

Avoiding Administrative Claim Denials

The following is a list of administrative claim denials that CarePartners of Connecticut providers may receive when submitting claims, along with tips on how to correct/avoid them. Refer to the [Professional Services and Facilities Payment Policy](#) for additional guidelines.

Administrative Claim Denials and Tips to Avoid Them	
Denial Reason	Tips
<p><u>No referral on file</u></p> <p>CarePartners of Connecticut members are required to have electronic or paper referrals from their PCP for out-of-network specialty care services.</p> <p>The PCP is responsible for coordinating and submitting referrals to CarePartners of Connecticut prior to services being rendered by an out-of-network provider.</p> <p>Referrals can be submitted via:</p> <ul style="list-style-type: none"> • The secure Provider portal • Change Healthcare™ • Paper referral 	<p>Confirm that the referral was made prior to services being rendered via the following resources:</p> <ul style="list-style-type: none"> • Referral inquiry on the secure Provider portal • Change Healthcare™ • PCP's office • Contact Provider Services at 1-888-341-1508 <p>For more information, refer to the Referral, Prior Authorization and Notification Policy or the Providers chapter of the CarePartners of Connecticut Provider Manual</p>
<p><u>Duplicate</u></p> <p>A claim might deny as duplicate if:</p> <ul style="list-style-type: none"> • The same claim is submitted multiple times • A 'corrected claim' is submitted without the required corrections made • Late charges are submitted on a facility claim without the original claim number and/or correct bill type 	<ul style="list-style-type: none"> • Refer to the Provider Payment Dispute Policy and Request for Claim Review Form (v1.1) to submit a corrected claim. Corrected claims sent to CarePartners of Connecticut without the form will result in a duplicate denial. • To submit late charges electronically for facility claims, include the original reference number (CarePartners of Connecticut claim number) and the bill type. The third digit of the bill type should be '5' to indicate late charges. • To check claim status: <ul style="list-style-type: none"> • Claim inquiry on the secure Provider portal • Contact Provider Services at 1-888-341-1508 <p>For more information, refer to the Claim Requirements and Dispute Guidelines chapter of the CarePartners of Connecticut Provider Manual</p>
<p><u>Timely Filing of Claims</u></p> <p>Claims must be received by CarePartners of Connecticut within 60 days from the date of service (for professional/outpatient claims) or the date of discharge (for inpatient/institutional claims).</p>	<p><u>EDI claim submissions:</u></p> <ul style="list-style-type: none"> • Check the electronic summary reports 277CA to verify the claim was accepted by CarePartners of Connecticut. • Make the necessary corrections to the claim and re-submit within the filing deadline. <p><u>Paper claim submissions:</u></p> <p>Must be submitted on official Red forms</p> <ul style="list-style-type: none"> • Ensure all of the information is correct on the claim • Verify the correct address for paper claims submission • Check the claim status on the explanation of payment (EOP) <p>For more information, refer to the Claim Requirements and Dispute Guidelines chapter of the CarePartners of Connecticut Provider Manual.</p>

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<p><u>No Inpatient Admission Notification</u></p> <p>Inpatient admission notification is required for all members who are admitted for inpatient care, regardless of whether CarePartners of Connecticut is the primary or secondary insurer.</p> <p>Admitting providers and hospital admitting departments must notify CarePartners of Connecticut within the following timelines:</p> <ul style="list-style-type: none"> • Elective admissions must be reported no later than 5 business days prior to admission. • Urgent or emergent admissions must be reported by 5 p.m. the next business day following admission. This includes admissions that occur after hours, on weekends, or on holidays. 	<p>Inpatient notification can be submitted via the secure Provider portal or by faxing a completed Inpatient Notification Form to the Precertification Operations Department at 857-304-6410.</p>
<p><u>No Prior Authorization on File</u></p> <p>CarePartners of Connecticut requires providers to obtain prior authorization for certain services, drugs, devices and/or equipment in order to be covered.</p>	<p>Refer to the following to determine which services require prior authorization and the process for review:</p> <ul style="list-style-type: none"> • Referral, Prior Authorization and Notification Policy • CarePartners of Connecticut Provider Manual <p><u>BEHAVIORAL HEALTH</u></p> <ul style="list-style-type: none"> • Inpatient and Intermediate BH/SUD Payment Policy • Outpatient BH/SUD Professional Payment Policy

Register to use the CarePartners of Connecticut website by logging into the secure Provider [portal](#).