



TO: Physicians, Physician Assistants (PAs), Advanced Practice Registered Nurses (APRNs), and Medical Equipment, Device, and Supplies (MEDS) Providers
RE: Updated Provider Policy: Wheelchair-Mounted Assistive Robotic Arm Attachment

The purpose of this bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers that, effective for November 1, 2021, the Department of Social Services (DSS) has updated the clinical policy for Wheelchair-Mounted Assistive Robotic Arm Attachment.

This policy provides updates to the clinical review criteria used in the prior authorization (PA) process for Wheelchair-Mounted Assistive Robotic Arm Attachments.

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.

Accessing HUSKY Health Policies

Policies are available on the HUSKY Health Web site at: 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 Community Health Network of CT, Inc. (CHNCT) at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.