

Advanced Practice Provider (APP) Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to advanced practice providers (APPs) 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 covers medically necessary covered services performed by APPs, based on specific contract terms and state requirements. APPs include, but are not limited to, advanced practice registered nurse (APRN), nurse practitioners (NP), certified nurse-midwives (CNM), certified professional midwives (CPM), certified registered nurse anesthetists (CRNA), clinical nurse specialists (CNS), and physician assistants (PA).

State law governs the specific services that may be performed by advanced practice providers. It is the responsibility of the APP, or the supervising physician when applicable, to assure full compliance with state law in the state where the services are provided.

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 chapter of the [CarePartners of Connecticut Provider Manual](#).

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

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.

Contracted APPs

- When CarePartners of Connecticut contracts directly with the APP, submit claims using the name and NPI of the APP
- Do not append modifier SA.

Non-Contracted APPs

- When CarePartners of Connecticut does not contract directly with the APP, submit claims using the supervising physician's name and NPI.

Modifier SA is required. (Note: claim lines billed with the [SA modifier](#) are reimbursed at 85% of the applicable physician fee schedule/allowed amount)

Note: Refer to the Anesthesia Payment Policy for billing information specific to CRNAs.

“Incident to” Services

For services to qualify as “incident to,” the services must be part of the member’s normal course of treatment, during which a contracting collaborating provider personally performed an initial service and remains actively involved in the member’s course of treatment. The collaborating provider does not have to be present in the member’s treatment room while these services are rendered. However, the collaborating provider must provide direct supervision and must be present in the office suite at the time services are rendered to provide assistance, if necessary. The member’s medical record should document the essential requirements for “incident to” services.

- APPs should submit claims under the collaborating/supervising practitioner’s NPI in Box 24j of the professional claim form .
- Modifier SA should **not** be appended

Compensation/Reimbursement Information

APPs are compensated according to applicable contracted rates and fee schedules.

Additional Resources

- [Anesthesia Payment Policy](#)
- [Evaluation and Management Payment Policy](#)
- [Obstetrics/Gynecology Payment Policy](#)
- [Surgery Professional Payment Policy](#)

Document History

- April 2025: Annual policy review; renamed policy (formerly Nurse Practitioners and Physician Assistant), updated policy description, clarified billing instructions, updated Additional Resources
- April 2024: Annual policy review; administrative edits
- April 2023: Annual policy review; administrative updates
- March 2022: Annual review; clarified SA modifier and “incident to” services
- April 2021: Reviewed by committee; clarified billing and compensation information
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- November 2019: Clarified existing claim submission requirements for noncontracting NPs and PAs
- January 2019: Document 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.