



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

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

**New Policies – Effective November 1, 2024**

- Safety Bed Systems and Accessories
- Technology Features Integrated with Medical Devices
- Parenteral and Enteral Supplies (NOC)
- Weight Scale
- Home Health Services
- Primary Bariatric Surgery
- Unlisted Codes
- Miscellaneous Vision Services
- Allergen Reducing Products
- Wheelchairs and Related Accessories
- Repairs and Modifications for Durable Medical Equipment (DME)
- Hensinger Collar
- PT/IN Monitors
- UV Light Box
- Non-Wearable Automated External Defibrillator (AED)
- Phrenic Nerve Stimulation for CSA

**Policy Updates – Effective November 1, 2024**

The following policies have updates:

- Multi-Marker Serum Testing
- Corneal Remolding Procedures
- SYNAGIS® (palivizumab)
- Zulresso™
- Gender Affirmation Surgery
- Hypoglossal Nerve Stimulation
- Continuous Glucose Monitors (CGMs)
- Incontinence Supplies

- Revisional Bariatric Surgery

**NOTE: The Criteria are used as guidelines only.** Should the criteria ever conflict with the DSS definition of Medical Necessity, the definition of Medical Necessity shall prevail.

Policies are available on the HUSKY Health web site at: <https://portal.ct.gov/husky>. To access the policies, click on *Information for Providers* followed by *Policies, Procedures and Guidelines* under the *Medical Management* menu item.

**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. and 6:00 p.m.