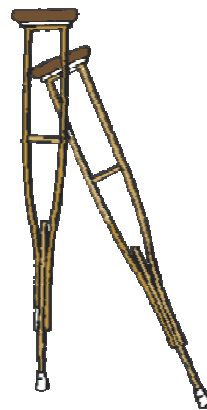
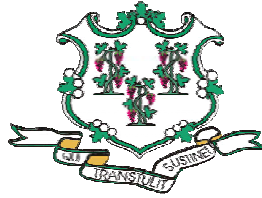


How to Get Durable Medical Equipment through the Medicaid Program



**Connecticut Department
of Social Services**
Making a Difference

The mission of the Department of Social Services is to serve families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living.



The Department of Social Services' programs are available to all applicants and recipients without regard to race, color, creed, sex, sexual orientation, age, disabilities, learning disabilities, national origin, ancestry or language barriers.

The Department of Social Services is an equal opportunity, affirmative action employer.

The TDD/TTY line for persons with hearing impairment is 1-800-842-4524.

Auxiliary aids are also available for persons with visual impairment and other disabilities.

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Background

The Department of Social Services (DSS) is a public agency that provides a broad range of services to families and individuals who need assistance. DSS is the state agency responsible for administering the Medicaid program that provides payment for health care services.

One health care service available from Medicaid is Durable Medical Equipment (DME).

The purpose of this brochure is to explain what DME is and how to get it using your Medicaid coverage.

What is DME?

DME is equipment that:

- ◆ can be used over and over again;
- ◆ is ordinarily used for medical purposes; and
- ◆ is generally not useful to a person who isn't sick, injured or disabled.



What are some examples of DME?

Examples of DME include equipment to help you move around: canes, crutches, walkers and wheelchairs. DME also includes equipment needed to care for you at home: bed pans, heat lamps or pads, hospital beds, special toilet seats and machines that help make breathing easier.

How long does it take to get DME?

It depends on whether the DME is a standard, “off the shelf” item or something that must be custom-made or fitted specifically to your needs.

Your medical equipment supplier should give you an estimated date of delivery.



How do I get DME?

Your doctor must first decide that you need one or more items of medical equipment and then write a prescription for it.

Your doctor may also recommend that you get the equipment from a particular medical equipment supplier or provider

Do I have to get the DME from the supplier the doctor recommends?

No. You have freedom of choice regarding suppliers at any stage in the process.

You can get DME from any supplier who is enrolled with Connecticut's Medicaid program.

The supplier will submit the bill to DSS for payment.

If you get DME from a supplier who is **not** enrolled with this program, Medicaid will not pay for it.

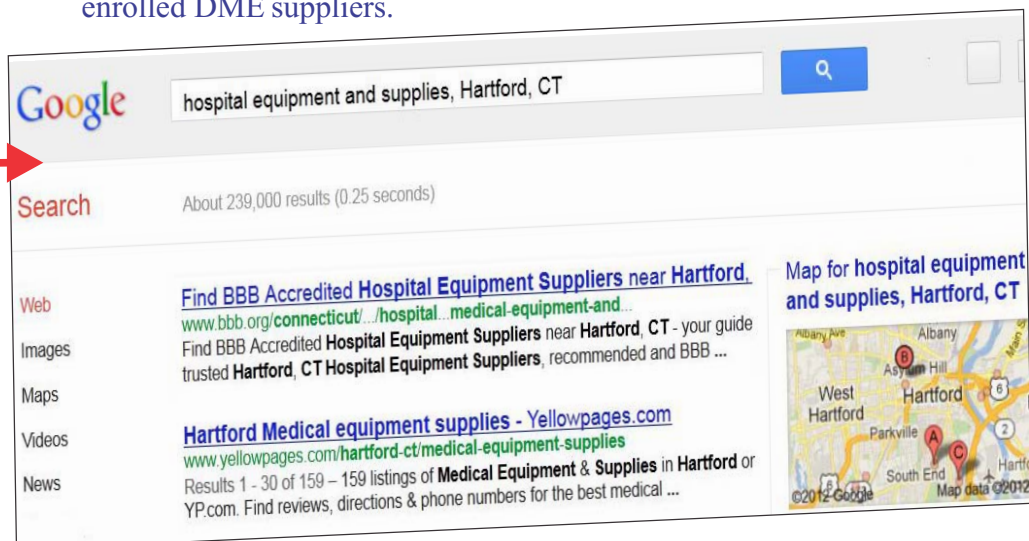


How do I find an enrolled medical equipment supplier?

In addition to a doctor's recommendation, there are several ways you can find an enrolled DME supplier.

1. You may telephone your local drug store or medical equipment supply company and ask if it is enrolled in the Medicaid program.
2. You may look in the Yellow Pages in your local telephone book or search the Internet for the following headings:
 - ◆ Hospital Equipment and Supplies;
 - ◆ Surgical Appliances; and
 - ◆ Surgical Supplies.
3. You can also call 1-800-859-9889 and ask for a list of enrolled DME suppliers.

Like this



How can I help the medical equipment provider?

You should work closely and directly with your supplier or provider. After your doctor writes the prescription for an item, you must give your provider specific information about how it will be used. For example, if you need a wheelchair or a large device, you must give the measurements of your home to the provider to make sure that the device can fit through doorways, hallways, stairwells and into the room(s) where it will be used.

Does Medicaid pay for all items recommended by my doctor?

Not necessarily. In general, Medicaid will only pay for equipment that meets the general definition of DME and that the department considers to be medically necessary. Although the department has a list of DME for which it routinely pays, additional items may be approved for coverage based on individual consideration. Your medical equipment supplier can assist you in requesting items that are not on this list.



Are there any other requirements?

In some situations there are additional requirements. For example, even though your doctor decides that an item is medically necessary, you may still need the department's approval before you can get it. If prior approval is required, your medical equipment supplier will know how to request it.



Who sends requests for DME to the Department?

Your medical equipment provider will send all necessary paperwork to DSS.

Ask your provider to contact your doctor to gather all medical information needed to support your request (including the prescription). The department will review these requests in terms of medical necessity and department regulations.

Requests must go through CHNCT via either:

- Clear Coverage online portal
- Phone 1-800-440-5071 or
- Fax at 203-265-3994 utilizing the Authorization Request Form, which can be found by going online at www.huskyhealth.com

Click (1) *For Providers*; and then

(2) *Provider Bulletins and Updates*; and then

(3) *Outpatient Authorization Request Form*.

The image shows a sequence of three screenshots from the Husky Health website, illustrating the steps to find the Outpatient Authorization Request Form. A large number '1' is on the left of the first screenshot, '2' is on the left of the second, and '3' is on the left of the third. Red circles and arrows highlight the specific links and forms mentioned in the text.

Step 1: The first screenshot shows the main navigation menu. The 'For Providers' link is circled in red.

Step 2: The second screenshot shows the 'PROVIDERS' section. The 'Provider Bulletins, Updates & Forms' link is circled in red.

Step 3: The third screenshot shows the 'PROVIDER UPDATES' section. The 'Outpatient Authorization Request Form' link is circled in red. A red arrow points from the 'Outpatient Authorization Request Form' link in the 'Attention All Providers' section to the 'Outpatient Authorization Request Form' link in the 'Provider Forms' section.

Will Medicaid let me know whether my request for DME is approved?

Yes. You will be notified in writing whether a request has been approved or denied.

What if my request for DME is denied?

Sometimes a request for DME is denied because there isn't enough information to understand why you need it. Your DME supplier will then, generally, gather more information if it is needed and send it to DSS.

A request for DME may also be denied if the department determines that it is not medically necessary.



If your request for DME is denied, you may request a Fair Hearing to appeal the denial. Depending on the circumstances, the fair hearing officer may change the original decision.



How do I request a fair hearing?

To request a fair hearing, please write to:

Administrative Hearings & Appeals
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

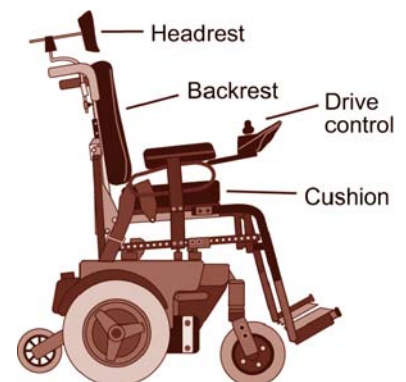


What if the DME needs repair?

If your DME needs repair, contact your provider. Medicaid can pay for repairs. Working closely with your provider will make the repair process easier.

What if the DME needs to be replaced?

You must take a doctor's prescription for a replacement device to a DME supplier, who will submit the necessary paperwork to the department for its review.



Durable Medical Equipment

Conclusion

This overview answers some commonly asked questions about DME and the process to obtain needed equipment. As an informational brochure, this publication is not intended to answer all of the complex questions surrounding DME in the Medicaid program.

If you have additional questions or if you would like a copy of the department's policy, regulations and fee schedule regarding DME, please call the department at:

860-424-5145

