



TO: Medical Equipment, Devices and Supplies (MEDS) Providers

RE: Prior Authorization Requirements for Certain Custom Wheelchair Components

Effective for dates of service on or after July 1, 2017, the following procedure codes for custom wheelchair components will require prior authorization (PA) when furnished as part of a purchase (NU) or modification (NU KA) for HUSKY Health members (HUSKY A, B, C and D).

Code	Description
E0950	Wheelchair accessory, tray, each
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	Manual wheelchair accessory, anti-roll-back device, each
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
E0990	Wheelchair accessory, elevating legrest, complete assembly, each
E0995	Wheelchair accessory, calf rest/pad, replacement only, each
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick,

	other control interface or positioning accessory
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
K0040	Adjustable angle footplate, each
K0042	Standard size footplate, replacement only, each

PA will **not** be required when the items are furnished as part of a repair (NU RB).

PA Submission Process

There are no changes to the PA submission process. Providers may continue to fax the completed Outpatient PA Request Form or submit the request via the medical prior authorization Web portal.

The Outpatient PA Request Form is available on the HUSKY Health Web site at www.ct.gov/husky. To access the form, click on “*For Providers*”, followed by “*Prior Authorization Forms and Manuals*” under the “*Prior Authorization*” menu item.

The Web portal is available via a link on the HUSKY Health Web site at www.ct.gov/husky. To access the link, click on “*For Providers*”, followed by “*Medical*”

Prior Authorizations” under the “*Prior Authorization*” menu item. Once on the “*Prior Authorization*” landing page, click the “*Medical Authorization Portal*” button in the center of the screen.

Providers must continue to submit clinical information supporting the medical necessity of the requested items. PA requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by Community Health Network of Connecticut (CHNCT). PA requests that pend for twenty (20) business days without receipt of all requested documentation are subject to denial.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, Monday through Friday between the hours of 8:00 a.m. to 6:00 p.m.