Limited Services Payment Policy

Applies to the following CarePartners of Connecticut products:

☒ CareAdvantage Preferred

☒ CarePartners Access

The following payment policy applies to limited services clinics who render services to members of the CarePartners of Connecticut plans selected above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers medically necessary services provided at contracting limited services clinics, in accordance with the ancillary provider agreement and the member's benefits.

Definition

Services provided at limited services clinics include, but are not limited to, the diagnosis and treatment of a variety of common illnesses such as strep throat, ear, eye, sinus, bladder, and bronchial infections.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Referral/Prior Authorization/Notification Requirements

No referrals, prior authorizations or inpatient notifications are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of labs not participating in the member's applicable network(s) may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, CarePartners of Connecticut may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Other Information

- Limited service providers must use a CMS-1500 claim form or electronic 837P to bill for services, using Place of Service (POS) 17- Walk-in retail clinic. The assigned provider ID number should be entered in both Provider ID and Payee ID indicator fields
- Facility reimbursement is included in the professional fee and will be denied when billed separately; the member is not liable for these charges

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

CarePartners of Connecticut Reimburses

- Durable medical equipment dispensed by the limited service provider (when included in the provider agreement)
- Specific CPT codes representing minor health care issues

CarePartners of Connecticut Does Not Reimburse

- Discrete facility charges
- Handling fees, routine blood draws, special reports, or telephone management billed with evaluation and management codes
- Routine and preventive services when provided in a retail setting
- Services that are not provided or dispensed by a contracted limited service provider
- Any other service that is not defined in the provider agreement

Additional Resources

- Durable Medical Equipment and Medical Supplies
- Evaluation and Management
- Vaccines and Immunizations

Document History

- September 2025: Annual review; no changes
- September 2024: Annual review; updated billing instructions; administrative updates
- November 2023: Annual review; no changes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- May 2020: Document created

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.