

Maximum Units Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers 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 assigns a maximum number of units allowed for all procedure codes, as described below.

Procedure Code Maximums

CarePartners of Connecticut assigns a maximum number of units that may be billed for a single date of service per member. If the number of units billed exceeds the maximum number of units allowed for the service, CarePartners of Connecticut will compensate only the maximum number of units allowed. The unit(s) assigned is subject to change and may be subject to adjustment based on the diagnosis associated with the procedure code submitted and is not a guarantee of payment.

Annual Maximums

CarePartners of Connecticut has assigned a maximum number of units to select procedure codes that may be billed within a 12-month period per member.

Lifetime Maximums

CarePartners of Connecticut assigns a maximum number of units to select procedure codes that may be billed within a member's lifetime.

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.

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.

If there is a medically necessary reason to bill in excess of the maximum units allowed by CarePartners of Connecticut for the procedure code, the provider can submit an appeal through the provider payment dispute process. The provider's Explanation of Payment (EOP) and Electronic Remittance Advice (ERA) will reflect the number of units that have been compensated.

Daily Max Units Adjustments Process

CarePartners of Connecticut will not routinely compensate excess units when any provider bills more than one unit of service for certain procedures, regardless of appended modifier and with the same revenue code. When a provider bills a certain number of units that exceeds the assigned amount allowed for that procedure, the total number of units will be adjusted to the assigned allowed amount and

the excess units will be denied. CarePartners of Connecticut notifies providers via an explanation of payment (EOP) or 835 file. The EOP identifies the adjusted amount, member name, member ID number, claim number, provider name, and correct payment amount.

Compensation/Reimbursement Information

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

Document History

- September 2024: Annual policy review; administrative updates
- November 2023: Annual policy review; no changes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- August 2020: Policy reviewed; boilerplate added
- 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.