



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
Cardiac Rehab	100% covered	100% covered	100% covered
Dialysis	100% covered	100% covered	100% covered
Emergency Care	<p>Covered – no co-pays for Emergency Room visits</p> <p>Emergent admissions must be called in or faxed by the admitting facility to CHNCT within 2 business days. Notifications greater than 2 days from the admission date are subject to denial of services</p> <p><u>Out of state emergency care in an ER facility is reviewed retrospectively for medical necessity.</u> Out of state providers MUST enroll with CMAP in order to receive payment. If out of state emergency room care is required, the member should call their PCP within 24 hrs of the emergency room visit.</p> <p><u>Out of state emergency care at a provider's office</u> Non-covered</p>	<p>Covered – no co-pays for Emergency Room visits. Urgent care \$10 co-pay</p> <p>Emergent admissions must be called in or faxed by the admitting facility to CHNCT within 2 business days. Notifications greater than 2 days from the admission date are subject to denial of services</p> <p><u>Out of state emergency care in an ER facility is reviewed retrospectively for medical necessity.</u> Out of state providers MUST enroll with CMAP in order to receive payment. If out of state emergency room care is required, the member should call their PCP within 24 hrs of the emergency room visit.</p> <p><u>Out of state emergency care at a provider's office</u> Non-covered</p>	<p>Covered – no co-pays for Emergency Room visits</p> <p>Emergent admissions must be called in or faxed by the admitting facility to CHNCT within 2 business days. Notifications greater than 2 days from the admission date are subject to denial of services</p> <p><u>Out of state emergency care in an ER facility is reviewed retrospectively for medical necessity.</u> Out of state providers MUST enroll with CMAP in order to receive payment. If out of state emergency room care is required, the member should call their PCP within 24 hrs of the emergency room visit.</p> <p><u>Out of state emergency care at a provider's office</u> Non-covered</p>

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
	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).
Labs	100% covered	100% covered	100% covered
Nutritional Counseling	100% covered. <u>Nutritional counseling services may be performed by:</u> 1. Independently enrolled physicians, advanced practice registered nurses and physician assistants (as part of an evaluation and management service); and 2. CMAP enrolled clinics (including FQHCs and hospital outpatient clinics). Currently registered dietitians are <u>not</u> eligible for CMAP enrollment and therefore are <u>not</u> able to receive reimbursement for services.	100% covered. <u>Nutritional counseling services may be performed by:</u> 1. Independently enrolled physicians, advanced practice registered nurses and physician assistants (as part of an evaluation and management service); and 2. CMAP enrolled clinics (including FQHCs and hospital outpatient clinics). Currently registered dietitians are <u>not</u> eligible for CMAP enrollment and therefore are <u>not</u> able to receive reimbursement for services.	100% covered. <u>Nutritional counseling services may be performed by:</u> 1. Independently enrolled physicians, advanced practice registered nurses and physician assistants (as part of an evaluation and management service); and 2. CMAP enrolled clinics (including FQHCs and hospital outpatient clinics). Currently registered dietitians are <u>not</u> eligible for CMAP enrollment and therefore are <u>not</u> able to receive reimbursement for services.

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
	When nutritional counseling is performed in a hospital outpatient clinic, reimbursement is limited to the clinic under RCC 510 (clinic visit) and no separate payment will be made to the individual provider.	When nutritional counseling is performed in a hospital outpatient clinic, reimbursement is limited to the clinic under RCC 510 (clinic visit) and no separate payment will be made to the individual provider.	When nutritional counseling is performed in a hospital outpatient clinic, reimbursement is limited to the clinic under RCC 510 (clinic visit) and no separate payment will be made to the individual provider.
Obesity	Treatment for obesity is not a covered benefit unless caused by an illness or is aggravating an illness, (including but not limited to cardiac and respiratory conditions, diabetes and hypertension) and then requires prior authorization for Medical Necessity	Treatment for obesity is not a covered benefit unless caused by an illness or is aggravating an illness, (including but not limited to cardiac and respiratory conditions, diabetes and hypertension) and then requires prior authorization for Medical Necessity	Treatment for obesity is not a covered benefit unless caused by an illness or is aggravating an illness, (including but not limited to cardiac and respiratory conditions, diabetes and hypertension) and then requires prior authorization for Medical Necessity
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	Refer to <u>Emergency Care section</u> for Emergency Care specifics <u>Non Emergent Care Requires Prior Authorization</u>	Refer to <u>Emergency Care section</u> for Emergency Care specifics <u>Non Emergent Care Requires Prior Authorization</u>	Refer to <u>Emergency Care section</u> for Emergency Care specifics <u>Non Emergent Care Requires Prior Authorization</u>

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
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).
Outpatient Surgical Facility (Hospital or Ambulatory Surgical Center)	100% covered Not all procedures require Prior Authorization. Refer to the list under <u>Procedures requiring Prior Authorization regardless of where procedure is performed</u> Authorization Required for: Outpatient procedure turned inpatient. Hospital must notify CHNCT Auth unit and request authorization within 2 business days	100% covered, no copay Not all procedures require Prior Authorization. Refer to the list under <u>Procedures requiring Prior Authorization regardless of where procedure is performed</u> Authorization Required for: Outpatient procedure turned inpatient. Hospital must notify CHNCT Auth unit and request authorization within 2 business days	100% covered Not all procedures require Prior Authorization. Refer to the list under <u>Procedures requiring Prior Authorization regardless of where procedure is performed</u> Authorization Required for: Outpatient procedure turned inpatient. Hospital must notify CHNCT Auth unit and request authorization within 2 business days
Procedures requiring Prior Authorization	Tattooing Collagen injections	Tattooing Collagen injections	Tattooing Collagen injections

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
(For a full listing of procedures requiring prior authorization please refer to the DSS Physician - Surgical Fee Schedule).	Insertion and removal of tissue expanders	Insertion and removal of tissue expanders	Insertion and removal of tissue expanders
	Dermabrasion	Dermabrasion	Dermabrasion
	Abrasion	Abrasion	Abrasion
	Chemical Peel	Chemical Peel	Chemical Peel
	Cervicoplasty	Cervicoplasty	Cervicoplasty
	Blepharoplasty	Blepharoplasty	Blepharoplasty
	Lipectomy/Liposuction	Lipectomy/Liposuction	Lipectomy/Liposuction
	Destruction of cutaneous vascular lesions	Destruction of cutaneous vascular lesions	Destruction of cutaneous vascular lesions
	Cryotherapy for acne	Cryotherapy for acne	Cryotherapy for acne
	Electrolysis	Electrolysis	Electrolysis
	Mastectomy for gynecomastia	Mastectomy for gynecomastia	Mastectomy for gynecomastia
	Mastopexy	Mastopexy	Mastopexy
	Breast reduction	Breast reduction	Breast reduction
	Breast augmentation	Breast augmentation	Breast augmentation
	Removal/insertion of breast implants	Removal/insertion of breast implants	Removal/insertion of breast implants
	Breast reconstruction	Breast reconstruction	Breast reconstruction
	TMJ related procedures	TMJ related procedures	TMJ related procedures
	Oral splints – Pa required starting 2/1/12	Oral splint services – PA required starting 2/1/12	Oral splint services – PA required starting 2/1/12
	Interdental fixation devices – PA required starting 2/1/12	Interdental fixation device services- PA required starting 2/1/12	Interdental fixation device services-PA required starting 2/1/12
	Interdental wiring non-fracture – PA required starting 2/1/12	Interdental wiring non-fracture – PA required starting 2/1/12	Interdental wiring non-fracture-PA required starting 2/1/12
Canthopexy			

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
	Otoplasty Rhinoplasty Septoplasty Varicose vein injection treatment or stab phlebotomy, ligation and division of veins – PA required starting 2/1/12 TMJ related procedures/treatments Surgical treatment of Obesity Insertion/removal of penile implants Female genital repair – PA required starting 2/1/12 Vaginoplasty for inter-sex state Chemodenervation Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism Procedures related to corneal prosthetics Genetic testing (see code list under genetic testing)	Canthopexy Otoplasty Rhinoplasty Septoplasty Varicose vein injection treatment or stab phlebotomy ligation and division of veins – PA required starting 2/1/12 TMJ related procedures/treatments Surgical treatment of Obesity Insertion/removal of penile implants Female genital repair – PA required starting 2/1/12 Vaginoplasty for inter-sex state Chemodenervation Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism Procedures related to corneal prosthetics Genetic testing (see code list under genetic testing category)	Canthopexy Otoplasty Rhinoplasty Septoplasty Varicose vein injection treatment or stab phlebotomy ligation and division of veins – PA required starting 2/1/12 TMJ related procedures/treatments Surgical treatment of Obesity Insertion/removal of penile implants Female genital repair – PA required starting 2/1/12 Vaginoplasty for inter-sex state Chemodenervation Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism Procedures related to corneal prosthetics Genetic testing (see code list under genetic testing)

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
Radiology Services	<p>100% covered</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is only required for advanced imaging procedures (MRI, MRA, CT, CTA, PET, PET/CT) for members 19 and over (members 18 and under will no longer require prior authorization).</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is no longer required for nuclear cardiology procedures for members of all ages.</p>	<p>100% covered</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is only required for advanced imaging procedures (MRI, MRA, CT, CTA, PET, PET/CT) for members 19 and over (members 18 and under will no longer require prior authorization).</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is no longer required for nuclear cardiology procedures for members of all ages.</p>	<p>100% covered</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is only required for advanced imaging procedures (MRI, MRA, CT, CTA, PET, PET/CT) for members 19 and over (members 18 and under will no longer require prior authorization).</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is no longer required for nuclear cardiology procedures for members of all ages.</p>
Reconstructive surgery	Prior Authorization Required: Not a covered benefit <u>except</u> for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.	Prior Authorization Required: Not a covered benefit <u>except</u> for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.	Prior Authorization Required: Not a covered benefit <u>except</u> for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.
Screening, Brief Intervention and	Covered Codes: 99408 and 99409	Covered Codes: 99408 and 99409	Covered Codes: 99408 and 99409

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

Hospital Outpatient
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)
Referral to Treatment (SBIRT) <u>Covered for Primary Care Providers (PCPs) Only</u>	<u>When rendering SBIRT Services, providers must:</u> <ul style="list-style-type: none"> Use a validated screening tool; Utilize evidenced based brief intervention guidelines ; and Make referrals to treatment as appropriate. <p>For a list of validated screening tools please access the following link:: http://www.integration.samhsa.gov/clinical-practice/sbirt</p> <p><u>Documentation Requirements:</u> Provider must document:</p> <ul style="list-style-type: none"> The screening tool used; The score obtained; The time spent performing the service; Any action taken as a result of the screening (including referrals); Name and credentials of practitioner who provided the service; and 	<u>When rendering SBIRT Services, providers must:</u> <ul style="list-style-type: none"> Use a validated screening tool; Utilize evidenced based brief intervention guidelines ; and Make referrals to treatment as appropriate. <p>For a list of validated screening tools please access the following link:: http://www.integration.samhsa.gov/clinical-practice/sbirt</p> <p><u>Documentation Requirements:</u> Provider must document:</p> <ul style="list-style-type: none"> The screening tool used; The score obtained; The time spent performing the service; Any action taken as a result of the screening (including referrals); Name and credentials of practitioner who provided the service; and 	<u>When rendering SBIRT Services, providers must:</u> <ul style="list-style-type: none"> Use a validated screening tool; Utilize evidenced based brief intervention guidelines ; and Make referrals to treatment as appropriate. <p>For a list of validated screening tools please access the following link:: http://www.integration.samhsa.gov/clinical-practice/sbirt</p> <p><u>Documentation Requirements:</u> Provider must document:</p> <ul style="list-style-type: none"> The screening tool used; The score obtained; The time spent performing the service; Any action taken as a result of the screening (including referrals); Name and credentials of practitioner who provided the service; and

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
	<ul style="list-style-type: none"> A dated note. <p>Billing: SBIRT services should be performed in conjunction with a medical clinic or emergency department visit and therefore will NOT be separately reimbursed. SBIRT codes should be submitted under one of the following revenue center codes: <ul style="list-style-type: none"> 510 (Clinic) 515 (Pediatric Clinic) 450 (Emergency Room) 456 (Urgent Care) <p>Reference: DSS PB 2015-79 "Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care".</p> </p>	<ul style="list-style-type: none"> A dated note. <p>Billing: SBIRT services should be performed in conjunction with a medical clinic or emergency department visit and therefore will NOT be separately reimbursed. SBIRT codes should be submitted under one of the following revenue center codes: <ul style="list-style-type: none"> 510 (Clinic) 515 (Pediatric Clinic) 450 (Emergency Room) 456 (Urgent Care) <p>Reference: DSS PB 2015-79 "Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care".</p> </p>	<ul style="list-style-type: none"> A dated note. <p>Billing: SBIRT services should be performed in conjunction with a medical clinic or emergency department visit and therefore will NOT be separately reimbursed. SBIRT codes should be submitted under one of the following revenue center codes: <ul style="list-style-type: none"> 510 (Clinic) 515 (Pediatric Clinic) 450 (Emergency Room) 456 (Urgent Care) <p>Reference: DSS PB 2015-79 "Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care".</p> </p>
Short Term Rehab (ST/PT/OT/Audiology)	<p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> PT/ST -Greater than one evaluation per calendar year per provider and two visits per calendar week per provider OT Greater than one evaluation per calendar year per provider and one 	<p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> <u>ALL PT/ST/OT/Audiology services after initial evaluation</u> <p>PT/ST/OT/Audiology requires that significant improvement is expected within 60 days</p>	<p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> PT/ST -Greater than one evaluation per calendar year per provider and two visits per calendar week per provider OT Greater than one evaluation per calendar year per provider and one

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
	<p>visit per calendar week per provider</p> <ul style="list-style-type: none"> PT/OT/ST greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> A mental disorder including mental retardation or a specific delay in development (ICD-9 CM diagnosis range 291-319) A musculoskeletal system disorder involving the spine (ICD-9 CM diagnosis code range 722.XX – 724.XX) or A symptom related to nutrition, metabolism or development (ICD-9 CM diagnosis code 783.X). <p>***For a list of equivalent ICD-10 CM Diagnosis codes, please visit The DSS Fee Schedule Instructions located at www.ctdssmap.com→</p>	<p><u>PT, ST, OT and audiology services are limited to 60 days of combined services per injury or condition. This includes short term rehab services performed in a home, clinic outpatient hospital or independent settings.</u></p> <p>Bands 1 & 2 eligible for Husky Plus referral for supplemental coverage</p>	<p>visit per calendar week per provider</p> <ul style="list-style-type: none"> PT/OT/ST greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> A mental disorder including mental retardation or a specific delay in development (ICD-9 CM diagnosis range 291-319) A musculoskeletal system disorder involving the spine (ICD-9 CM diagnosis code range 722.XX – 724.XX) or A symptom related to nutrition, metabolism or development (ICD-9 CM diagnosis code 783.X). <p>***For a list of equivalent ICD-10 CM Diagnosis codes, please visit The DSS Fee Schedule Instructions located at www.ctdssmap.com→</p>

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
	Provider → Provider Fee Schedule Download → Provider Fee Schedule Instructions (table 15) <u>Independent PT/ST/Audiology covered 100%</u>		Provider → Provider Fee Schedule Download → Provider Fee Schedule Instructions (table 15) <u>Independent PT/ST/Audiology covered 100%</u>
Smoking and Tobacco Cessation Counseling - Group	Covered when performed in hospital outpatient clinics. Primary diagnosis must be: <u>ICD 9 Diagnosis</u> <ul style="list-style-type: none"> Tobacco Use Disorder (use code 305.1) Tobacco Withdrawal (use code 292.0) <u>ICD 10 diagnosis</u> <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 - F172.91) Bill with RCC 953 with CPT 99412 Group session must last longer than 45 minutes Member must attend entire session to bill for service	Covered when performed in hospital outpatient clinics. Coverage limited to pregnant women. Primary diagnosis must be: <u>ICD9 Diagnosis</u> <ul style="list-style-type: none"> Tobacco Use Disorder (use code 305.1) Tobacco Withdrawal (use code 292.0). <u>ICD 10 diagnosis</u> <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 - F172.91) <u>Also</u> , will require a secondary pregnancy related diagnosis code. Bill with RCC 953 with CPT 99412	Covered when performed in hospital outpatient clinics. Primary diagnosis must be: <u>ICD 9 Diagnosis</u> <ul style="list-style-type: none"> Tobacco Use Disorder (use code 305.1) Tobacco Withdrawal (use code 292.0) <u>ICD 10 diagnosis</u> <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 - F172.91) Bill with RCC 953 with CPT 99412 Group session must last longer than 45 minutes Member must attend entire session to bill for service

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
	Group size is limited to 3-12 members	Group session must last longer than 45 minutes Member must attend entire session to bill for service Group size is limited to 3-12 members	Group size is limited to 3-12 members
Synagis	<u>Prior Authorization Required</u> The Synagis Prior Authorization form is located on the HUSKY Health website at: www.ct.gov/hh Once on the home page, click "For Providers" and then click "Provider Bulletins and Forms". Providers may contact the HUSKY Health Synagis Program by calling 1-800-440-5071 and selecting the prompt for medical authorizations.	<u>Prior Authorization Required</u> The Synagis Prior Authorization form is located on the HUSKY Health website at: www.ct.gov/hh Once on the home page, click "For Providers" and then click "Provider Bulletins and Forms". Providers may contact the HUSKY Health Synagis Program by calling 1-800-440-5071 and selecting the prompt for medical authorizations.	Medication not applicable for membership
Translation Services	1-800-440-5071	1-800-440-5071	1-800-440-5071
Benefit EXCLUSIONS	<u>Exclusions: this is a general listing and includes but is not limited to the following:</u> <ul style="list-style-type: none"> • Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs) 	<u>Exclusions: this is a general listing and includes but is not limited to the following:</u> <ul style="list-style-type: none"> • Smoking Cessation Services • Infertility treatment (i.e. reversal sterilization; artificial insemination; 	<u>Exclusions: this is a general listing and includes but is not limited to the following:</u> <ul style="list-style-type: none"> • Infertility treatment (i.e. reversal sterilization; artificial insemination;

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

**Hospital Outpatient
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)
	<ul style="list-style-type: none"> • Drugs used to treat sexual or erectile dysfunction • Weight reduction programs • All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis • 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 	<ul style="list-style-type: none"> • invitro fertilization; fertility drugs) • Weight reduction programs • Surgical treatment or hospitalization for the treatment of morbid obesity except where prior authorized medically necessary care, treatment, procedures, services or supplies that are primarily for dietary control including, but not limited to, any exercise weight reduction programs, whether formal or informal • All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis. • 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 	<ul style="list-style-type: none"> • invitro fertilization; fertility drugs) • Drugs used to treat • sexual or erectile dysfunction • Weight reduction programs • All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis • 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

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

Hospital Outpatient
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)
	<ul style="list-style-type: none"> • Nuclear powered pacemakers • Implantation of nuclear powered pacemakers • Inpatient charges related to autopsy • 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 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 • Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing 	<ul style="list-style-type: none"> • 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 • Acupuncture, biofeedback, hypnosis • Nuclear powered pacemakers • Implantation of nuclear powered pacemakers • Inpatient charges related to autopsy • Routine foot care • 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 provider does not usually charge 	<p align="center">pursuant to state law</p> <ul style="list-style-type: none"> • Nuclear powered pacemakers • Implantation of nuclear powered pacemakers • Inpatient charges related to autopsy • 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 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 • Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



HUSKY Health Benefits and Prior Authorization Requirements Grid*

Hospital Outpatient
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)
		<ul style="list-style-type: none"> • Drugs not approved by the FDA. • Power wheelchairs • Non-emergency transport <p><u>HUSKY B Plus provides supplemental coverage</u> 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>	

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.