



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

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.

New Policies – Effective August 1, 2024

- Supplemental Outpatient Donor Breast Milk
- Anti-embolism Stockings
- Implantable Neurostimulators and Associated Devices
- Mechanical Stretching Devices
- Medical Foods

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.

Retired Policies – Effective August 1, 2024

- Autologous Chondrocyte Implantation (MACI) - will use Change Healthcare's InterQual® (IQ) criteria
- Orthognathic Surgery - will use Change Healthcare's InterQual® (IQ) criteria

Policy Updates – Effective August 1, 2024

The following policies have updates:

- Hospital-Grade Breast Pumps
- Organ Transplant
- OXLUMO™ (lumasiran)
- Tepezza®
- Volara System
- Cosmetic and Reconstructive Surgery
- Rent-to-Purchase (DME)
- Therapeutic and Orthopedic Footwear and Inserts
- Compression Garments

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.