Inpatient and Intermediate Behavioral Health/ Substance Use Disorder Facility Payment Policy

Applies to the following CarePartners of Connecticut products:

☒ CareAdvantage Preferred

☒ CarePartners Access

The following payment policy applies to providers who render inpatient and intermediate behavioral health/substance use disorder (BH/SUD) 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 inpatient and intermediate levels of care for BH/SUD services, in accordance with the member's benefits. Intermediate levels of care consist of acute residential treatment, partial hospitalization programs and intensive outpatient programs.

There is a 190-day lifetime limit for BH/SUD services provided in a freestanding psychiatric hospital; however, this limit does **not** apply to services provided in the psychiatric unit of a general hospital.

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.

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

Inpatient Admissions

All inpatient admissions require inpatient notification. Admitting practitioners and hospital admitting departments are responsible for notifying CarePartners of Connecticut, following the procedures outlined in the Referrals, Prior Authorizations, and Notifications chapter of the CarePartners of Connecticut Provider Manual.

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.

The primary diagnosis classification (medical, psychiatric, or chemical dependency) submitted on the claim must match the primary diagnosis classification on the inpatient notification. If the primary diagnosis classifications do not match, the claim for those services will be denied.

Revenue Codes for Inpatient Services

Code	Service Description
0114, 0124	Inpatient BH, all-inclusive per diem
0116, 0126	Inpatient SUD, (ASAM Level IV detox) all-inclusive per diem
0134	RM & BD psychiatric – S/P 3-4

Code	Service Description
0114, 0124	Inpatient BH, all-inclusive per diem
0116, 0126	Inpatient SUD, (ASAM Level IV detox) all-inclusive per diem
0136	RM & BD detox – S/P 3-4 Bed
0144	RM & BD psychiatric – private deluxe
0146	RM & BD detox – private deluxe
0154	RM & BD psychiatric ward
0156	RM & BD detox ward
0204	RM & BD psychiatric

Note: Submit FST claims on a CMS 1500 form.

HCPCS Procedure Codes for Intermediate Services

Code	Service Description
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
H0015	SUD intensive outpatient program, per day
H0017	Acute residential program or ASAM Level lll SUD, per day, all-inclusive per diem
H0018	BH; short-term residential (nonhospital residential treatment program), without room and board, per diem
H0035	BH/SUD partial hospital, per day
H2012	BH day treatment, per hour
S9480	BH intensive outpatient program, per day

Note: Providers should bill only one HCPCS procedure code per date of service.

Compensation/Reimbursement Information

Compensation for inpatient treatment and related services corresponds to the applicable contracted rate for per diem, per case, and/or other arrangements, as applicable. Refer to the current provider contract for details regarding inpatient compensation provisions.

Delay Days

CarePartners of Connecticut does not compensate providers for delay days, wherein a member spends days in a facility waiting for medically necessary diagnostic testing, treatments, therapies (including physical therapy), consultations, surgical/other procedures or test results. The delay may be due to facility scheduling, staffing or equipment issues that represent an interruption in evaluation or treatment, resulting in a longer length of stay than if the care had been efficiently provided and/or arranged. Regardless of whether the day meets medical necessity criteria, such days will not be reimbursed. The decision may result in a denial of payment to the hospital, practitioner, or both.

Additional Resources

- Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy

Document History

- May 2025: Annual policy review; administrative updates
- June 2024: Annual policy review; administrative updates
- August 2023: Annual policy review; template updates
- September 2022: Annual policy review; no changes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- January 2020: Eliminate referral requirements for in-network providers effective January 1, 2020
- 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.

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.