



June 26, 2009

Dear Provider:

In an effort to enhance the prior authorization process, Community Health Network, Inc (CHNCT) is providing you with copies of the *revised* Authorization Request Forms. The revised form requires pertinent medical information to enable timely and accurate prior authorization notification to you. Effective immediately, the following forms are required when requesting prior authorization for: **Durable Medical Equipment (DME), Home Care, Therapy (PT, OT and ST) and Surgery.**

For a list of all services that require prior authorization and for additional copies of the Authorization Request Forms, please visit our website at www.CHNCT.org.

- (Click on the "**Provider**" tab and click on **Care Management** under *Quick Links*)

If you are a **DME provider**, please note the following items currently require prior authorization:

- Durable Medical Equipment & Medical Surgical Supplies >\$1,000.00 (refer to Department of Social Services fee schedule for list of purchase prices)
- The following rent to purchase items: Hospital beds, external pumps, CPAP including humidifier, non-custom wheelchairs, mattresses over \$1,000.00, compression vests, oxygen, apnea monitors and any rent to purchase items when the purchase price is over \$1,000.00
- Orthotics for children under the age of 5
- Custom Wheel Chairs
- Cochlear Implants
- Diapers

Please fax the enclosed Authorization Request Form, along with the necessary clinical information to our Care Management Department at 203-265-3994. Please allow two (2) business days from receipt of complete clinical information to receive a faxed reply on your request for authorization.

Should you have any questions on the above do not hesitate to contact our dedicated Provider Call Center at 1-800-440-5071 (option 7). CHNCT thanks you for your participation in our provider network and appreciate the services that you are providing to our members.

Sincerely,

Rafael Batista, Jr.

Rafael Batista, Jr.

Director, Provider Relations