Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2017-06**
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TO: Physicians, Advanced Practice Registered Nurses (APRN), Physician Assistants (PA)s, and Medical Equipment Devices and Supplies (MEDS) Suppliers

RE: Changes to the Prior Authorization Process for Cranial Remodeling Orthoses

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The purpose of this provider bulletin is to provide CMAP enrolled medical providers and MEDS suppliers with changes to the guidelines used for the prior authorization (PA) of cranial remodeling orthoses.

Effective March 1, 2017, the existing medical policy criteria currently in use by the Medicaid program's medical administrative services organization (ASO), currently Community Health Network of Connecticut, Inc. (CHNCT) to review PA requests for cranial remodeling orthoses will be retired. McKesson's InterQual® Criteria will be used in conjunction with the definition of Medical Necessity in Section 17b-259b of the Connecticut General Statutes. The criteria provide evidence-based clinical decision support for the treatment of plagiocephaly. Changes to the criteria include the following:

- Orthoses are recommended for the treatment of moderate deformity (Transcranial diagonal difference [TDD] of 10 -12 mm and a Cephalic Index of 90 – 100%) or severe deformity (TDD greater than 12mm and a Cephalic Index of greater than 100%).

- Orthoses are recommended for children who are between 3 and 18 months of age.

- Orthoses are recommended for children who have failed conservative management (a trial of at least 2 months of alternative positioning or physical or occupational therapy).

NOTE: **The criteria are guidelines only**. Should the criteria ever conflict with the DSS definition of Medical Necessity, the definition of Medical Necessity shall prevail.

PA Submission Process

There are no changes to the PA submission process. Providers will continue to submit requests using the Outpatient Prior Authorization Request form available on the HUSKY Health website at www.ct.gov/husky. To access the form, click on "For Providers" followed by "Provider Bulletins and Forms".

In addition to the PA request form, providers must submit clinical information supporting the medical necessity of the device. PA requests lacking sufficient clinical information to support the decision-making process will be held in a pending status until all the requested information is received by CHNCT. PA requests that pend for 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, between the hours of 8:00 a.m. to 6:00 p.m.