ConnectiCare

Payment Integrity Administrative Policy:

CPT/HCPCS New Code Updates

REVIEW DATE:	APPROVED BY
11/14/2025	RPC (Reimbursement Policy Committee)

Policy Statement: ConnectiCare updates its claims processing systems based upon code updates received from American Medical Association CPT® and The Centers for Medicare & Medicaid Services (CMS). Both the AMA and CMS release updates to their respective code sets quarterly.

ConnectiCare strives to load and configure each code update within 60 days of the effective date. The current process will hold the entire claim if it contains a new code while it is being configured. To not hold up critical payments to our providers any more than necessary, we are implementing a new code loading process.

Code Update Process:

Effective July 2024, the new code load process will adjudicate the claim as normal for all services ***except*** for the new code(s) that need configuration.

The new CPT® and/or HCPCS codes will instead be appended with an electronic Claim Adjustment Reason Code stating, "The disposition of this service is pending further review" (CO-133).

Once the new CPT® and/or HCPCS codes have been loaded into our claims processing system we will reprocess the claims to ensure proper adjudication of the claim.

Please note, this process does not guarantee payment on these new codes, or previously paid services, as the new service codes may now cause a reimbursement policy edit to occur. These reimbursement policy edits may result in recoveries on the previously processed claim(s); i.e. new code(s) on a claim subject to multiple procedure reductions.

Revision history

Company(ies)	DATE	REVISION
ConnectiCare	**11/14/2025**	• Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after **January 1, 2026**.
ConnectiCare	**11/14/2025**	• Transferred policy content to individual company-branded template. No changes to policy title or policy number.
ConnectiCare	**5/01/2024**	• New Policy effective July 2024