PROVIDER POLICIES & PROCEDURES

MEDICAL DEVICES WITH INTEGRATED TECHNOLOGY

The primary purpose of this document is to clarify the documentation requirements for medical devices with integrated technology features for providers enrolled in the Connecticut Medical Assistance Program (CMAP). 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.

Medical devices are products or equipment intended for medical purposes. Medical devices may have corresponding applications (apps)/software and other technological features that are needed for the device to fully function (including necessary updates and control features). For such devices this policy will be used in conjunction with available criteria or HUSKY Health medical policy specific to the device.

CLINICAL GUIDELINE

Coverage guidelines for medical devices with integrated technology are made in accordance with the Department of Social Services (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:

Medical devices that require integrated technology features either for device control, or for device updates/upgrades may be covered when:

A. The device meets the definition of durable medical equipment (DME)*; **and**
B. The device is medically necessary**; **and**
C. The provider/manufacturer has provided documentation stating that the device requires the integrated technology for device control or updates/upgrades; **and**
D. The provider has obtained written confirmation that the individual will assume all responsibility for the required platform, internet access, and for performing timely user updates as required by the manufacturer and has submitted proof of confirmation with the authorization request.

*DME is equipment that:

A. Can stand repeated use;
B. Is primarily and customarily used to serve a medical purpose;
C. Is generally not useful to a person in the absence of an illness or injury; and
D. Is non-disposable.

**Medical devices that meet the definition of durable medical equipment (DME) will be reviewed using the corresponding criteria/policy (e.g., continuous glucose monitors, certain orthotics and prosthetics).

Non-Covered
Medical devices that do not meet the definition of DME are not covered.

The following technology items/components/features do not meet the definition of DME and are therefore not covered*:

- Platforms including smartphones, tablets, computers, and smartwatches and their corresponding internet access
- Other components/features of a medically necessary device (including but not limited to cameras, speakers, microphones)
- Mobile applications/software

*Note: the above list is not all inclusive.

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 of medical devices with integrated technology features is required and will be reviewed in accordance with procedures in place for review of DME. Coverage determinations will be based upon a review of requested and submitted case-specific information.

The following information is needed to review requests for medical devices with integrated technology:

1. Fully completed authorization request;
2. Documentation from the provider/manufacturer stating that the device requires the integrated technology for device control or updates/upgrades; and
3. Written confirmation as outlined in the *Clinical Guideline* section of this policy.

EFFECTIVE DATE
This Policy is effective for prior authorization requests of medical devices with integrated technology features for individuals covered under the HUSKY Health Program beginning November 01, 2024.

LIMITATIONS
N/A

CODES
N/A

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.

ADDITIONAL RESOURCES AND REFERENCES:

- Regulations of Connecticut State Agencies: 17b-262-673, Requirements for Payment of Durable Medical Equipment – Definitions
- Cai T, Ma J, Ge-Zhang S. Smart Cities and Smart Health: Innovations in Home Medical Devices for Efficient Healthcare Delivery. Results in Engineering. 2025;27. Published 2025 June. doi:10.1016/j.rineng.2025.105739
- Centers for Medicare and Medicaid Services. Article – Glucose Monitor (A52464). Last revised 02/18/2025. Available at: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52464
- Morita PP, Sundar Sahu K, Oetomo A. Health Monitoring Using Smart Home Technologies: Scoping Review. JMIR Mhealth and Uhealth. 2023. Published 2023 April 11. doi:10.2196/37347

- Son YS, Kwon KH. Utilization of smart devices and the evolution of customized healthcare services focusing on big data: a systematic review. Mhealth. 2023;10:7. Published 2023 Dec 12. doi:10.21037/mhealth-23-24
- U.S. Food & Drug Administration (FDA). Policy for Device Software Functions and Mobile Medical Applications. Content current through September 28, 2022. Available at: https://www.fda.gov/regulatory-information/search-fda-guidance-documents/policy-device-software-functions-and-mobile-medical-applications.
- Vrančić, A.; Zadravec, H.; Orehovački, T. The Role of Smart Homes in Providing Care for Older Adults: A Systematic Literature Review from 2010 to 2023. Smart Cities 2024, 7, 1502-1550. https://doi.org/10.3390/smartcities7040062

PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	July 2024	Approved at the July 10, 2024 Medical Reviewer meeting. Approved at the CHNCT Clinical Quality Subcommittee on September 17, 2024. Approved by DSS on September 27, 2024.
Updated	July 2025	References updated to reflect current literature. Changes reviewed and approved at the July 9, 2025 CHNCT Medical Reviewer meeting. Approved at the CHNCT Clinical Quality Subcommittee on September 16, 2025. Approved by DSS on September 23, 2025.
Updated	May 2026	Updated title name and edited throughout the policy. Clarified the purpose of the policy. Updated the overview of medical devices and the potential need for integrated technologies. Updated and restructured the *Clinical Guidelines* section for clarity. Removed *Technology Features* section and replaced that with *Non-Covered* section. *Note* section was removed and information from it was restructured as criteria. *Procedure* section updated to reflect the changes in *Clinical Guidelines.* Code E1399 removed from *Codes* section. Changes reviewed and approved at the May 27, 2026, CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on June 17, 2026. Approved by DSS on July 02, 2026.