



Connecticut Medical Assistance Program
Policy Transmittal 2022-25

Provider Bulletin 2022-32
April 2022

Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: May 1, 2022
Contact: See Below

TO: Medical Equipment, Devices and Supplies Providers, Outpatient Hospitals, Rehabilitation Clinics, Independent Physical Therapists, Independent Occupational Therapists, Independent Audiologists, Independent Speech and Language Pathologists

RE: HUSKY Plus Coverage Merging into HUSKY B

Effective for dates of service May 1, 2022, and forward, the Department of Social Services (DSS) will be eliminating the HUSKY Plus program per Public Act 21-123, Section 8 which eliminates statutory language related to HUSKY Plus. The services currently covered and authorized under the HUSKY Plus Program (HPP) will be incorporated and covered under HUSKY B (HUSKY B).

As a reminder HUSKY Plus provided supplemental coverage of goods and services for eligible HUSKY B members under the age of 19 years old, with intensive physical health needs once they had exhausted one or more of their benefits covered under the HUSKY B plan.

This provider bulletin (PB) will supersede any guidance found in PB 2017-39 HUSKY Plus Coverage Updates and PB 2017-57 Revision to the Code Group List Used to Obtain Prior Authorizations under HUSKY Plus for dates of service, May 1, 2022, and forward.

Services Covered

There will be **no** change to the services that are currently covered or any applicable limitation. All the services currently covered under HPP will now be covered under HUSKY B and, when applicable, any limitation that is currently maintained under HPP will be applied under HUSKY B.

Effective for May 1, 2022, and forward providers should refer to the HUSKY B column of the HUSKY Health Program Provider Benefit Grids for the updates to coverage and prior authorization requirements under HUSKY B for services previously covered under HPP.

To locate the HUSKY Health Program Provider Benefit Grids, go to www.huskyhealthct.org and select *Medical Management*, select *Benefit Grids*, and then select the applicable benefit grid.

Rehabilitation/Therapy Services

Medically necessary rehabilitation services (physical therapy, occupational therapy, speech and language pathology) provided in the home health, rehabilitation clinic, outpatient hospital and independent office setting will be covered under HUSKY B and the current 60-day limitation will no longer apply. Refer to the HUSKY Health Provider Benefit Grid (HUSKY B) for PA requirements.

Medical Equipment Devices and Supplies

Medically necessary diapers/pull ups and incontinence supplies, motorized wheelchairs, hearing aids, and orthotic devices will now be covered under HUSKY B and the following limitations will be maintained:

Diapers & incontinence supplies:

- Covered over the age of 3 with prior authorization (PA).
- Coverage is limited to 180 combined diapers/pull ups and up to 180 combined disposable liners, shield/under pads.

Motorized Wheelchair:

- Prior authorization required for motorized wheelchairs under the HUSKY B. Coverage is limited to one motorized wheelchair every five years.

Hearing Aids:

- Benefit Limitation: Coverage limited to \$1000 in a 24-month period. Dispensing fee, ear molds, batteries and repairs (outside of warranty) are also covered up to the fee schedule amount in a 24-month period.

Orthotics:

- Orthopedic shoes are not covered. Foot orthotics coverage is limited to foot rotation bars, and hallux valgus splints.

The Prior Authorization (PA) Process:

HPP Authorizations:

Providers should continue to follow the benefit and PA guidelines for submission of initial and reauthorization requests for HPP coverage until April 30, 2022. Authorizations issued under HPP will be end dated on April 30, 2022. CHNCT will generate a new authorization under HUSKY B, with a start date of May 1, 2022 and an end date matching the end date of the existing authorization. A new approval letter will be sent to the member and rendering provider. If additional services are needed beyond the end date of the existing authorization, please see section in this document titled *HUSKY B Authorizations – Reauthorization Requests*.

HUSKY B Authorizations – Initial and Reauthorization Requests

For all new authorization requests and reauthorization requests for HUSKY B members, submitted on or after May 1, 2022, providers should submit a PA request based on the coverage and PA requirements for rehabilitation services and MEDS as outlined in the HUSKY B section of the provider benefit grids.

Provider benefit grids are available on the HUSKY Health Web site (www.ct.gov/husky); click on “For Providers” followed by “Benefit Grids” under the “Medical Management” sub-menu.

The Outpatient Prior Authorization Request Form is available on the HUSKY Health Web site (www.ct.gov/husky); click on “For Providers” followed by “Prior Authorization” and then “Prior Authorization Forms & Manuals” to access this form.

For questions about prior authorizations please call CHNCT at 1-800-440-5071 between the hours of 8:00 a.m. to 6:00 p.m.

Claims Processing:

There will be no change to claims submission or claims processing. Providers must submit their claims electronically to Gainwell Technologies or through the www.ctdssmap.com Secure Web portal.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

Contact Information:**Medical Equipment Devices and Supplies:**

DSS, Division of Health Services, Medical Policy Section; Ginny Mahoney, Health Program Associate, ginny.mahoney@ct.gov

Rehabilitation Services – Home Health:

DSS, Division of Health Services, Medical Policy Section; Dana Robinson-Rush, Health Program Assistant, dana.robinson-rush@ct.gov

Rehabilitation Services – Rehab Clinics & Independent Therapy:

DSS, Division of Health Services, Medical Policy Section; Catherine Holt, Health Program Assistant, catherine.holt@ct.gov

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