

Connecticut Department of Social Services Medical Assistance Program

Provider Bulletin 2025-52

www.ctdssmap.com

October 2025

TO: Physicians, Advanced Practice Registered Nurses, Physician Assistants, Hospitals, Medical Equipment Devices and Supplies Providers, Laboratories, Home Health Agencies, Certified Doulas, Certified Dietitian-Nutritionists

Policy Updates and Changes to Clinical Review Criteria RE:

The purpose of this bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of upcoming new policies and policy changes to clinical review criteria for certain medical services and items.

New Policies – Effective November 1, 2025

- External Urinary and/or Fecal Collection System
- Intermittent Positive Pressure Breathing (IPPB)
- Radiofrequency Ablation (RFA) for Thyroid Nodules
- Doula Services
- Medical Nutritional Therapy (MNT)

Policy Updates – Effective November 1, 2025

The following policies have updates:

- Technology Features Integrated with **Medical Devices**
- Weight Scale
- Miscellaneous Vision Services
- Corneal Remodeling
- Synagis[®]
- Primary Bariatric Surgery
- Home Health Services
- **Enteral Supplies NOC**
- Wheelchairs and Related Accessories
- Implantable Hypoglossal Nerve Stimulation
- Prothrombin Time/International Normalized Ratio (PT/INR) Monitor
- Continuous Glucose Monitor (CGM)
- Gender Affirming Surgery (GAS)
- Casgevy® Beta-Thalassemia Casgevy® Sickle Cell Disease
- Repairs & Modifications for Durable Medical Equipment (DME)
- Ultraviolet B Light Therapy for Home Use

- Multi-marker Serum Testing for Ovarian Cancer
- **Unlisted Codes**
- Non-Wearable Automated External Defibrillator (AED)
- **Revisional Bariatric Surgery**
- Phrenic Nerve Stimulation for CSA
- **Incontinence Supplies**

Policy Retiring – Effective November 1, 2025

Hensinger Collar - HCPCS code for item is E1399. Requests for this item will be reviewed using the Unlisted Code policy.

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.

