



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Certified Nurse-Midwives (CNMs), Physician Assistants (PAs), Hospitals, Medical Equipment Devices and Supplies (MEDS) Providers, and Home Health Agencies
RE: Policy Updates and Changes to Clinical Review Criteria

The purpose of this provider 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.

New Policies - Effective May 1, 2026:

- ITVISM[®](onasemnogene abeparvovec-brve)

Policy Updates - Effective May 1, 2026

- Bathing and Toileting Equipment
- Robotic Assistive Feeding Device (OBI Feeder)
- Personal Automated Medication Dispensers
- Solesta[®]
- Intrapulmonary Percussive Ventilation (IPV) Systems and Accessories for Home Use
- TheraBionic[®] P1 Device
- Light Therapy for Acne
- Allergen Reducing Products
- Apnea Monitor
- Blood Pressure Monitor
- Transanal Irrigation (TAI) System
- Hospital Beds and Related Accessories
- Percutaneous Electrical Nerve Field Stimulator (PENFS)- *formerly IB-Stim[®]*
- Burn Garments
- Hemegenix[®](etranacogene dezaparvovec-drlb) – *formerly Gene Therapy for Hemophilia B: Beqvez[™] and Hemgenix[®]*
- Custom-Fabricated Protective Helmet
- Resuscitation Kit
- Overages for Medical Equipment and Supplies

- Crutch Substitute
- Walkers
- Laser Therapy for Skin Conditions - formerly *Laser Therapy*
- Wheelchair Mounted Assistive **Robotic** Arm Attachment
- Ryoncil[®] (remestemcel-I-rknd)
- Zyntelgo[™] (betibeglogene autotemcel)
- Cosmetic Surgery
- Reconstructive Surgery

NOTE: The criteria are used as guidelines only. Should the criteria ever conflict with the Department of Social Services' definition of Medical Necessity, as defined in provider bulletin, [PB 11-36](#) Definition of Medical Necessity, the definition of Medical Necessity shall prevail.

Policies are available on the HUSKY Health web site at: 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 Community Health Network of CT (CHNCT) at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.