

## **Connecticut Department of Social Services Medical Assistance Program**

www.ctdssmap.com

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TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Medical Equipment, Devices and Supplies (MEDS) providers

**RE:** New Clinical Guidelines – Prior Authorization (PA) Cranial Remodeling Devices

Effective February 1, 2018, new clinical guidelines will be used in conjunction with the Department of Social Services (DSS) definition of medical necessity to assist DSS in rendering determinations on prior authorization (PA) requests for cranial remodeling devices.

The new clinical guidelines are available on the HUSKY Health Web site at: 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 DSS definition of Medical Necessity, the definition of Medical Necessity in section 17b-259b of the Connecticut General Statutes shall prevail.

Providers must submit clinical information supporting the medical necessity of the requested service or item. PA requests submitted without sufficient clinical information to support the decision-making process will be held in a pending status until all required information is received by the Medicaid program's medical administrative services organization (ASO), Community Health Network of Connecticut, Inc. (CHNCT). PA requests that are pending 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 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: <a href="https://www.ct.gov/husky">www.ct.gov/husky</a>. To access the form, 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 <a href="www.ct.gov/husky">www.ct.gov/husky</a>. 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.

