



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals, Medical Equipment Devices and Supplies (MEDS) Providers, and Home Health Agencies, Rehabilitation Clinics, Independent Physical Therapists and Independent Occupational 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 goods and services.

New Policies – Effective August 1, 2025

- Neuromuscular Electrical Stimulation (NMES) Devices
- Orthognathic (Jaw) Surgery and Associated Procedures
- Temporomandibular Joint (TMJ) Disorder Surgery and Associated Procedures
- Encelto™ (revakinagene taroretsel-lwey)
- Lenmeldy™ (atidarsagene autotemcel)
- Roctavian® (valoctocogene roxaparvovec-rvox)
- Skin Substitutes

Retired Policies – Effective August 1, 2025

- Orthoses for Correction of Pectus Carinatum - will use InterQual (IQ) criteria
- Microprocessor-Controlled Knee-Ankle-Foot Orthosis (C-Brace) - will use InterQual (IQ) criteria
- Rehabilitation Services - will use InterQual (IQ) criteria
- Volara System – Established HCPCS code for the device, E0469, is not a reimbursable code
- Anti-Embolism Stockings – Specific codes established for anti-embolism, gradient stockings which will be reviewed using the ‘Compression Garments’ policy.

Policy Updates – Effective August 1, 2025

The following policies have updates:

- Hospital-Grade Brest Pumps
- Organ Transplant
- Oxlummo™ (lumasiran)

- Implantable Neurostimulators
- Mechanical Stretching Devices
- Gene-Based Exon-Skipping Therapy for DMD
- Elevidys® (delandistrogene moxeparvovec-rokl)
- Tepezza® (teprotumumab-trbw)
- Spinraza® (nusinersen)
- Zolgensma® (onasemnogene abeparvovec-xioi)
- DME - Rent-to-Purchase
- Compression Garments
- Medical Foods
- Safety Bed Systems and Accessories
- Orthopedic Footwear and Inserts

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: <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.