

Dermatology Payment Policy

Draft annual review

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render dermatology 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 dermatology 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.

Dermatology services that have been determined to be cosmetic, experimental, or investigational are not covered.

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 Referrals, Prior Authorizations, and Notifications chapter of the CarePartners of Connecticut [Provider Manual](#).

For in-network dermatology services referral, prior authorization or inpatient notification is not required.

For out-of-network HMO members a referral is required.

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.

Compensation/Reimbursement Information

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

CarePartners of Connecticut does not routinely compensate for the following:

- Abrasion, dermabrasion, salabrasion
- Anesthesia when provided by the surgeon or dermatologist
- A simple closure or repair when performed with a benign or malignant lesion excision
- Chemical exfoliation for acne and chemical peel
- Closure or repair using adhesive strips as the sole method of repair

- Evaluation and management services on the same day as a surgical procedure unless it is a significant and separately identifiable service, or it is above and beyond the usual preoperative and postoperative care associated with the procedure, and billed with the proper modifier
- Frozen section pathology services associated with Mohs surgery
- Miscellaneous supplies, miscellaneous surgical supplies, or surgical trays
- Non-FDA-approved skin substitute products
- Photochemotherapy (PUVA) when billed without an appropriate diagnosis
- Repairs associated with surgical closure procedures
- Skin tag removal by any method
- Any other dermatological services that are determined to be cosmetic, experimental, or investigational

Other Information

- When billing repair of multiple wounds, add together the lengths of those in the same classification (simple, intermediate, or complex) and anatomic sites that are grouped together in the same CPT descriptor. Report the total length of each group
- A physician bill for skin substitutes should not be submitted if the supplier is billing CarePartners of Connecticut directly for the provision of the product.

Additional Resources

- [Evaluation and Management Professional Payment Policy](#)
- [Laboratory and Pathology Payment Policy](#)
- [Surgery Professional Payment Policy](#)

Document History

- July 2024: annual policy review: updated compensation/reimbursement information
- October 2023: Annual policy review; administrative updates
- July 2021: Added claim edit for laser treatment of psoriasis, effective for dates of service on or after October 1, 2021
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- September 2020: Reviewed by committee
- 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. 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.