Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2026-57**
www.ctdssmap.com **October 2026**

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

- Surgical Treatment of Lipedema and Lymphedema
- Hearing Aids and Assistive Listening Devices for Children Enrolled in Birth-to-Three
- Unlisted Codes & Other Services and Goods
- Digestive Enzyme Cartridges- RELiZORB®
- Papzimeos® (zopapogene imadenovec-drba)

Policy Updates- Effective November 1, 2026

- Intermittent Positive Pressure Breathing (IPPB) Machine
- External Urinary and/or Fecal Collection System
- Home Health Services
- PT/INR Monitors
- Implantable Hypoglossal Nerve Stimulation
- Wheelchair and Related Accessories
- Primary Bariatric Surgery
- Radiofrequency Ablation (RFA) for Thyroid Nodules
- Gender Affirmation Surgery
- Doula Services
- Medical Nutrition Therapy (MNT)
- Casgevy® - Gene Therapy for Sickle Cell Disease (SCD)
- Casgevy® - Gene Therapy for Beta Thalessemia
- Ultraviolet B Light Therapy in the Home Setting
- Repairs & Modifications for Durable Medical Equipment (DME)
- Enteral Supplies Not Otherwise Classified (NOC)- HCPCS Code B9998
- Multimarker Serum Testing Related to Ovarian Cancer (OVA1, OVERA, ROMA)
- Hypoallergenic Bedding (formerly Allergen Reducing Products: Hypoallergenic Covers, Air Purifiers, Dehumidifiers)
- Non-Wearable Automated External Defibrillator (AED)
- Revisional Bariatric Surgery
- Phrenic Nerve Stimulation for Central Sleep Apnea (CSA)
- Diapers/Absorbent Products for the Management of Incontinence

Retired Policies- Effective November 1, 2026:

- Unlisted Codes
- Skin Substitutes
- Continuous Glucose Monitors

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.