



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals, and Medical Equipment, Devices and Supplies (MEDS) Providers
RE: Policy Updates and Changes to Clinical Review Criteria

The purpose of this bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of upcoming policy updates and changes to clinical review criteria for certain medical services and items.

The following updates are effective for dates of service on or after May 1, 2020:

- The chimeric antigen receptor T cells (CAR-T Therapy) policy is being retired and replaced with new policies for Yescarta and Kymriah.
- A new policy for Autologous Chondrocyte Implantation (MACI) has been developed.
- The Diabetic and Orthopedic Shoe and Foot Orthotic policies are being retired and replaced with one policy for Therapeutic and Orthopedic Footwear and Inserts.
- The Varicose Vein policy is being retired. Community Health Network of Connecticut (CHNCT) will use InterQual criteria as part of the review process for these procedures.
- The Implantable Intrathecal and Epidural Infusion Pumps policy is being retired. CHNCT will use InterQual criteria as part of the review process for these services.

The following updates are effective for dates of service on or after July 1, 2020:

- The Continuous Glucose Monitors policy is being retired. CHNCT will use InterQual criteria as part of the review process for these items.
- The External Insulin Pump policy is being retired. CHNCT will use

InterQual criteria as part of the review process for these items.

The following policies have had updates to clinical criteria effective May 1, 2020:

- Cranial Remodeling Devices
- Functional Electrical Stimulation
- Luxturna
- Organ Transplant Waiting List
- Botulinum Toxin – Chronic Migraine
- Botulinum Toxin – Hyperhidrosis
- Solesta

NOTE: The Criteria are used as guidelines only. Should the criteria ever conflict with the Department of Social Services' (DSS) definition of medical necessity, the definition of medical necessity shall prevail.

Policies are available on the HUSKY Health Web site at: www.ct.gov/husky. To access the policy, click on **For Providers** followed by **Policies, Procedures and Guidelines** under the **Medical Management** menu item.

Prior Authorization Submission Process

There are no changes to the prior authorization submission process. For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. to 6:00 p.m.