CarePartners of Connecticut

Home Health OR Part B Services Notification Form

Directions for use:

- Choose one type of notification and indicate if provider/facility is out-of-network
- Submit this notification form and the associated plan of care to the CarePartners Care Management Department at 857-304-6411

Requestor's name:	Requestor's phone number and extension:	Requestor's fax number:
Member name:	Member ID number:	Date of birth (MM/DD/YYYY):
Ordering physician name:	Ordering physician phone number:	Ordering physician NPI number:
Facility name:	Facility phone number:	Facility NPI number:
Facility admission date (MM/DD/YYYY):	Start of services date (MM/DD/YYYY):	End of services date (MM/DD/YYYY):
ICD-10 diagnosis code:	ICD-10 diagnosis code:	ICD-10 diagnosis code:
ICD-10/CPT procedure code:	ICD-10/CPT procedure code:	ICD-10/CPT procedure code:
If applicable, Primary Care Provider (PCP) name:	If applicable, PCP referral on file: Yes ☐ # No ☐	If applicable, prior authorization on file: Yes ☐ # No ☐
Notification type (choose one)		**Out of Network?** Yes ☐ No ☐
Home Health Services – submit plan of care with this form Evaluation ☐ Initial certification ☐ Recertification ☐		
Medicare Part B Services to be delivered in a long-term care/custodial setting – submit plan of care with this form Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Other ☐		
Name of collaborating CarePartners or delegated group Care Manager:		

Note: Notification does not guarantee payment. CarePartners of Connecticut is not obligated to pay claims for a notification that was submitted for persons who are not members on the date of service, who fail to meet other eligibility criteria, who receive care that is determined not to be medically necessary, or who have claims that are subject to COB or subrogation.