

Dialysis Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render outpatient dialysis 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 peritoneal dialysis and hemodialysis services¹, 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, prior authorizations or inpatient notifications are required for dialysis services.

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 compensates outpatient for dialysis services on a bundled, per treatment basis when reported with place of service home (12), outpatient (22) or an end stage renal disease (ESRD) treatment facility (65).

The four severity factor adjustments used by Original Medicare (i.e., patient-level, onset of dialysis, outliers, and facility-level) are not applied to the reimbursement rate.

¹ Dialysis services include, but are not limited to, labs, drugs, tubing change, adapter change and training related to hemodialysis and peritoneal dialysis (intermittent, continuous cycling, and continuous ambulatory)

ESRD Facility – Hemodialysis Modifiers

CarePartners of Connecticut will not routinely compensate hemodialysis service (90999) when billed without modifier G1-G6 with Bill Type 0720-072Z (Clinic-hospital based or independent renal dialysis center) and another claim line for the same procedure with modifier G1-G6 is not present on the claim.

Additional Resources

- [Durable Medical Equipment and Medical Supplies Payment Policy](#)
- [Hospice Services Payment Policy](#)
- [Inpatient Facility Payment Policy](#)
- [Inpatient Rehabilitation and Long-Term Acute Care \(LTAC\) Facility Payment Policy](#)
- [Skilled Nursing Facility Payment Policy](#)

Document History

- September 2024: Annual policy review; added Additional Resources section; administrative edits
- September 2022: Annual policy review; no updates
- July 2021: Policy reviewed by committee; added claim edit for ESRD facility - hemodialysis modifiers
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- June 2020: Reviewed by committee; removed outdated 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.