

Urgent Care Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to uniquely contracted urgent care providers that meet participation criteria who render urgent care 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 urgent care services to treat a sudden illness or injury that isn't a medical emergency, in accordance with the member's benefits. An urgent care center is distinct from a hospital emergency room, an office or a clinic that is open to the general public and offers walk in medical care without an appointment.

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](#).

Covered services that are not provided by and are not billed directly by the contracted urgent care provider entity must be referred to a contracted provider in the member's network (i.e., DME not dispensed by the urgent care entity must be coordinated through a contracted network provider).

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.

Billing Guidelines

- Submit services on a CMS-1500 claim form or electronic 837P
- Place of service code 20 (Urgent Care) is required
- Submit an organizational NPI or your lowest level subpart NPI assigned to the urgent care provider entity
- Populate Box 31 (Signature of physician or supplier including degrees or credential) with the name of the urgent care facility as contracted (not the name of a specific practitioner)

Compensation/Reimbursement Information

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

CarePartners of Connecticut Reimburses

- Urgent Care services to treat an acute or chronic illness or injury that is immediate in nature and requires professional attention but is not life threatening

CarePartners of Connecticut Does **Not** Reimburse

- Handling fees, routine blood draws, or special reports
- High end radiology services
- Preventive or routine services

Other Information

Urgent care services are reimbursed at a bundled rate that is inclusive of both facility and professional services

Additional Resources

- [Evaluation and Management Professional Payment Policy](#)
- [Telehealth/Telemedicine Payment Policy](#)

Document History

- May 2026: Annual policy review; administrative edits
- March 2025: Annual policy review; clarified definition of urgent care center; administrative edits
- July 2024: Policy document created to support existing billing and reimbursement guidelines

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.