Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2022-38**
www.ctdssmap.com **May 2022**

TO: MEDS Providers

RE: Documentation Requirements: Prior Authorization of Medical Equipment, Devices, and Supplies (MEDS)

The purpose of this bulletin serves as a reminder of the minimum documentation required when submitting prior authorization requests for medical equipment, devices, and supplies (MEDS). The following information must accompany all requests:

1. **Prescription/Order:** As outlined in Sections 17b-262-681(f) (Durable Medical Equipment [DME]), 17b-262-721 (f) (Medical Surgical Supplies [MSS]), 17b-262-745 (f) (Orthotic and Prosthetic Devices [O&P]) of the Regulations of Connecticut State Agencies, a prescription/order is required which includes - the following elements:
    - Member's name, address, and date of birth;
    - Diagnosis supporting need for item(s);
    - Detailed description of the item(s) including quantities needed and directions for use (when appropriate);
    - Duration of need for item(s);
    - Prescribing practitioner's name, address, signature, date;
    - Prescribing practitioner's NPI.

2. **Documentation of a face-to-face visit for certain Durable Medical Equipment (DME) within 6 months of the DME order:**
As outlined in the Department of Social Services (DSS) Provider Bulletin 2017-19 *New Face-to-Face Requirements for Certain Durable Medical Equipment (DME)*, federal regulations require a face-to-face visit with a Connecticut Medical Assistance Program-enrolled physician, physician assistant (PA), or advanced practice registered nurse (APRN) for certain DME. The documentation, at a minimum, must include:
    - Clinical findings of the face-to-face encounter substantiating the need for the DME;
    - The primary reason that the DME is required;
    - The name (including either hard copy or digital signature) and credentials of the physician, PA, or APRN who conducted the face-to-face encounter;
    - The date of the face-to-face encounter.
    - Visit or Progress Notes from the physician, PA or APRN:
        - Initial requests: assessment or progress note dated within the last 12 months that supports the medical necessity of the requested item(s);
        - Reauthorization requests: recent documentation that supports the continued medical necessity of the requested item(s).

3. **Pricing information**: for items requiring manual pricing, pricing information must include:
    - Manufacturer's suggested retail price (MSRP)
    - Actual acquisition cost (AAC)

Additional information on pricing requirements, including the specific documentation that the provider must submit, is available in the DSS Pricing Policy for MEDS Items available on the

HUSKY Health program Web site at https://www.ct.gov/husky → Information for Providers → Medical Management → Policies, Procedures, and Guidelines.

Effective June 1, 2022, prior authorization requests received without a prescription (including all required elements outlined above), documentation (if required) from the treating physician, PA, or APRN as outlined above (including face-to-face visit if required), or pricing information/documentation (for manually priced items) will be considered an incomplete request and will be cancelled and returned to the provider. Providers must resubmit a NEW request with all required information.

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 → Provider → Provider Fee Schedule Download.

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.