



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals, 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

- DME Rent to Purchase – effective August 1, 2023

Retired Policies – Effective August 1, 2023

- Patient Lifts – will use Change Healthcare's InterQual® (IQ) criteria
- Use of Heavy-duty Wheelchairs for Non-Emergency Medical Transportation – temporary policy

Policy Updates – Effective August 1, 2023

The following policies have updates:

- Oxlumio® (lumasiran)
- Matrix Induced Chondrocyte Implantation (MACI) Procedure
- Volara™ System
- Cosmetic and Reconstructive Surgery
- Therapeutic and Orthopedic Footwear and Inserts
- Compression Garments (A6549/A4465)
- Tepezza® (teprotumumab-trbw)
- Spinraza® (nusinersen)
- Gene-based Therapy for Duchenne Muscular Dystrophy

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: <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.