



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals, MEDS Providers, Laboratories
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 February 1, 2024

- Stair Lift
- Ambulatory Infusion Pump
- Adaptive Tricycle
- My Airvo 2 System
- Therapeutic Positioning Equipment
- Amyloid Beta-Directed Monoclonal Antibodies for Alzheimer’s Disease—Aduhelm and Leqembi

Retired Policies – Effective February 1, 2024

- Electric Tumor Treatment Field Therapy (Optune Device) - will use Change Healthcare’s InterQual® (IQ) criteria

Policy Updates – Effective February 1, 2024

The following policies have updates:

- Compressive Orthoses for Correction of Pectus Carinatum and Excavatum
- Suit Therapy
- Treatment of Varicose Veins of Lower extremity – Chemical Adhesive
- Functional Electrical Stimulation Devices (FES)
- Luxturna
- Peristeen Anal Irrigation System
- Genetic Testing
- Gene-based Therapy for Duchenne Muscular Dystrophy (DMD)

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.