



Submission of Prior Authorization (PA) Requests for Medical Goods and Services

In an effort to streamline the process for prior authorization reviews and reduce the administrative burden placed on providers, this serves as a reminder of the documentation requirements for submission of initial authorization and reauthorization requests for non-radiology medical goods and services. Requests for certain goods and services require that additional documentation accompany the authorization request. Failing to provide this information can lead to unnecessary delays. A brief outline of documentation requirements for particular goods and services is provided below. More comprehensive documentation requirements can be found in individual medical policies located on the HUSKY Health website, www.ct.gov/husky, click ***“For Providers,”*** then ***“Policies, Procedures & Guidelines”*** under the ***“Medical Management”*** menu item.

All authorization requests require a completed PA request form, or a completed authorization request via Clear Coverage and must include the following critical 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

Authorization forms are located on the HUSKY Health website, www.ct.gov/husky, click ***“For Providers,”*** then ***“Prior Authorization Forms & Manuals”*** under the ***“Prior Authorization”*** menu item.

Urgent Requests

As a reminder, prior authorization requests should only be marked “Urgent” in situations where delaying treatment could lead to a serious deterioration of a member’s health and could impose undue risk to a member’s well-being. It is not appropriate to mark requests as “Urgent” due to the provider failing to send in the authorization request in a timely manner, or because the service is scheduled to start the following day.

Therapy Services

Initial Requests

- Initial evaluation
- Treatment plan, including:
 - Assessment
 - Established short and long term goals
 - Treatment modalities
 - Rehabilitation potential and prognosis



Re-authorization Requests

- Prescription signed by a physician OR therapy treatment plan signed by a physician
- Daily treatment notes (minimum of four most recent progress notes)
- Documentation of the home program or home strategies
- Most recent progress note that indicates progress towards identified goals
- Documentation of prognosis and potential to meet updated treatment goals

Chiropractic Services (under 21 years of age)

- Prescription signed by a physician
- Physician office notes outlining condition, prior treatment results, and attesting to necessity of chiropractic intervention

Home Health Services

Initial Requests

- Order signed by the licensed physician responsible for the plan of care
- Comprehensive start of care assessment that includes:
 - Clinical and psychosocial status
 - A plan of care that includes short and long term goals related to the educational needs of the member and primary caregiver.

Re-authorization Requests

- Recent order signed by the licensed physician responsible for the plan of care
- Comprehensive nursing assessment
- Two weeks of nursing narrative notes from previous certification period
- Updated comprehensive plan of care documenting progress towards established goals, and/or the need for updating treatment plan
- Member and/or primary caregiver's response to teaching

Durable Medical Equipment

- Prescription, signed by a physician
 - Detailed product description/quotation including:
 - Manufacturer
 - Model/part number
 - Product description
 - HCPCS code(s)
 - Units
 - Pricing information
 - Supporting clinical documentation
-



Custom Wheelchairs

- Completed wheeled mobility device letter of medical necessity form
- Physician's prescription
- 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)
- Detailed product description and quotation
- Current positioning program (replacement wheelchair for SNF resident)
- Completed accessibility survey

All required forms and instructions are located on the HUSKY Health website, www.ct.gov/husky, click "**For Providers,**" then "**Prior Authorization Forms & Manuals**" under the "**Prior Authorization**" menu item.

Diapers and Incontinence Supplies

- Prior authorization required for children ages 3 to 12 years old
- Prescription must be dated and signed by the member's physician, containing:
 - Member name, address, and date of birth
 - Diagnosis for which the supplies are required
 - Detailed description of the items, quantities, and directions for use (when appropriate)
 - Length of need

Genetic Testing

- Refer to the DSS Lab Fee Schedule for a list of codes requiring prior authorization
- Clinical policies outlining prior authorization requirements are located on the HUSKY Health website, www.ct.gov/husky, click "**For Providers,**" then "**Policies, Procedures & Guidelines**" under the "**Medical Management**" menu item.

Professional/Surgical Services

- All elective inpatient hospital admissions require prior authorization
- All outpatient surgical procedures as determined by the Physician Surgical Fee Schedule require prior authorization
- Requests must contain all pertinent clinical documentation to support medical necessity of the procedure
- Clinical policies that outline required documentation for Reconstructive and Cosmetic Surgery and Varicose Vein procedures are located on the HUSKY Health website, www.ct.gov/husky, click "**For Providers,**" then "**Policies, Procedures & Guidelines**" under the "**Medical Management**" menu item.

For answers to questions, or to request additional information, please contact 1.800.440.5071 and follow the prompt for Medical Prior Authorization.