



**TO: Medical Equipment, Device, and Supplies (MEDS) Providers, Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Independent Laboratories, Outpatient Hospitals**  
**RE: Submission of Prior Authorization (PA) Requests for Medical Goods and Services**

This bulletin serves as a reminder of the minimum documentation required when submitting authorization and reauthorization requests for outpatient goods and services. This bulletin (PB) will supplement guidance found in [PB 22-11](#) *Submission of Prior Authorization (PA) Requests for Medical Goods and Services*.

### General

All authorization requests require a completed prior authorization (PA) request form [via fax, mail], or a completed PA request via the online medical authorization web portal and must include the following elements:

- Billing Provider: Medicaid (CMAP) ID number, name, phone, and fax number.
- Referring Provider: Name, address, NPI number, phone, and fax number.
- Member: ID, name, date of birth, and address.
- Diagnosis, service type, and procedure code(s).
- Date(s) of service.
- Clinical information supporting medical necessity.

### Specific Requirements for PA of Certain Goods and Services

The following services require a specific PA form along with supporting clinical documentation from the medical record:

- Amyloid Therapies for Alzheimer's Disease
- Corneal Remodeling Procedures
- Donor Breast Milk
- Gene Based Therapy for Duchenne Muscular Dystrophy
- Genetic Testing
- Luxturna® (voretigene neparvovec-rzyl)

- Synagis® (palivizumab)
- Spinraza® (nusinersen)
- Tepezza® (teprotumumab-trbw)
- Whole Exome and Whole Genome Sequencing
- Zolgensma® (onasemnogene abeparvovec-xioi)
- Zulresso (brexanolone)

All required forms and instructions are located on the HUSKY Health website, [www.ct.gov/husky](http://www.ct.gov/husky), click "Information for Providers," then "Prior Authorization Forms & Manuals" under the "Prior Authorization" menu item.

**Effective December 1, 2024, prior authorization requests received without the required PA form will be considered an incomplete request and will be cancelled and returned to the provider. Providers will be required to submit a NEW request with all required information.**

### Specific Requirements for PA of Wheeled Mobility Devices

The following information, specific to wheeled mobility devices, is required:

- Completed wheeled mobility device letter of medical necessity form.
- Documented face-to-face encounter as appropriate based on CMS's list of specified Durable Medical Equipment (DME) covered items.
- Prescription signed by either a licensed physician, physician assistant, or APRN.
- Medical evaluation by the primary care provider, completed within the past six

months for persons living in the community, or ninety days for persons living in a Skilled Nursing Facility (SNF).

- Physiatrist assessment for complex rehabilitative technology (CRT) equipment for persons living in a SNF.
- Current positioning program (replacement wheelchair for SNF resident).
- Completed accessibility survey.
- **Pricing information:** for items requiring manual pricing, pricing information must include:
  - Manufacturer's suggested retail price (MSRP)
  - Actual acquisition cost (AAC).

All required forms and instructions are located on the HUSKY Health website, [www.ct.gov/husky](http://www.ct.gov/husky), click "Information for Providers," then "Prior Authorization Forms & Manuals" under the "Prior Authorization" menu item.

**Effective December 1, 2024, prior authorization requests for wheeled mobility devices received without the above elements will be considered an incomplete request and will be cancelled and returned to the provider. Providers will be required to submit a NEW request with all required information.**

### **Information on MEDS Pricing Requirements**

Additional information on pricing requirements is available in the DSS Pricing Policy for MEDS Items available on the HUSKY Health program website at [www.ct.gov/husky](http://www.ct.gov/husky) → Information for Providers → Medical Management → Policies, Procedures, and Guidelines.

### **Prior Authorization Submission Process**

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.

### **DSS MEDS Fee Schedules**

Providers may reference the DSS MEDS fee schedules to determine which items are manually priced. The fee schedules are available at [www.ctdssmap.com](http://www.ctdssmap.com) → Provider → Provider Fee Schedule Download.