

CarePartners of Connecticut Referral, Prior Authorization and Notification Guide

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Overview

CarePartners of Connecticut covers medically necessary, appropriately authorized services consistent with the member's benefits. Providers should submit referral, prior authorization, and/or inpatient notifications in accordance with the requirements and time frames outlined in the CarePartners of Connecticut Provider Manual. Refer to the Payment Policies and Medical Necessity Guidelines to determine specific prior authorization and/or inpatient notification requirements for services or call CarePartners of Connecticut Provider Services at 888.341.1508. CarePartners of Connecticut provider documentation is updated regularly. For the most current information, providers should view all documentation online at carepartnersct.com/for-providers and avoid printing.

Referrals

Referrals to in-network providers are not required.

A referral verifies that the member's primary care provider (PCP) has approved the member to receive services from a provider outside the CarePartners of Connecticut network. It is the responsibility of the PCP to ensure that the member is directed to the appropriate specialist. Referrals to out-of-network providers should be coordinated prior to services being rendered.

Requirements	Submission Methods	Resources
<p>A completed CarePartners of Connecticut referral form must be submitted when a PCP refers a member to an out-of-network provider. This can be done via email, fax or mail.</p> <p>PCPs may submit a referral through the secure Provider website when the referred to out-of-network provider's name and NPI are available for selection within the referral submission tool.</p>	<ul style="list-style-type: none"> Secure Online Submission: providers.carepartnersct.com/thp/portal/providers/login Referral Forms: CTHMOSRProduct_MedicalClaims_Review@carepartnersct.com Fax Referral Forms: 617.972.1028 Mail Referrals Forms: CarePartners of Connecticut P.O. Box 9183 Watertown, MA 02471-9183 	<ul style="list-style-type: none"> For additional information and step-by-step instructions on referral submission, view the CarePartners of Connecticut Referral Guide. To order paper referral forms, providers must complete and submit the W.B. Mason Provider Forms Requisition form.

Prior Authorization

Prior authorization (PA) may be required to determine medical necessity and appropriateness of certain health care services. Services that may require prior authorization include, but are not limited to: surgical services, durable medical equipment (DME), and/or prescription drugs.

Requirements	Submission Methods	Provider Resources
<p>To obtain authorization for a medical service or DME item that requires prior authorization, the treating provider must submit the appropriate clinical documentation of medical necessity of services for review.</p>	<ul style="list-style-type: none"> Providers must fax prior authorization requests for services and DME to the Precertification Operations Department at 857.304.6463. 	<ul style="list-style-type: none"> To ensure administrative ease for providers, CarePartners of Connecticut maintains a very short list of services that require prior authorization. Refer to the CarePartners of Connecticut Prior Authorization and Inpatient Notification List for a complete listing of services, items and supplies that require prior authorization. Medical Necessity Guidelines: Modified T-Cell Therapies Durable Medical Equipment Payment Policy

Pharmacy Prior Authorization

Certain prescription medications require prior authorization.

Requirements	Submission Methods	Resources
<p>Prescribing providers must submit the Request for Medicare Prescription Drug Coverage Determination form for coverage requests under both the prescription drug benefit and the medical benefit.</p> <p>Refer to the pharmacy medical necessity guidelines or the online formulary to determine which prescription drugs have prior authorization requirements</p>	<ul style="list-style-type: none"> Fax the Request for Medicare Prescription Drug Coverage Determination form: 617.673.0956 Mail the Request for Medicare Prescription Drug Coverage Determination form: CarePartners of Connecticut 705 Mount Auburn Street Watertown, MA 02472 Attn: Pharmacy Utilization Management Department 	<ul style="list-style-type: none"> 2020 CarePartners of Connecticut Pharmacy Prior Authorization Medical Necessity Guidelines 2020 CarePartners of Connecticut Formulary Request for Medicare Prescription Drug Coverage Determination form Drugs and Biologicals Payment Policy

Inpatient Notification

As a condition of payment, CarePartners of Connecticut requires notification for any member being admitted for inpatient services. Inpatient notification is required for all medical and behavioral health inpatient services.

Requirements	Submission Methods	Resources
<p>Admitting providers and hospital admitting departments share the responsibility for notifying CarePartners of Connecticut in accordance with the following timelines:</p> <p>Elective admissions: Notify CarePartners of Connecticut five business days prior to admission.</p> <p>Emergency/urgent admissions: Notify CarePartners of Connecticut within the next business day.</p>	<ul style="list-style-type: none"> Secure Online Submission: providers.carepartnersct.com/thp/portal/providers/login Fax an Inpatient Notification Form to the Precertification Operations Department at 857.304.6410. 	<ul style="list-style-type: none"> For additional information about the inpatient notification process, refer to the Notifications chapter within the CarePartners of Connecticut Provider Manual.

CarePartners of Connecticut Prior Authorization and Inpatient Notification List

While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained. Prior authorization may be required for certain items, procedures, and services in addition to inpatient notifications. For a complete listing of services requiring prior authorization, refer to the [CarePartners of Connecticut Prior Authorization and Inpatient Notification List](#) available on carepartnersct.com/for-providers.

Note:

- Plan providers are responsible for obtaining prior authorization for durable medical equipment (DME).
- Inpatient acute and skilled nursing facility (SNF) admissions require inpatient notification by the facility through the Precertification Operations Department.
- This list does not include drugs that require prior authorization as part of the CarePartners of Connecticut Pharmacy Management Program.

- Services for transplants must be rendered at a contracted CarePartners of Connecticut Medicare approved facility. For additional information, refer to the CarePartners of Connecticut [Medicare Approved Facilities List](#).

The following tables list services and items that require prior authorization or inpatient notification from the Precertification Operations Department by fax at the numbers indicated below:

- **TABLE 1:** Services that require inpatient notification via fax at 857.304.6410.
- **TABLE 2:** Certain procedures that require prior authorization via fax at 857.304.6463.
- **TABLE 3:** DME and prosthetic items that require prior authorization via fax at 857.304.6463.

Refer to the [Medicare Coverage Database](#) to access Medicare guidelines and clinical criteria that may be used in coverage decision making. A referral from the Member’s primary care provider is not required for these services. Refer to the [CarePartners of Connecticut Provider Manual](#) for additional guidelines.

If you have questions about a specific procedure, service or item not found on the list, contact Provider Services at 888.341.1508.

Table 1:

Subject	Codes	Medicare Reference
Acute inpatient (includes acute rehabilitation care)	Acute rehab revenue codes: LTAC Level –120 Rehab Level 1–128 Rehab Level 2–129	Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services
Skilled nursing facility (SNF)	SNF revenue codes: Level 1A –190 Level 1B –191 Level 2 –192 Part B services administered in a SNF setting (such as intermittent physical, occupational or speech therapy) may require care management authorization	Medicare Benefit Policy Manual, Chapter 8 – Coverage of Extended Care (SNF) Services

Table 2:

Subject	Codes	Medicare Reference
Modified T-Cell Therapies (e.g. CAR-T)	0537T, 0538T, 0539T, 0540T, Q2041, Q2042	CMS NGS LCD for Drugs and Biologicals, Coverage of, for Label and Off-Label (L33394) CarePartners of Connecticut Medical Necessity Guideline: Modified T-Cell Therapies

Table 3:

Subject	Codes	Medicare Reference
Therapeutic Continuous Glucose Monitors (CGMs)	K0554, K0553	CMS Noridian LCD for Glucose Monitors (L33822) and Article(A52464)
Functional neuromuscular stimulators	E0764, E0770	CMS NCD for Neuromuscular Electrical Stimulation (NMES) (160.12)

Subject	Codes	Medicare Reference
Oral airway appliances for obstructive sleep apnea (OSA)	E0485, E0486	CMS Noridian LCD for Oral Appliances for Obstructive Sleep Apnea (L33611) and Article (A52512)
Pneumatic compression device with calibrated gradient pressure	E0652	CMS NCD for Pneumatic Compression Devices (280.6) CMS Noridian LCD for Pneumatic Compression Devices (L33829) and Article (A52488)
Power mobility devices and accessories Note: Batteries do not require prior authorization and are covered according to Medicare guidelines.	Power Wheelchairs: K0010-K0014, K0813-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890-K0891, K0898, E0983, E0984, E0986, E1002-E1010, E1012, E1239, E2310-E2313, E2321-E2331, E2340-E2343, E2351, E2368-E2370, E2373-E2377 Power Operated Vehicles: E1230, K0800-K0802, K0806-K0808, K0812, K0899	CMS NCD for Mobility Assistive Equipment (MAE) (280.3) CMS Noridian LCD for Power Mobility Devices (L33789) and Article (A52498) CMS Noridian LCD for Wheelchair Options/Accessories (L33792) and Article (A52504)
Speech generating devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	NCD for Speech Generating Devices (50.1) CMS Noridian LCD for Speech Generating Devices (L33739)
Osteogenesis stimulators	E0748, E0749	NCD for Osteogenic Stimulators (150.2) CMS Noridian LCD for Osteogenesis Stimulators (L33796) and Article (A52469)
Ultraviolet light therapy systems	E0691-E0694	CMS NCD DME: (280.1)
Unlisted procedure codes	A9999, E0676, E1399, K0009, K0108, L0999, L1499, L2999, L3649, L3999, L7499, L5999, L8039, L8048, L8499, L8699, L9900	
Upper limb prostheses	L6000-L7405	Medicare Benefit Policy Manual, Chapter 15- Covered Medical and Other Health Services Social Security Act §1862(a)(1)(A)

Contact Information

Public Provider website: carepartnersct.com/for-providers
 Provider Services: 888.341.1508
 Provider Manual: CarePartners of Connecticut Provider Manual

Provider Account Management

For assistance with any complex issues please contact Anna Santos, Provider Account Manager, at Anna_Santos@carepartnersct.com.

Provider Education

Please contact us at Provider_Training@carepartnersct.com or visit the Training section of the provider website to learn more about educational opportunities for providers.