

Inpatient Notification Form

Directions for use:

- Review the level of payment guideline for the admission type - [Provider Payment Policies](#)
- Choose one level of payment request under the admission type and indicate if provider/facility is out-of-network
- Submit this notification form five business days prior to, or the next business day after, the admission
Precertification Operations Department, FAX 857.304.6410

Requestor's name:	Requestor's phone number and extension:	Requestor's fax number:
Member name:	Member ID number:	Date of birth (MM/DD/YYYY):
Admitting physician name:	Admitting physician phone number:	Admitting physician NPI number:
Admitting facility name:	Admitting facility phone number:	Admitting facility NPI number:
Admission date (MM/DD/YYYY):	If applicable, prior observation date (MM/DD/YYYY):	Is this a scheduled surgical procedure? Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> # No <input type="checkbox"/>	If applicable, prior authorization on file: Yes <input type="checkbox"/> # No <input type="checkbox"/>
Admission Type (choose one level of payment request)		Out of Network? Yes <input type="checkbox"/> No <input type="checkbox"/>
Acute Inpatient - Medical Inpatient <input type="checkbox"/> Observation → Inpatient <input type="checkbox"/> Inpatient → Observation <input type="checkbox"/> Same Day Surgery → Inpatient <input type="checkbox"/>		
Acute Inpatient/Intermediate - Behavioral Health or Substance Use Disorder Inpatient <input type="checkbox"/> Observation → Inpatient <input type="checkbox"/> Inpatient → Observation <input type="checkbox"/> Partial Hospitalization (PHP) <input type="checkbox"/>		
Acute Inpatient Rehabilitation (AIR) Level R1 <input type="checkbox"/> Level R2 <input type="checkbox"/>		Long-Term Acute Care (LTAC) Level C1 <input type="checkbox"/>
Skilled Nursing Facility (SNF) Level 1A <input type="checkbox"/> Level 1/1B <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>		
Name of collaborating CarePartners or delegated group Care Manager:		

Note: Inpatient notification does not guarantee payment. CarePartners of Connecticut is not obligated to pay claims for an inpatient 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.