



**TO: Independent Therapy Providers, Occupational Therapy Providers, Rehabilitation Clinics, Hospitals**  
**RE: Changes to Prior Authorization of Physical Therapy, Occupational Therapy, and Speech Therapies**

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The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of an upcoming change to the clinical review criteria used for authorizations for physical therapy, occupational therapy, and speech & language pathology.

The current HUSKY Health Rehabilitation Services policy is being retired. **Beginning August 1, 2025**, prior authorization (PA) requests for select therapy services will be reviewed using Change Healthcare's InterQual® criteria.

**NOTE:** The Criteria are used as guidelines only. Should the criteria ever conflict with the Department of Social Services (DSS) definition of Medical Necessity, the definition of Medical Necessity shall prevail.

**HUSKY Health Members Under 21 Years of Age: Effective August 1, 2025**, for any HUSKY Health member under 21 years of age, the following information will be required for both initial and reauthorization requests for therapy services:

- If the HUSKY Health member is not receiving school-based services, an attestation that the HUSKY Health member is not receiving school-based therapy services, along with documentation supporting medical necessity of the requested services is needed.
- If the HUSKY Health member is receiving school-based services and the requested services will not be duplicative (e.g., addressing the same treatment goals) of what is being

provided in school, a copy of the Individualized Education Program (IEP), along with documentation supporting medical necessity of the requested services is needed.

- If the HUSKY Health member is receiving school-based services and the requested services will be duplicative of what is currently provided in school, a copy of the IEP, documentation supporting medical necessity of the requested services, and a statement from the treating provider indicating why duplicative services are needed.

**Note:** Duplicative services are not medically necessary and will be reviewed on a case-by-case basis. Services provided outside of school must provide significantly different treatments and should not duplicate school-based services.

**The following documentation MUST be included with all prior authorization submissions for therapy services:**

#### Initial Requests

- Initial therapy evaluation
- Treatment plan including frequency and duration of therapy sessions and short- and long-term goals
- Rehabilitation potential
- (HUSKY Health member under 21 years of age) attestation or IEP related to school-based services

#### Reauthorization Requests

- Updated treatment plan including frequency and duration of therapy

- sessions and progress towards short- and long-term goals
- Rehabilitation potential
- (HUSKY Health member under 21 years of age) attestation or IEP related to school-based services
- A minimum of four (4) treatment notes

**Effective August 1, 2025, prior authorization requests received without the above information will be considered an incomplete request and will be cancelled and returned to the requesting provider.**

**The requesting provider must then submit a NEW request with all required documentation.**

**Prior Authorization Submission Process:**

For questions regarding the prior authorization process, please contact Community Health Network of Connecticut (CHNCT) at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.