Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2025-84**
www.ctdssmap.com **December 2025**

TO: **Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals, MEDS Providers, Laboratories, Rehabilitation Clinics, Independent Physical Therapists, Independent Occupational Therapists, Home Health Agencies and Access Agencies**

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.

The following new policies and policy updates are effective January 1, 2026:

New:

- Habilitative Therapy Services (Note: Refer to PB 2025-86 Changes to Prior Authorization of Physical, Occupational, and Speech Therapies for Individuals Whose Primary Diagnosis is Intellectual Disability, Developmental Delay, Autism or Other Developmental Disorder)

Updates:

- Casgevy® - Gene Therapy for Sickle Cell Disease (SCD)
- Lyfgenia™ (SCD gene therapy)

The following new policies and policy updates are effective February 1, 2026:

New:

- Temporarily Implanted Nitinol Device (iTind)
- Double Balloon Enteroscopy (DBE)
- Electronic Spirometry for Home Use
- Transurethral Ablation of Prostate Tissue
- Non-Pneumatic Compression Devices (NPCDS) and Garments
- Ryoncil® (remestemcel-L-rknd)

Updates:

- Orthosis for Correction of Pectus Excavatum
- Home Use of Suit Therapy Devices
- Botulinum Toxins for the Treatment of Select Indications
- Non-invasive Pulse Oximeter
- Surgical Procedures: Infertility Evaluation and Diagnosis
- Miscellaneous Codes and Medical Supplies
- Homemaker-Home Health Aide Medication Administration Services
- Implantation of a Hydrogel Spacer During Radiotherapy for Prostate Cancer (formerly SpaceOAR)
- Functional Electrical Stimulation for Home Use
- Spinal Orthoses
- Luxturna® (voretigene neparvovec-rzyl)
- Transanal Irrigation (TAI) Systems (formerly Anal Irrigation Systems)
- Body-Powered and Myoelectric Upper Limb Prostheses
- Upper Limb Orthoses and Prostheses (Standard/Non-Myoelectric)
- Skin Substitutes
- LEQEMBI® (lecanemab-irmb)
- KISUNLA™ (donanemab-azbt)
- Lower Limb Orthoses and Prostheses
- Genetic Testing
  (Note: an updated Genetic Testing Prior Authorization Form will be available on the HUSKY Health website by 02/01/2026)
- Stair Lift System

- MyAirvo 2
- Adaptive Tricycle
- Ambulatory Infusion Pump
- Therapeutic Positioning Equipment

The following policies will be retired effective February 1, 2026:

Retired:

- External Lower Extremity Nerve Stimulator
- Synagis® (Palivizumab) – Effective 01/01/2026, the production of Synagis is being discontinued

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.