



HUSKY Health 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) |
|------------------------|---|---|---|
| Contraceptives | <p>Covered 100%</p> <p>Effective 7/1/13: Condoms and spermicide are covered</p> <p>Requires documentation in medical record that items were recommended and dispensed along with quantity dispensed.</p> <p>Quantity Limit: Male condoms – 36/month Female condoms – 30/month Spermicide – 1/month</p> | <p>Covered</p> <p>Oral Contraceptives:</p> <ul style="list-style-type: none"> • pharmacy co-pays apply • No – co-pay if provided in physician office or clinic setting | <p>Covered 100%</p> <p>Effective 7/1/13: Condoms and spermicide are covered</p> <p>Requires documentation in medical record that items were recommended and dispensed along with quantity dispensed.</p> <p>Quantity Limit: Male condoms – 36/month Female condoms – 30/month Spermicide – 1/month</p> |
| Family Planning | <p>100% covered</p> <p><u>Sterilization requires submission of a completed W612 Consent to Sterilization form. Sterilization is covered only for members 21 or older</u></p> <p>Exclusions – not covered:</p> <ul style="list-style-type: none"> • sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized • hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing • services for infertility treatment including-reversal sterilization, tuboplasty, artificial insemination, | <p>100 % covered for office visit</p> <p>Exclusions – not covered</p> <ul style="list-style-type: none"> • Fertility drugs are not covered • Sterilization is not a covered benefit | <p>100% covered</p> <p><u>Sterilization requires submission of a completed W612 Consent to Sterilization form. Sterilization is covered only for members 21 or older</u></p> <p>Exclusions – not covered:</p> <ul style="list-style-type: none"> • sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized • hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing • services for infertility treatment including-reversal sterilization, tuboplasty, artificial insemination, |

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| | invitro fertilization, fertility drugs | | | | invitro fertilization, fertility drugs | | | | |
|--|--|------------|--------------|--|---|--------------|---------|------------|--------------|
| Out of Network 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. | Non-Covered Providers must be an enrolled CMAP provider to be reimbursed for services. | | | | |
| Out of State Care | Non Emergent Care Requires Prior Authorization | | | Non Emergent Care Requires Prior Authorization | Non Emergent Care Requires Prior Authorization | | | | |
| 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) | Out of the country care (including emergency care) is <u>not</u> 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 <u>not</u> 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 <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered). | | | | |
| Smoking and Tobacco Cessation Counseling | Covered Codes: 99406 and 99407 – will require a tobacco related diagnosis code 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 | | | Covered Codes: 99406 and 99407 Smoking Cessation Counseling is only covered for pregnant women. Claims require both a tobacco related primary diagnostic code and a secondary pregnancy related diagnostic code. | Covered Codes: 99406 and 99407 - will require a tobacco related diagnosis code 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. | | | | |
| Smoking Cessation Products | Covered Codes: | | | Covered Codes: | Covered Codes: | | | | |
| | Product | HCPCS Code | Days' Supply | Product | HCPCS Code | Days' Supply | Product | HCPCS Code | Days' Supply |

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| | Zyban | S0106 | 60 days | Zyban | S0106 | 60 days | Zyban | S0106 | 60 days |
|---|--|-------|---------|--|-------|---------|--|-------|---------|
| | Chantix | S5001 | 56 days | Chantix | S5001 | 56 days | Chantix | S5001 | 56 days |
| | Nicotine Patch | S4991 | 14 days | Nicotine Patch | S4991 | 14 days | Nicotine Patch | S4991 | 14 days |
| | <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> | | | <p>For HUSKY B members, Family Planning Clinics must bill with one of the diagnosis codes within the nicotine-dependency diagnosis code group series (F17) as the primary diagnosis AND one of the codes within the tobacco use disorder complicating pregnancy, childbirth, and the puerperium code series (O99.33) as the secondary diagnosis on the claim when billing for smoking cessation products. Claims for HUSKY B members that are submitted without these diagnosis codes will deny.</p> | | | <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> | | |
| Truvada-Pre-Exposure Prophylaxis Medication (PrEP) | <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> | | |

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

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| | <p>provider does not usually charge</p> <ul style="list-style-type: none"> • Drugs that are not approved by the FDA. • Services not usually performed by the provider • Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized | <p>provider does not usually charge</p> <ul style="list-style-type: none"> • Drugs not approved by the FDA. <p>HUSKY B Plus provides supplemental coverage of children with intensive physical health needs for services not covered under the HUSKY B plan, only Band 1 and 2 children may qualify. Call 1-860-837-6200 for more information</p> | <ul style="list-style-type: none"> • Services or items for which the provider does not usually charge • Drugs that are not approved by the FDA. • Services not usually performed by the provider • Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized |
|--|--|---|--|

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