

Clinical Trials Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render services during qualified clinical trials 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 services provided during qualified clinical trials to the same extent those services are covered for members who are not enrolled in clinical trials, in accordance with state and federal mandates for coverage and 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 referral and/or 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.

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 Reimburses

- Items or services needed for reasonable and necessary care resulting from the provision of the investigational service or item (e.g., treatment of a complication)
- Items or services required solely for the provision of the investigational item/ service (e.g., the administration of an experimental drug)
- Routine services rendered by contracted providers and supplies received as part of the qualified clinical trial that the member is enrolled in

CarePartners of Connecticut Does **Not** Reimburse

- Costs of data collection and record-keeping that would not normally be required, other than for the clinical trial
- Experimental, investigational, or unproven treatment, drugs, or devices that the trial is testing
- Items and services provided or covered by the clinical trial sponsor that are free of charge for any person enrolled in the trial
- Non-health care items and services (e.g., food products, personal care services) required as a result of the member's enrollment in the clinical trial
- Services or items that are specifically excluded in member's benefit plan documents
- Services or items that would not be covered if a member was not enrolled in a clinical trial
- Services provided to primarily meet the needs of the trial including services that are typically covered but are being provided at a greater frequency, duration, or intensity than is medically necessary
- Services that are inconsistent with accepted standards of care

ICD-10 Code

The diagnosis code below must be reported with the primary ICD-10 diagnosis code consistent with the clinical trial indication.

Code	Description
Z00.6	Encounter for examination for normal comparison and control in clinical research program

Required Modifiers

The following modifiers (for professional and facility outpatient claims) are item/service specific and constitute medically necessary routine patient care or treatment or complications arising from a member's participation in a qualified clinical trial.

Modifier	Description
Q0	Investigational clinical service provided in a clinical research study that is in an approved clinical research study
Q1	Routine clinical service provided in a clinical research study that is in an approved clinical research study

*If billing with other modifiers, use Q0 or Q1 in the second modifier field.

Document History

- May 2024: Policy document created to support existing billing and reimbursement guidelines

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.