



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 May 1, 2024

- Robotic Assistive Feeding Device
- C-Brace
- Hospital Beds and Related Accessories
- Allergen Reducing Products
- Apnea Monitor
- Blood Pressure Monitor
- Burn Garments
- Resuscitation Kit
- Overages for Medical Supplies
- Crutch Substitute
- Custom-Fabricated Protective Helmet

Policy Updates – Effective May 1, 2024

The following policies have updates:

- Bathing and Toileting Equipment
- Intrapulmonary Percussive Ventilation (IPV) System and Accessories
- IB-Stim Device
- Rehabilitation Services
- Walkers
- Wheelchair-Mounted Robotic Arm

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.