



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals and MEDS Providers
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 May 1, 2023

- Walkers
- Office-Based Excimer Laser Therapy

Policy Updates – Effective May 1, 2023

The following policies have updates to clinical review criteria:

- Cranial Remodeling Devices
- Botulinum Toxin for the Treatment of Chronic Migraine (typographical correction only)
- Botulinum Toxin for the Treatment of +Hyperhidrosis (typographical correction only)
- Home Use of Suit Therapy Devices
- Treatment of Varicose Veins of the Lower Extremity – Cyanoacrylate Adhesive
- Implantation of PEG Spacing Hydrogel (SpaceOAR)
- Cosmetic and Reconstructive Surgery
- Wheelchair-Mounted Assistive Robotic Arm Attachment

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 am and 6:00 pm.