



# HUSKY Health Benefits and Prior Authorization Grid

Family Planning Clinic

Covered Services for HUSKY Health A, B, C, and D Members



**HUSKY Health Program Benefits and Prior Authorization Requirements Grid\***  
**Family Planning Clinic**  
**Effective: January 1, 2012**

Member Services: 800-859-9889  
 Authorizations: 800-440-5071  
 Option #2 Authorization Fax: 203-265-3994

Benefit	HUSKY A, HUSKY C	HUSKY B	HUSKY D
<b>Contraceptives</b>	Covered 100%  Condoms and spermicide are covered. Requires documentation in the medical record that items were recommended and dispensed along with quantity dispensed.  Quantity Limit: <ul style="list-style-type: none"> <li>• Male condoms - 36/month</li> <li>• Female condoms - 30/month</li> <li>• Spermicide - 1/month</li> </ul>	Covered  Oral Contraceptives: <ul style="list-style-type: none"> <li>• Pharmacy co-pays apply</li> <li>• No co-pay if provided in physician office or clinic setting</li> </ul>	Covered 100%  Condoms and spermicide are covered. Requires documentation in the medical record that items were recommended and dispensed along with quantity dispensed.  Quantity Limit: <ul style="list-style-type: none"> <li>• Male condoms - 36/month</li> <li>• Female condoms - 30/month</li> <li>• Spermicide - 1/month</li> </ul>
<b>Family Planning</b>	100% covered  Sterilization: <ul style="list-style-type: none"> <li>• Sterilization requires submission of a completed <i>Consent to Sterilization</i> form</li> <li>• Sterilization is covered only for members 21 years of age and older</li> </ul> Exclusions - not covered: <ul style="list-style-type: none"> <li>• Sterilizations for patients who are under 21 years of age, mentally incompetent, or institutionalized</li> </ul> Exclusions - not covered (cont.):	100% covered for office visit  Exclusions - not covered: <ul style="list-style-type: none"> <li>• Fertility drugs</li> <li>• Sterilization</li> </ul>	100% covered  Sterilization: <ul style="list-style-type: none"> <li>• Sterilization requires submission of a completed <i>Consent to Sterilization</i> form</li> <li>• Sterilization is covered only for members 21 years of age and older</li> </ul> Exclusions - not covered: <ul style="list-style-type: none"> <li>• Sterilizations for patients who are under 21 years of age, mentally incompetent, or institutionalized</li> </ul> Exclusions - not covered (cont.):

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<b>Family Planning (cont.)</b>	<ul style="list-style-type: none"> <li>• Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing</li> <li>• Services for infertility treatment including reversal sterilization, tuboplasty, artificial insemination, invitro fertilization, fertility drugs</li> </ul>		<ul style="list-style-type: none"> <li>• Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing</li> <li>• Services for infertility treatment including reversal sterilization, tuboplasty, artificial insemination, invitro fertilization, fertility drugs</li> </ul>
<b>Smoking and Tobacco Cessation Counseling</b>	<p>Covered Codes: 99406 and 99407.</p> <p>Will require a nicotine dependency primary diagnosis code (F17.20-F17.299).</p> <p>Covered 100% when done in physician office and other outpatient settings</p> <p>Smoking cessation counseling performed by behavioral health clinicians or in a mental health clinic is covered under and billed to the behavioral health benefit</p>	<p>Covered Codes: 99406 and 99407.</p> <p>Will require a tobacco-related primary diagnosis code (F17.20-F17.299).</p> <p>Covered 100% when done in physician office and other outpatient settings</p> <p>Smoking cessation counseling performed by behavioral health clinicians or in a mental health clinic is covered under and billed to the behavioral health benefit</p>	<p>Covered Codes: 99406 and 99407.</p> <p>Will require a nicotine dependency primary diagnosis code (F17.20-F17.299).</p> <p>Covered 100% when done in physician office and other outpatient settings</p> <p>Smoking cessation counseling performed by behavioral health clinicians or in a mental health clinic is covered under and billed to the behavioral health benefit</p>

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<b>Smoking Cessation Products</b>	<p>Covered Codes:</p> <table border="1" data-bbox="457 602 936 797"> <thead> <tr> <th>Product</th> <th>HCPCS Code</th> <th>Days' Supply</th> </tr> </thead> <tbody> <tr> <td>Zyban</td> <td>S0106</td> <td>60 days</td> </tr> <tr> <td>Chantix</td> <td>S5001</td> <td>56 days</td> </tr> <tr> <td>Nicotine Patch</td> <td>S4991</td> <td>14 days</td> </tr> </tbody> </table> <p>Covered 100% when dispensed in family planning clinics. Please note, the procedure codes listed above must be billed with the applicable National Drug Code (NDC) for the product dispensed. The quantity and NDC units must be billed as 1 in order to receive the correct reimbursement, otherwise the detail will deny. Smoking cessation products are not payable for members covered under the Family Planning Limited Benefit.</p>	Product	HCPCS Code	Days' Supply	Zyban	S0106	60 days	Chantix	S5001	56 days	Nicotine Patch	S4991	14 days	<p>Effective January 1, 2023, and forward, smoking and tobacco use cessation agents and treatment products will be covered for all HUSKY B members. Please refer to the Connecticut Medicaid Preferred Drug List (PDL) for covered smoking cessation products for Husky B members. The PDL can be found on the <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> Web site. From the Home page, go to Pharmacy Information, Preferred Drug List Information, then to Current Medicaid Preferred Drug List.</p>	<p>Covered Codes:</p> <table border="1" data-bbox="1486 602 1965 797"> <thead> <tr> <th>Product</th> <th>HCPCS Code</th> <th>Days' Supply</th> </tr> </thead> <tbody> <tr> <td>Zyban</td> <td>S0106</td> <td>60 days</td> </tr> <tr> <td>Chantix</td> <td>S5001</td> <td>56 days</td> </tr> <tr> <td>Nicotine Patch</td> <td>S4991</td> <td>14 days</td> </tr> </tbody> </table> <p>Covered 100% when dispensed in family planning clinics. Please note, the procedure codes listed above must be billed with the applicable National Drug Code (NDC) for the product dispensed. The quantity and NDC units must be billed as 1 in order to receive the correct reimbursement, otherwise the detail will deny. Smoking cessation products are not payable for members covered under the Family Planning Limited Benefit.</p>	Product	HCPCS Code	Days' Supply	Zyban	S0106	60 days	Chantix	S5001	56 days	Nicotine Patch	S4991	14 days
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<b>Truvada-Pre-Exposure Prophylaxis Medication (PrEP)</b>	<p>100% covered</p> <p>Please note, procedure code S5001 and the corresponding NDC must be billed when a 30 days' supply of Truvada is dispensed.</p>	<p>100% covered</p> <p>Please note, procedure code S5001 and the corresponding NDC must be billed when a 30 days' supply of Truvada is dispensed.</p>	<p>100% covered</p> <p>Please note, procedure code S5001 and the corresponding NDC must be billed when a 30 days' supply of Truvada is dispensed.</p>																								

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<b>Truvada-Pre-Exposure Prophylaxis Medication (PrEP) (cont.)</b>	Procedure code S5000 and the corresponding NDC must be billed when a 90 days' supply of Truvada is dispensed. The quantity and NDC units for both the 30 days' supply and 90 days' supply must be billed as 1 in order to receive the correct reimbursement, otherwise the detail will deny.	Procedure code S5000 and the corresponding NDC must be billed when a 90 days' supply of Truvada is dispensed. The quantity and NDC units for both the 30 days' supply and 90 days' supply must be billed as 1 in order to receive the correct reimbursement, otherwise the detail will deny.	Procedure code S5000 and the corresponding NDC must be billed when a 90 days' supply of Truvada is dispensed. The quantity and NDC units for both the 30 days' supply and 90 days' supply must be billed as 1 in order to receive the correct reimbursement, otherwise the detail will deny.
<b>Out of Network Services</b>	Non-Covered  Providers must be an enrolled CMAP provider to be reimbursed for services.	Non-Covered  Providers must be an enrolled CMAP provider to be reimbursed for services.	Non-Covered  Providers must be an enrolled CMAP provider to be reimbursed for services.
<b>Out of State Care</b>	Non-emergent care requires prior authorization	Non-emergent care requires prior authorization	Non-emergent care requires prior authorization
<b>Out of Country Care (with the exception of Puerto Rico and USA territories of American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Marina Islands, US Virgin Islands)</b>	Out of the country care (including emergency care) is not a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	Out of the country care (including emergency care) is not a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	Out of the country care (including emergency care) is not a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).
<b>Translation Services</b>	1-800-440-5071	1-800-440-5071	1-800-440-5071

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<p><b>Benefit Exclusions</b></p> <p><b>This is a general listing of those exclusions most applicable to family planning clinics and includes but is not limited to the following:</b></p>	<ul style="list-style-type: none"> <li>• Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs)</li> <li>• Ambulatory BP monitoring</li> <li>• Care out of the country</li> <li>• Services for which prior authorization is required and is not obtained</li> <li>• Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational</li> <li>• Services that are not medically necessary</li> <li>• Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc.</li> <li>• Services not within scope of practitioners scope of practice</li> <li>• Services that have nothing to do with the illness or problem of the visit</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs that are not approved by the FDA</li> <li>• Services not usually performed by the provider</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs)</li> <li>• Ambulatory BP monitoring</li> <li>• Services for which prior authorization is required and is not obtained</li> <li>• Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational</li> <li>• Services that are not medically necessary</li> <li>• Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc.</li> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> <li>• Sterilization</li> <li>• Services beyond what is necessary for treatment</li> <li>• Services not related to illness or problems at the time of treatment</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs not approved by the FDA</li> <li>• Services beyond what is necessary for treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs)</li> <li>• Ambulatory BP monitoring</li> <li>• Care out of the country</li> <li>• Services for which prior authorization is required and is not obtained</li> <li>• Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational</li> <li>• Services that are not medically necessary</li> <li>• Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc.</li> <li>• Services not within scope of practitioners scope of practice</li> <li>• Services that have nothing to do with the illness or problem of the visit</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs that are not approved by the FDA</li> <li>• Services not usually performed by the provider</li> </ul>

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<b>Benefit Exclusions</b> (cont.)	<ul style="list-style-type: none"> <li>• Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized</li> </ul>		<ul style="list-style-type: none"> <li>• Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized</li> </ul>

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