

### **Connecticut Department of Social Services Medical Assistance Program**

www.ctdssmap.com

Provider Bulletin 2023-65 October 2023

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

**RE:** Policy Updates and Changes to Clinical Review Criteria

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.

#### **New Policies – Effective November 1, 2023**

- Revisional Bariatric Surgery
- Botulinum Toxins for Treatment of Select Indications

# Retired Policies – Effective November 1, 2023

- Cranial Remodeling Devices the review process will use Change Healthcare's InterQual® (IQ) criteria
- Whole Exome Sequencing/Whole Genome Sequencing – the review process will use Change Healthcare's InterQual® (IQ) criteria
- Restorative Obesity Surgery, Endoluminal (ROSE) Procedure – providers should refer to new policies listed above
- Botulinum Toxin Migraine providers should refer to new policies listed above
- Botulinum Toxin Hyperhidrosis providers should refer to new policies listed above

# Policy Updates – Effective November 1, 2023

The following policies have updates to clinical review criteria:

- Corneal Collagen Cross-Linking
- Multi-Marker Serum Testing
- Genetic Testing
- Synagis (palivizumab)

- Zulresso (brexanolone)
- Gender Affirmation
- Continuous Glucose Monitors
- Bathing and Toileting Equipment
- Hypoglossal Nerve Stimulation

**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: <a href="https://portal.ct.gov/husky">https://portal.ct.gov/husky</a>. 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.

