



PROVIDER POLICIES & PROCEDURES

TECHNOLOGY FEATURES INTEGRATED WITH MEDICAL DEVICES

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 technology features integrated with medical devices. 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 may have corresponding applications (apps)/software and other technological features that are either required for the device to fully function (including necessary updates and control features) or are intended to enhance use of the device.

CLINICAL GUIDELINE

Coverage guidelines for technology features integrated with medical devices 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

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).

Medical devices that do not meet the definition of DME are not considered medically necessary and therefore are not covered.

DME is equipment that:

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

Technology Features

The following criteria will be used to review requests for technology features that are a component of medically necessary DME:

- A. Platforms that do not meet the definition of durable medical equipment (DME), including smartphones, tablets, computers, and smartwatches and their corresponding internet access, are not considered medically necessary and therefore are not covered;

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.

- B. Other components/features of a medically necessary device that do not meet the definition of DME are not considered medically necessary, and therefore not covered (including but not limited to cameras, speakers, microphones); and
- C. Mobile applications/software do not meet the definition of DME and are therefore not separately reimbursed.

Note

For devices that require a non-covered platform and/or an app/software to fully function, either for device control, or for device updates/upgrades, the HUSKY Health member assumes all responsibility for the required platform, internet access, and for performing timely user updates as required by the manufacturer. The provider submitting the request must obtain written confirmation from the member accepting these responsibilities and submit proof of confirmation with the authorization request.

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

EFFECTIVE DATE

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

LIMITATIONS

N/A

CODES

Code	Description
E1399	Durable medical equipment, miscellaneous

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

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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

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.

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