



**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 (ABD)	HUSKY B	HUSKY D (LIA)
<b>Contraceptives</b>	Covered 100%  <b><u>Effective 7/1/13:</u></b> Condoms and spermicide are covered  Requires documentation in medical record that items were recommended and dispensed along with quantity dispensed.  <b>Quantity Limit:</b> Male condoms – 36/month Female condoms – 30/month Spermicide – 1/month	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%  <b><u>Effective 7/1/13:</u></b> Condoms and spermicide are covered  Requires documentation in medical record that items were recommended and dispensed along with quantity dispensed.  <b>Quantity Limit:</b> Male condoms – 36/month Female condoms – 30/month Spermicide – 1/month
<b>Family Planning</b>	100% covered  <u>Sterilization requires submission of a completed W612 Consent to Sterilization form.</u> <u>Sterilization is covered only for members 21 or older</u>  Exclusions – not covered: <ul style="list-style-type: none"> <li>• sterilizations for patients who are under age twenty-one (21), mentally</li> </ul>	100 % covered for office visit  Exclusions – not covered <ul style="list-style-type: none"> <li>• Fertility drugs are not covered</li> <li>• Sterilization is not a covered benefit</li> </ul>	100% covered  <u>Sterilization requires submission of a completed W612 Consent to Sterilization form.</u> <u>Sterilization is covered only for members 21 or older</u>  Exclusions – not covered: <ul style="list-style-type: none"> <li>• sterilizations for patients who are under age twenty-one (21), mentally</li> </ul>

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	incompetent, or institutionalized <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>		incompetent, or institutionalized <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>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</b>	Out of the country care (including emergency care) is <u>not</u> a covered benefit <b>(with the exception of Puerto Rico and other USA territories – where emergency care is covered).</b>	Out of the country care (including emergency care) is <u>not</u> a covered benefit <b>(with the exception of Puerto Rico and other USA territories – where emergency care is covered).</b>	Out of the country care (including emergency care) is <u>not</u> a covered benefit <b>(with the exception of Puerto Rico and other USA territories – where emergency care is covered).</b>

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<b>Islands, US Virgin Islands)</b>																											
<b>Smoking and Tobacco Cessation Counseling</b>	<p>Covered Codes: 99406 and 99407 – will require a tobacco related diagnosis code</p> <p>Covered 100% when done in physician office and other outpatient settings          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 Smoking Cessation Counseling is <b>only</b> covered for pregnant women. Claims require both a tobacco related primary diagnostic code and a secondary pregnancy related diagnostic code.</p>	<p>Covered Codes: 99406 and 99407 - will require a tobacco related diagnosis code</p> <p>Covered 100% when done in physician office and other outpatient settings          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>																								
<b>Smoking Cessation Products</b>	<p>Covered Codes:</p> <table border="1" data-bbox="451 878 917 1031"> <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</p>	Product	HCPCS Code	Days' Supply	Zyban	S0106	60 days	Chantix	S5001	56 days	Nicotine Patch	S4991	14 days	Non-Covered	<p>Covered Codes:</p> <table border="1" data-bbox="1440 878 1906 1031"> <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</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>Coverage is 100% for Husky A, B C and D members. Coverage is also 100% for Family Limited Benefit members.</p> <p>Please note, procedure code S5001 and the corresponding NDC must be billed when a 30 days' supply of Truvada is dispensed. 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.</p>	<p>Coverage is 100% for Husky A, B C and D members. Coverage is also 100% for Family Limited Benefit members.</p> <p>Please note, procedure code S5001 and the corresponding NDC must be billed when a 30 days' supply of Truvada is dispensed. 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.</p>	<p>Coverage is 100% for Husky A, B C and D members. Coverage is also 100% for Family Limited Benefit members.</p> <p>Please note, procedure code S5001 and the corresponding NDC must be billed when a 30 days' supply of Truvada is dispensed. 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.</p>
<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 pursuant to state law</li> <li>• Services beyond what is necessary to treat the medical problems,</li> <li>• Services that have nothing to do with</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> </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 pursuant to state law</li> <li>• Services beyond what is necessary to treat the medical problems,</li> </ul>
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	<p>the illness or problem of the visit.</p> <ul style="list-style-type: none"> <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> <li>• Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized</li> </ul>	<ul style="list-style-type: none"> <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> </ul>	<ul style="list-style-type: none"> <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> <li>• Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized</li> </ul>
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