THE HSC HEALTH CARE SYSTEM
Health Services for Children with Special Needs, Inc.

October 25, 2021

Dear HSCSN Provider Network,

Re: HSCSN AUTHORIZATION UPDATE:

Gloves, Continuous Positive Airway Pressure (CPAP) supplies, and breast pumps.

Effective October 1, 2021, Health Services for Children with Special Needs (HSCSN) will no longer require prior authorization for ***gloves*** when requested with incontinence supplies, ***CPAP supplies*** when the HSCSN enrollee has a CPAP machine, and ***breast pumps.***

Please note prior authorization is required when the quantity is above the HSCSN quantity limits set forth below.

GLOVES	**Max Units per month**
A4927	**4 Boxes of 100**

Remember, all incontinence supplies require a valid physician/practitioner order that includes a diagnosis of incontinence. Orders should be kept on file by the Disposable Medical Supply (DMS) provider and can be audited upon request by HSCSN.

CPAP SUPPLIES	**Max Units per month**
A7030	**1**
A7031	**1**
A7032	**2**
A7033	**2**
A7034	**1**
A7035	**1**
A7036	**1**
A7037	**1**
A7038	**2**
A7039	**1**

BREAST PUMPS ***(Benefit will allow 2 per year.)***
E0602
E0603

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The HSCSN Utilization Management Department is available to address any authorization related questions at 202-721-7162 or via email at UM@hschealth.org. Should you have any questions or concerns regarding this notice, please contact your assigned Provider Relations Representative at 202-467-2737 or via email at PRelations@hschealth.org.

Sincerely,

Charisse F. Vickerie, MSW
Manager, Provider Relations

Cc: Kenya Onley, Sr. Director of Provider Network Management
HSCSN UM Department
HSCSN Enrollee Services Department

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Health Services for Children
with Special Needs, Inc.

For more information visit www.hscsnhealthplan.org.
For reasonable accommodations please call (202) 467-2737.

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. **English.**

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle. **Spanish.**

የእንግሊዝኛ ቋንቋ መናገርና ማንበብ የማይችሉ ከሆነ ከጧቱ 7:00 ሰዓት እስከ ቀኑ 5:30 ባለው ጊዜ በስልክ ቁጥር 202-467-2737 በመደወል እርዳታ ማግኘት ይችላሉ። **Amharic.**

Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. **Vietnamese.**

如果您不能講和/或不能閱讀英語，請在上午 7:00 到下午 5:30 之間給 (202) 467-2737 打電話，我們會有代表幫助您。**Traditional Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하시는 경우, 오전 7시 00분에서 오후 5시 30분 사이에 (202) 467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeller 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. **French.**

DHCF Department of Health Care Finance

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Health Services for Children with Special Needs, Inc. 1101 Vermont Avenue NW, Ste 1201, Washington, DC 20005 (202) 467.2737,
Family and Community Development Outreach Department 3400 Martin Luther King Jr. Avenue SE, Washington, DC 20032 (202) 580.6485
hscsnhealthplan.org

October 2020