

# Sleep Studies and Sleep Therapies Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render sleep studies 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 sleep studies, sleep therapy and resupplies, in accordance with the member's benefits. Services rendered in any place other than a monitored facility setting or a home setting whereby data is recorded remotely are not covered.

## 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.

**Sleep Studies:** Prior authorization is not required for sleep studies rendered by CarePartners of Connecticut providers.

## 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.

Ancillary providers may bill only procedure code(s) in accordance with their provider agreements.

## Compensation/Reimbursement Information

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

## Additional Resources

- [Durable Medical Equipment Payment Policy](#)
- [General Coding and Claims Editing Payment Policy](#)
- [Inpatient Facility Payment Policy](#)
- [Modifier Payment Policy](#)
- [Maximum Units Policy](#)

## Document History

- November 2024: Annual policy review: updated Additional Resources
- December 2023: Annual policy review; administrative edits; added policies to Additional Resources
- December 2022: Annual policy review; administrative updates
- February 2021: Added sleep therapies to document title
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- August 2019: Committee review; added authorization and billing boiler plate language; added compensation/reimbursement section
- 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.