

# Outpatient Facility Payment Policy

Applies to the following CarePartners of Connecticut products:

- ☒ CareAdvantage Preferred
- ☒ CarePartners Access

The following payment policy applies to providers who render outpatient 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 performed in an outpatient setting, in accordance with the member's benefits.

## 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

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referrals, Prior Authorizations, and Notifications chapter of the CarePartners of Connecticut Provider Manual.

No referrals 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.

### CarePartners of Connecticut accepts the following revenue codes without a CPT or HCPCS code

Code	Description
0250-0259	Pharmacy
0250-0273, 0275-0279	M&S supplies and device
0370-0379	Anesthesia
0551-0552,0559	Visits Skilled Nursing
0620-0622	Supplies
0710, 0719	Recovery Room

## Ambulatory Surgical Centers

- For CMS-1500 or electronic 837P billing only, modifier SG is required
- Modifiers that affect reimbursement should be submitted in the [primary modifier position with modifier SG in the secondary position.
- Modifier SG is not required for services submitted on a UB-04 or electronic 837I.

## Multiple Procedures and Bilateral Surgeries

- When applicable multiple procedures are performed at the same session, the procedure with the highest allowable rate will be reimbursed at 100% of the allowed rate. Subsequent reimbursable procedures will be paid at 150% of the allowable rate.
- Bilateral surgeries are reimbursed at 150% of the allowable rate.

## Other information

- Certain procedures require the use of an implantable device; report the CPT/HCPSC code for the device, where applicable, in addition to the surgical procedure code.
- Facilities should report valid and appropriate CPT or HCPSC codes with all revenue codes (except as noted above), as specified in the Uniform Billing Editor (UBE).
- Procedures must be performed in the appropriate place of service.

## Compensation/Reimbursement Information

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

CarePartners of Connecticut has adopted CMS's differential compensation for office and facility-based services, replacing CarePartners of Connecticut's standard facility fee reduction. Refer to the provider's current contract for details regarding outpatient compensation provisions.

### CarePartners of Connecticut Reimburses

- Ambulatory surgical center services
- Outpatient services
- Surgical day care services (SDC)
- Treatment room services

### CarePartners of Connecticut Does **Not** Reimburse

- Routine preadmission testing performed at an outpatient facility prior to an inpatient admission, when applicable. Refer to the Inpatient Hospital Admissions Payment Policy for more details

## Additional Resources

- [Ambulatory Surgical Center Payment Policy](#)
- [CarePartners of Connecticut Provider Manual](#)
- [Drugs and Biologicals Payment Policy](#)
- [Emergency Department Services Payment Policy](#)
- [General Coding and Claims Editing Payment Policy](#)
- [Inpatient Hospital Admissions Payment Policy](#)
- [Modifiers Payment Policy](#)
- [Laboratory and Pathology Payment Policy](#)
- [Observation Stay Payment Policy](#)
- [Serious Reportable Events, Serious Reportable Adverse Events and Provider Preventable Conditions](#)

## Document History

- September 2025: Merged Outpatient and Ambulatory Surgical Center Payment Policies

## 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.