PROVIDER POLICIES & PROCEDURES

DURABLE MEDICAL EQUIPMENT (DME) – RENT TO PURCHASE

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for purchase of durable medical equipment (DME) after a trial/rental period. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Many DME items are initially authorized as rentals. If the medical need continues beyond the initial authorization period, a request for purchase may be submitted for medical necessity review. This policy outlines the criteria and documentation needed to review such requests.

HUSKY Health primarily uses Change Healthcare's InterQual® Criteria when reviewing prior authorization requests for ongoing coverage of DME. HUSKY Health will use this policy to review requests for purchase of DME, after the initial trial/rental period, when InterQual® Criteria are not available.

CLINICAL GUIDELINE

Coverage guidelines for the purchase of DME, after a trial/rental period, are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Purchase of DME after a trial/rental period may be considered medically necessary when there is documentation from the treating provider (MD, DO, APRN, PA) that:

A. The individual is using the item as prescribed;
B. The individual is benefiting from use of the item; and
C. There is an ongoing need for the item.

Note: If a replacement of DME is needed, after the initial rental/trial and purchase, a second rental period is not required.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE
Prior authorization for purchase of some DME items is required (Refer to DSS MEDS Fee Schedules available at www.ctdssmap.com). Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for DME. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for purchase of DME after a trial/rental period or for replacement of DME (previously rented and purchased):

1. Fully completed authorization request via on-line web portal;
2. Prescription from the treating provider (MD, DO, APRN, PA). Refer to: DSS Provider Bulletin PB 2018-44 *Prescriptions/Written Orders for Services Covered under CMAP, Including Medical Equipment, Device, and Supplies*;
3. Documentation from the treating provider supporting medical necessity as outlined in *Clinical Guideline* section; and
4. Pricing information (for items that are manually priced – refer to DSS MEDS fee schedules at www.ctdssmap.com and DSS Pricing Policy – Manually Priced Codes of DME, Medical Surgical Supplies, Orthotics and Prosthetics, Parenteral and Enteral Supplies.

EFFECTIVE DATE
This policy for the prior authorization of purchase of DME after a trial/rental period for individuals covered under the HUSKY Health Program is effective August 1, 2023.

LIMITATIONS
Not Applicable

CODES:
Note: refer to the Connecticut Department of Social Services (DSS) provider fee schedules for medical equipment, device, and supplies (MEDS) on the DSS website at www.ctdssmap.com for information on items with corresponding HCPCS codes that may be purchased following a trial/rental period.

DEFINITIONS

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.

4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

REFERENCES

- Regulations of Connecticut State Agencies: 17b-262-678, Requirements for Payment of Durable Medical Equipment - Prior Authorization

PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	June 2023	Approved at the June 14th CHNCT Physician Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on June 19, 2023. Approved by DSS on June 28, 2023.
Updated	June 2024	Clinical Guideline section updated to include language regarding requests for a replacement of a DME item that has already been initially trialed/rented and purchased. Procedure section updated to include requests for a replacement of DME already trialed/rented and purchased. Changes approved at the June 12, 2024

		CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on June 17, 2024. Approved by DSS on June 26, 2024.