



Connecticut Medical Assistance Program
Policy Transmittal 2018-19

Provider Bulletin 2018-44
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Roderick L. Bremby, Commissioner

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Contact: Ginny Mahoney @ 860-424-5145

TO: All Providers

RE: Prescriptions/Written Orders for Services Covered under the Connecticut Medical Assistance Program (CMAP), Including Medical Equipment, Devices and Supplies (MEDS)

Effective for dates of service July 1, 2018 and forward, as described below, the Department of Social Services' (DSS) interpretation of requirements for an original prescription/written order for services covered under the Connecticut Medical Assistance Program (CMAP), including Medical Equipment, Devices and Supplies (MEDS), is updated consistent with recent changes to state law. Specifically, DSS now accepts **any** of the following as sufficient proof of an **original** prescription/written order: a facsimile image, an electronically maintained document, a photocopy, or an original pen and ink document. Except for that change, all other existing requirements regarding prescriptions/written orders remain in effect.

Requirements for Prescriptions for MEDS and Written Order Compliance

A prescription/written order is still required for every MEDS product or service. Prescriptions/written orders for MEDS, regardless of the format used, must contain all information required by existing regulations, listed below:

1. member's name, address and date of birth;
2. diagnosis for which MEDS are required;

3. detailed description of MEDS, including quantities and directions for usage, when appropriate;
4. length of need for the MEDS prescribed;
5. name and address of prescribing practitioner; and
6. prescribing practitioner's signature and date signed.

Providers must ensure that the prescription/written order complies with the regulation that applies to the MEDS item provided. As relevant, this includes sections 17b-262-681 (Durable Medical Equipment [DME]), 17b-262-721 (Medical and Surgical Supplies [MSS]), and 17b-262-745 (Orthotic and Prosthetic Devices [O & P]) of the Regulations of Connecticut State Agencies. Hearing aid prescription/written order requirements are detailed in section 17b-262-802 of the Regulations of Connecticut State Agencies.

Frequently Asked Questions (FAQs) Regarding MEDS Prescriptions/Written Orders

Below are responses to frequently asked questions regarding MEDS prescriptions/written orders:

- A new prescription is required prior to replacement of MEDS.

- Prescriptions/written orders for Medical Surgical Supplies are valid for no longer than one year.
- Prescriptions for repairs are valid for two (2) years. If a prescription for repairs does not fall within the two-year repair window, a new prescription for repairs is required.
- The licensed practitioner must fill out the prescription/written order completely. By signing the prescription, the licensed practitioner is responsible for ensuring that all the information is correct.
- The MEDS vendor is not allowed to add any information (e.g. NPI, member address, length of need, or date of birth) to the prescription/written order.
- In signing the prescription/written order, the licensed practitioner assumes responsibility for the medical necessity of the MEDS as ordered. It may be necessary for the practitioner and vendor to confer before agreeing on final specifications of the MEDS item/device. The specifications should relate to the member's current condition.
- A length of need of "99" = lifetime.
- A complete prescription/written order for MEDS is required to be obtained from the prescribing licensed practitioner **prior** to submitting claims for payment.

DSS's Updated Interpretation of Existing Regulations Requiring an Original Prescription or Written Order, Consistent with Recent Revisions to State Law

Existing DSS regulations require MEDS providers to obtain and maintain on file an original prescription or written order signed by the applicable qualified licensed practitioner. As relevant, this includes sections 17b-262-678 and 17b-262-679 (DME), 17b-262-718,

17b-262-719 and 17b-262-721 (MSS), 17b-262-742, 17b-262-743, 17b-262-745 (O & P), and 17b-262-800 (hearing aids) of the Regulations of Connecticut State Agencies. Various other regulations also require providers to obtain and maintain on file an original prescription or written order in specified circumstances.

However, as referenced above, State law in section 17b-99(d)(5) of the 2018 supplement to the Connecticut General Statutes was recently amended, effective July 1, 2018, by section 2 of Public Act 18-76. That statute now requires DSS (or its contractor) to accept, on audit, "as sufficient proof of a written order: A photocopy, facsimile image, an electronically maintained document or original pen and ink document". That statute also provides that DSS (or its contractor):

...may seek additional documentation in circumstances in which, but not limited to: (i) The proof provided is insufficiently legible, (ii) the proof provided is contradicted by other sources of information reviewed in the audit, or (iii) [DSS or its contractor], makes a good faith determination that the provider may be engaging in vendor fraud.

In order to implement the above-referenced regulation provisions consistent with the requirements of the amended State law cited above, DSS interprets the requirement that a provider obtain and keep on file an "original" prescription or written order, which is stated in all applicable existing DSS regulations, to include any format of prescriptions or written order in compliance with section 17b-99(d)(5) of the 2018 supplement to the Connecticut

General Statutes, as amended by section 2 of Public Act 18-76. Also as provided in that statute, DSS reserves the right to seek additional information in appropriate circumstances to verify the authenticity and accuracy of prescriptions / written orders.

Please note that DSS is also issuing a separate bulletin (PB 2018-62) pertaining to proof of delivery receipts for MEDS in order to implement the same revisions to state statute described above.

Reminder that Ordering, Prescribing or Referring Practitioners Must be Enrolled

As a reminder, as required by federal law at 42 U.S.C. § 1396a(kk) and 42 C.F.R. §§ 455.410(b) and 455.440 and described in previous bulletins (including, but not limited to, PB # 2013-24, 2013-56, 2013-57, 2013-58, 2013-59, 2013-60, 2013-61, 2013-64, 2013-70, 2013-68, 2014-48, 2014-67, 2015-45, 2015-74, 2016-40, and 2016-82) in order for providers to be paid for any service that requires an order, prescription, or referral: (1) the ordering, prescribing or referring (OPR) physicians or other licensed professional must be enrolled in CMAP; and (2) the ordering or referring physician or other professional's national provider identifier (NPI) must be listed on each claim. Further, in order to ensure consistency with this requirement, the NPI of the ordering, prescribing or referring physician or other qualified licensed practitioner must also be included on the order or prescription.

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Responsible Unit: DSS, Division of Health Services, Medical Policy Section; Ginny Mahoney, Policy Consultant (860) 424-5145.

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