



**TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Outpatient Hospitals, Medical Equipment, Devices and Supplies (MEDS) Providers, Transportation Providers**  
**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.

Network of Connecticut (CHNCT) at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.

**New Policy – Effective August 29, 2022**

- Use of Heavy-Duty and Extra Heavy-Duty Wheelchairs in Non-Emergency Medical Transportation (NEMT)

**Policy Updates – Effective August 1, 2022**

The following policies have updates to clinical review criteria:

- Organ Transplant
- Spinraza<sup>®</sup> (nusinersen)
- Zolgensma<sup>®</sup> (onasemnogene abeparvovec-xioi)
- Therapeutic and Orthopedic Footwear and Inserts
- Compression Garments

**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 Community Health