



**TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants, Clinics, Medical Equipment, Devices and Supplies (MEDS) Providers**  
**RE: Compression Garments (A6549/A4465) Coverage Guidelines**

Effective June 1, 2018, new coverage guidelines will be used to render determinations on prior authorization (PA) requests for coverage of custom-made gradient compression garments and non-elastic binders, for HUSKY A, HUSKY B, HUSKY C and HUSKY D program members. These guidelines will be used in conjunction with the statutory definition of medical necessity.

The new policy will be available on the HUSKY Health web site at: [www.ct.gov/husky](http://www.ct.gov/husky). To access the policy, click on *For Providers* followed by *Policies, Procedures and Guidelines* under the *Medical Management* menu item.

**NOTE: The criteria are guidelines only.** Should the criteria ever conflict with the statutory definition of medical necessity, in section 17b-259b of the Connecticut General Statutes, the statutory definition shall prevail.

Providers must submit clinical information supporting the medical necessity of the requested item. PA requests submitted without sufficient clinical information to support the decision-making process will be held in a pended status until all required information is received by the Medicaid program's administrative services organization Community Health Network of Connecticut, Inc. (CHNCT). PA requests that pend for twenty (20) business days without receipt of all required documentation are subject to denial.

#### **Prior Authorization Submission Process**

There are no changes to the current PA submission process. Providers may continue to fax the completed Outpatient Prior Authorization Request Form to (203) 265-3994, or submit the request via the medical prior authorization Web portal.

The Outpatient Prior Authorization Request Form is available on the HUSKY Health Web site at: [www.ct.gov/husky](http://www.ct.gov/husky). To access the forms, click on

*For Providers*, followed by *Prior Authorization Forms and Manuals* under the *Prior Authorization* menu item.

The Web portal may be accessed via the HUSKY Health Web site at [www.ct.gov/husky](http://www.ct.gov/husky). To access the portal, click on *For Providers*, followed by *Medical Prior Authorizations* under the *Prior Authorization* menu item. Once on the *Prior Authorization* landing page, click on the *Medical Authorization Portal* button.

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.