

Home Infusion Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render home infusion 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 home infusion services, 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 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 [Referral, Prior Authorization and Notification Policy](#).

No referrals are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

The member's PCP (or provider, if the member's benefit plan does not require a PCP) must prescribe home infusion services.

Certain home infusion drugs may require prior authorization through CarePartners of Connecticut's Precertification Operations Department or Pharmacy departments, depending on whether the drugs are covered under the member's medical or pharmacy benefit. Refer to the [Pharmacy](#) section of the public Provider website for additional information.

Prior authorization should be obtained prior to the first day of service or on the next business day, if the member's infusion services are arranged after normal working hours, on a weekend, or on an emergency basis.

New-to-Market Drugs

Providers who prescribe new-to-market drugs must submit a request for coverage to the Precertification Operations Department in accordance with CarePartners of Connecticut's medical review process. Refer to the Referrals, Prior Authorizations and Notifications chapter in the CarePartners of Connecticut [Provider Manual](#) for more information.

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.

- Submit home infusion and specialty pharmacy medical claims to CarePartners of Connecticut
- Itemize each DOS, procedure code, and dosage of medication when more than one date of service is submitted on the claim, if applicable
- Submit each drug/product using standard CPT/HCPCS code, National Drug Code (NDC) number of the covered medication, description of product, dosage, and units administered
- Effective for dates of service on or after Feb. 1, 2025, CarePartners of Connecticut will require the following modifiers when billing for multiple home infusion therapies

- SH identifies the second concurrently administered infusion therapy.
- SJ identifies the third or more concurrently administered infusion therapy.

Compensation/Reimbursement Information

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

Some home infusion drugs may be subject to a maximum number of units per day, in accordance with the [Maximum Units Policy](#).

Additional Resources

- [Drugs and Biologicals Payment Policy](#)
- [Durable Medical Equipment Payment Policy](#)
- [Home Health Care Payment Policy](#)
- [Hospice Services Payment Policy](#)

Document History

- November 2024: Annual policy review; removed references to Novologix, added content for modifiers SH and SJ, effective for DOS on or after Feb. 1, 2025
- December 2023: Annual policy review; administrative updates
- February 2023: Updated specialty pharmacy claims submission information effective for DOS on or after April 1, 2023
- December 2022: Annual policy review; no changes
- July 2021: Policy reviewed by committee; no changes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- May 2020: Policy reviewed by committee; removed home infusion procedure codes; clarified authorization and billing instructions
- January 2019: Policy 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. For more information about CarePartners of Connecticut's audit policies, refer to the CarePartners of Connecticut public Provider website.

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.