Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2026-38**
www.ctdssmap.com **July 2026**

TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals, and Medical Equipment Devices and Supplies (MEDS) Providers
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 August 1, 2026:

- Treatment and Interventions for Benign Prostatic Hyperplasia (BPH)
- Focal Treatment Interventions for Prostate Cancer
- Baroreflex Stimulation Device
- Corneal Crosslinking Procedure
- Corneal Surgical Procedures

Policy Updates- Effective August 1, 2026:

- Supplemental Outpatient Donor Breast Milk
- Organ Transplant
- Neuromuscular Electrical Stimulation (NMES) Device
- Orthognathic Surgery and Associated Procedures
- DME-Rent to Purchase
- Weight Scale
- Hospital-Grade Breast Pumps
- Oxlumo® (lumasiran)
- Mechanical Stretching Devices
- Spinraza® (nusinersen)
- Replacement Items Related to Implantable Neurostimulators and Associated Devices
- Zolgensma® (onasemnogene abeparvovec-xioi)
- Tepezza® (teprotumumab-trbw)
- Compression Garments
- Medical Foods
- Encelto™ (revakinagene taroretcel-lwey)
- Temporomandibular Joint (TMJ) Disorder and Associated Procedures
- Medical Devices with Integrated Technology
- Elevidys® (delandistrogene moxeparvovec-rokl)
- Gene-Based Exon-Skipping Therapy for Duchenne Muscular Dystrophy (DMD)
- Lenmeldy® (atidarsagene autotemcel)
- Miscellaneous Vision Services
- Orthopedic Footwear and Inserts
- Enclosed Non-Hospital Beds

Policies Retiring - Effective August 1, 2026:

- Use of a Temporarily Implanted Nitinol Device (iTind) – being replaced with the *Treatment and interventions for Benign Prostatic Hyperplasia (BPH)* policy
- Transurethral Ablation of Prostate Tissue (TULSA/TULSA Pro) – being replaced with the *Focal Treatment for Prostate Cancer* policy
- Roctavian® - manufacturer voluntarily withdrew from market effective May 2026
- Corneal Remodeling – being replaced with the *Corneal Crosslinking (CXL) Procedure* policy and the *Corneal Surgical Procedures* policy

NOTE: **The Criteria are used as guidelines only**. Should the criteria ever conflict with the Department of Social Services' 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 Community Health Network of CT (CHNCT) at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.