, 0499U, 0500U, 0506U, 0507U, 0508U, 0509U, 0510U, 0516U

DME/DMS:

A4593, A4594, E0468, E0469, E0492, E0493, E0678, E0679, E0680, E0681, E0682, E0683, E0721, E0732, E0733, E0734, E0735, E0736, E0738, E0739, E0743, E2298, E3000, K1037, L1320, L5615, L5783, L5841, L5926, L8720, L8721

Dressings/Skin Substitutes:

A2027, A2028, A2029, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345

Specialty Medications:

J2350 Ocrevus® (ocrelizumab) & Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq)

J1458 Naglazyme® (galsulfase)

J2323 Tysabri® (natalizumab)

J1930 Lanreotide Products

J2357 Xolair® (omalizumab)

J1300 Soliris® (eculizumab)

Medically Tailored Meals: S5170, S9977

Intensive Outpatient Services: H2019

Effective 3/1/2025, we are removing prior authorization requirements for:

V2623, V2624, V2625, V2626

Effective 4/1/2025, we will also require prior authorization for the following codes:

Procedures: 51721, 55881, 55882

Neurostimulators: 0908T, 0909T, 0910T, 0911T, 0912T, 0935T

DME/DMS/Supplies: C9804, C9806

CAR-T: 38225, 38226, 38227, 38228

Behavioral Health Day Treatment: H2012