



**TO: Medical Equipment, Devices and Supplies, Physicians, Physician Assistants, Advanced Practice Registered Nurses, Hospitals-Outpatient, Clinics-Rehabilitation, Independent Physical Therapists, Independent Occupational Therapists, Independent Speech and Language Pathologists**

**RE: Updates to HUSKY Plus Benefit Limits for Medical Equipment, Devices and Supplies and Therapy Services**

The Department of Social Services (DSS) is updating the HUSKY Plus (HPP) benefit limits for medical equipment, devices and supplies (MEDS), and for physical therapy, occupational therapy and speech and language pathology services performed in an office, outpatient hospital or rehabilitation clinic setting. This provider bulletin supplements the information provided in provider bulletin PB 17-39 "HUSKY Plus Coverage Updates".

As a reminder, HPP provides supplemental coverage of goods and services to HUSKY B members with intensive physical health needs who have exhausted one or more of their benefits covered under the HUSKY B plan.

The HPP program is subject to available appropriations. Therefore, DSS may not approve or reimburse services that exceed the annual budgeted amount for the program. In order to stay within the annual budgeted amount, DSS cannot allow for exceptions to the benefit limits. If a client or their provider asks for goods or services that exceed the benefit limit for those goods or services, the request will be denied. The denial is not subject to further appeal.

Prior authorizations (PAs) requested on or after March 15, 2018 will be limited as follows:

**Medical Equipment, Devices and Supplies:**

- Incontinence Supplies: limited to 180 diapers and pull ups, disposable liners,

and shields/under pads for children over the age of three (3);

- Motorized Wheelchairs: limited to one (1) motorized wheelchair every five (5) years;
- Hearing Aids: For children 13 years of age and older, HPP covers hearing aids and hearing aid repairs which must be billed at actual acquisition cost (AAC). Dispensing fee, ear molds, batteries and repairs (outside of warranty) are also covered up to the fee schedule amount in a 24 month period.
- For children 12 and under HPP covers the cost of the HUSKY B benefit limit; up to a \$1,000 allowance for hearing aids in a 24 month period.
- Orthotic Devices: limited to foot rotation bars and hallux valgus splints.

**Therapy Services:**

- Physical therapy: up to two (2) visits per week with no more than four (4) units per visit;
- Occupational therapy: up to one (1) visit per week with no more than four (4) units per visit; and
- Speech and language pathology: up to one (1) visit per week with no more than two (2) units per visit.

The changes to the benefit limits for MEDS and therapy services do not affect PA requests that were approved on or before March 14, 2018. HPP PA requests should continue to be submitted to Community Health Network of CT, Inc. (CHNCT). Please refer to PB 17-39

and PB 17-57 “Revision to the Code Group List Used to Obtain Prior Authorizations under HUSKY Plus” for additional information.

PA requests for MEDS and therapy services exceeding the benefit limits will not be reviewed for medical necessity and will be denied.

Providers should note that HPP is a supplemental program for HUSKY B members only. These new benefit limits pertain to services provided and covered under HPP only. MEDS, physical therapy, occupational therapy and speech and language pathology services covered under the HUSKY A, B, C and D programs are not affected by this change.

**Contact Information:**

For questions about PAs, please call CHNCT at 1-800-440-5071, Monday through Friday between the hours of 8:00 a.m. to 6:00 p.m.

For assistance with provider enrollment, claims processing and payments, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.