

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

www.ctdssmap.com

Provider Bulletin 2025-15 April 2025

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

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

#### \*\*\*UPDATES as of 4/28/25 are in red.

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 goods and services.

## New Policies – Effective May 1, 2025

- TheraBionic P1
- Laser Therapy
- Gene Therapies for Hemophilia B: Beqvez<sup>™</sup> (fidanacogene elaparvovec-dzkt) and Hemgenix<sup>®</sup> (etranacogene dezaparvovec-hyphendrlb)
- Zynteglo<sup>™</sup> (betibeglogene autotemcel)
- Casgevy® (exagamglogene autotemcel)
- Lyfgenia<sup>™</sup> (lovotibeglogene autotemcel)

## Retired Policies – Effective May 1, 2025

- Zulresso<sup>™</sup> (brexanolone) no longer commercially available in U.S.
- Office-Based Targeted Excimer Laser Therapy – criteria incorporated into new Laser Therapy policy

#### Policy Updates – Effective May 1, 2025

The following policies have updates:

- Bathing and Toileting Equipment/Hygiene Items
- Microprocessor- Controlled Knee-Ankle-Foot Orthosis
- Solesta®
- Allergen Reducing Products
- Apnea Monitor
- Blood Pressure Monitor
- Light Therapy for Acne
- Percutaneous Electrical Nerve Field Stimulator (IB-Stim)
- Hospital Beds and Accessories
- Cosmetic Surgery

- Reconstructive Surgery
- Crutch Substitute
- Walkers
- Custom-Fabricated Protective Helmets
- Overage for Medical Equipment and Supplies

# 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.

