Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2020-57**
www.ctdssmap.com **June 2020**

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 policy changes are effective for dates of service August 1, 2020 and forward:

- The Enclosed Bed policy is being retired. Community Health Network of Connecticut (CHNCT) will use InterQual criteria as part of the review process for this item.
- The OVA1® policy is being retired. There is insufficient evidence supporting the clinical validity and utility of this testing. Requests for OVA1® testing will be reviewed on an individual basis.

The following policies have had updates to clinical criteria effective for dates of service August 1, 2020 and forward:

- Intrapulmonary Percussive Ventilation (IPV)
- Peristeen® Anal Irrigation System
- Genetic Testing
- Patient Lifts
- Spinraza® (nusinersen)
- Zolgensma® (onasemnogene abeparvovec-xioi)

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 PA submission process. For questions regarding the prior authorization (PA) process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. to 6:00 p.m.