



PROVIDER POLICIES & PROCEDURES

OVERAGES FOR MEDICAL EQUIPMENT AND SUPPLIES

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 overages of medical equipment and supplies. 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.

The Connecticut Department of Social Services (DSS) publishes a maximum quantity for each item listed on the DSS Provider Fee Schedule for DME and MEDS-Medical/Surgical Supplies. The needs for most individuals will not exceed the fee schedule maximum. However, in some instances, individuals may require additional supplies and equipment, exceeding what is allowed. This is referred to as an overage. Overages may be requested if the treating provider knows the individual will need more than the DSS maximum allowed amount when prescribing or may be requested if it is later determined that the individual requires more than what is allowed.

CLINICAL GUIDELINE

Coverage guidelines for overages of medical equipment and supplies 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:

Overages of medical equipment and supplies may be considered medically necessary when the following criteria are met:

- A. There is documentation, from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) supporting the medical need for the supplies or equipment in the amount(s) requested; and
- B. There is a signed prescription for the overage amount, written within the past 12 months, from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP).

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].

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

PROCEDURE

Prior authorization for overages of medical equipment and supplies is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for medical equipment and supplies. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for overages of medical equipment and supplies:

1. Fully completed authorization request via on-line web portal; and
2. A signed prescription, written within the past 12 months, from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP); and
3. Documentation from the treating provider, written within the past 12 months, as outlined in the *Clinical Guideline* section of this policy, supporting the medical need for the requested item(s); and
4. Pricing information (for manually priced items) as outlined in the [DSS Pricing Policy for MEDS Items](#).

EFFECTIVE DATE

This policy for the prior authorization for overages of medical equipment and supplies for individuals covered under the HUSKY Health Program is effective May 01, 2024.

LIMITATIONS

Not Applicable

CODES

A complete listing of DME and medical-surgical supply codes with maximum quantities may be found on the "MEDS-DME" and "MEDS-Medical/Surgical Fee Schedule" located on the DSS Connecticut Medical Assistance (CMAP) website www.ctdssmap.com, under "Provider Fee Schedule Download".

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.

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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-262-716, Requirements for Payment of Medical and Surgical Supplies – Supplies Covered and Limitations

PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	March 2024	Approved at the CHNCT Medical Reviewer meeting on March 13, 2024. Approved at the March 18, 2024 CHNCT Clinical Quality Subcommittee meeting. Approved by DSS on March 28, 2024.
Updated	March 2025	Scope of policy changed to include coverage of durable medical equipment. Language updated throughout policy to reflect change. Changes approved at the March 12, 2025, CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on March 17, 2025. Approved by DSS on April 3, 2025.

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