



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

---

The purpose of this bulletin is for the Department of Social Services (DSS) 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.

**New Policies – Effective November 1, 2021**

- Continuous Glucose Monitors
- Cosmetic and Reconstructive Surgery

**Policy Updates – Effective November 1, 2021**

The following policies have updates to clinical criteria:

- Yescarta
- Synagis
- Zulresso
- Whole Exome/Whole Genome Sequencing
- Genetic Testing
- Therapeutic and Orthopedic Footwear and Inserts

All corresponding authorization request forms will be updated to reflect policy changes.

**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: [portal.ct.gov/husky](http://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.