



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.

CarePartners of Connecticut Referral, Prior Authorization and Notification Guide

Referrals		
<ul style="list-style-type: none"> • 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>PCPs may submit referrals through the secure Provider portal. This is the preferred submission method.</p> <p>Alternatively, a completed CarePartners of Connecticut referral form can be submitted when a PCP refers a member to an out-of-network provider. The form may be submitted by email, fax, or mail.</p>	<p>Online Submission: providers.carepartnersct.com/thp/portal/providers/login</p> <p>Email Referral Forms: CTHMOSRProduct_MedicalClaims_Review@carepartnersct.com</p> <p>Fax Referral Forms: 617-972-1028</p> <p>Mail Referrals Forms: CarePartners of Connecticut, P.O. Box 518, Canton, MA 02021-518</p>	<p>For additional information and step-by-step instructions on referral submission, view the CarePartners of Connecticut Referral Guide.</p> <p>To order paper referral forms, providers must complete and submit the W.B. Mason Provider Forms Requisition form.</p>



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Prior Authorization		
<ul style="list-style-type: none"> 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 drugs. 		
Requirements	Submission Methods	Provider Resources
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>Online Submission: providers.carepartnersct.com/thp/portal/providers/login</p> <p>Fax Submission: Providers may fax prior authorization requests to the Precertification Operations Department: 857-304-6463</p>	<p>To ensure administrative ease for providers, CarePartners of Connecticut maintains a very short list of services that require prior authorization.</p> <p>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.</p>



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Pharmacy Prior Authorization		
<ul style="list-style-type: none"> Certain prescription medications require prior authorization. 		
Requirements	Submission Methods	Provider Resources
Refer to the medical benefit drug necessity guidelines or the online formulary to determine which prescription drugs have prior authorization requirements.	<p>Online Submission: PromptPA can be accessed through the Provider Portal or directly at point32health.promptpa.com</p> <p>Fax and Mail Submission: Requests for drug coverage determinations: Fax: 617.673.0956 Mail: CarePartners of Connecticut Attn: Pharmacy Utilization Management Department 1 Wellness Way Canton, MA 02021-1166</p>	<p>CarePartners of Connecticut Formulary</p> <p>Drugs and Biologicals Payment Policy</p> <p>Coverage Determination and Prior Authorization Request Form: Medicare "Part B versus Part D" Drugs</p> <p>Request For Medicare Prescription Drug Coverage Determination Form</p>



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Inpatient Notification		
<ul style="list-style-type: none"> 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	Provider Resources
Admitting providers and hospital admitting departments share the responsibility for notifying CarePartners of Connecticut in accordance with the following timelines: Elective admissions: Notify CarePartners of Connecticut no later than five calendar days prior to the admission. Emergency/urgent admissions: Notify CarePartners of Connecticut within with in two calendar days of the admission.	Online Submission: providers.carepartnersct.com/thp/portal/providers/login Fax an Inpatient Notification Form to the Precertification Operations Department at 857-304-6410	For additional information about the inpatient notification process, refer to the Referrals, Prior Authorizations, and Notifications chapter within the CarePartners of Connecticut Provider Manual . Inpatient Notification Form

Contact Information

Public Provider website: carepartnersct.com/for-providers
 Provider Services: 888-341-1508
 Provider Manual: [CarePartners of Connecticut Provider Manual](#)

Provider Education

Please contact us at Provider_Training@carepartnersct.com or visit the [Training section of the provider website](#).