



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals, MEDS Providers, Laboratories, Home Health Agencies, Rehab Clinics, Independent Therapists
RE: Policy Updates and Changes to Clinical Review Criteria

The purpose of this provider 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 February 1, 2025

- Infertility
- Non-Invasive Pulse Oximeter
- Miscellaneous Codes and Products
- Upper Arm Orthoses and Prostheses
- Lower Limb Orthoses and Prostheses
- Spinal Orthoses
- Body-powered and Myoelectric Upper Arm Prostheses
- External Lower Extremity Nerve Stimulator

Policy Updates – Effective February 1, 2025

The following policies have updates:

- Orthoses for Correction of Pectus Carinatum and Excavatum
- Suit Therapy
- Botulinum Toxin for Selected Indications
- Amyloid Beta Directed Monoclonal Antibodies for Alzheimer's Disease
- Gene Based Therapy for DMD
- Anal Irrigation System Wi
- Functional Electrical Stimulation (FES) Devices
- Homemaker Home Health Aide Medication Administration
- Ambulatory Infusion Pump
- Genetic Testing
- Rehabilitation Services
- Stair Lift

- Therapeutic Positioning Equipment

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.