



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs) and Medical Equipment Device Suppliers (MEDS)
RE: New Coverage Guidelines: Peristeen® Anal Irrigation System

Peristeen Anal Irrigation System Coverage Guidelines

Effective August 1, 2019, new coverage guidelines will be used under the Connecticut Medical Assistance Program (CMAP) for the Peristeen Anal Irrigation System. This is in conjunction with the Department of Social Services' (DSS) definition of medical necessity (see section 17b-259b of the Connecticut General Statutes).

NOTE: The Criteria are used as guidelines only. Should the criteria ever conflict with DSS' definition of medical necessity, the definition of medical necessity shall prevail.

The new policy is 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.

Prior Authorization (PA) Submission Process

There are no changes to the PA submission process. All Connecticut Medicaid-enrolled providers are required to submit requests for the Peristeen anal irrigation system using the Outpatient Prior Authorization Request Form. **The form must be filled out and signed by the ordering physician.**

The form is available on the HUSKY Health Web site at: www.ct.gov/husky. To access the form, click on *For Providers*, followed by *Prior Authorization Forms and Manuals* under the *Prior Authorization* menu item.

In addition to the PA request form, providers must submit clinical information supporting the medical necessity of the requested item. PA requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by Community Health Network of CT (CHNCT). It is the responsibility of the provider initiating the PA submission to respond to requests for additional information in a timely manner. PA requests that pend for twenty (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.