# HUSKY Health Program
## Member Benefits Grid

Covered Services for
HUSKY A, C, and D

HUSKY HEALTH CONNECTICUT

Community Health Network of Connecticut, Inc.℠

MESHH-OT126446-0725

# Member Benefits – Covered Services for HUSKY A, C, and D

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

The list below is a summary of commonly requested services. For questions about services not seen on this list, please call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime.

| Benefit | Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Acupuncture** | Covered when medically necessary in independent office, Federally Qualified Health Center (FQHC), and outpatient hospital settings. | No | Medical Doctor, Osteopath, or Licensed Independent Acupuncturist |
| **Allergy Testing/Shots** | | No | Primary Care Provider or Allergist |
| **Ambulance: Emergency ground and rotary air ambulance** | For emergencies only (Call 911 for emergency ground ambulance). | No | Ambulance |
| **Ambulance: Non-emergency air ambulance** | To the closest appropriate provider for an approved service. | Yes | Contact MTM, Inc. at 1.855.478.7350 for additional information |
| **Behavioral Health** *(Mental Health and Substance Use Treatment)* | Contact Connecticut Behavioral Health Partnership at www.ctbhp.com or 1.877.552.8247. | | |
| **Birth Control (Contraceptives)** | Requires prescription for all methods of contraception obtained at a pharmacy.<br><br>Monthly limit applies for condoms.<br><br>The “morning-after” pill is also covered with prescription. | No | Pharmacy, or for methods of birth control that are implanted/inserted, Primary Care Provider or OB/GYN |

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| **Cardiac Care** *(Includes Diagnostic Screening and Testing)* | | No | Cardiologist or Primary Care Provider |
| **Cardiac Rehabilitation Program** | | No | Hospital |
| **Chiropractic** | Covered for all members when performed in independent office settings, FQHCs, and outpatient hospitals. Coverage limited to manual manipulations of the spine.<br><br>**Ages 21+ years:** Limited to certain specific spinal diagnoses. | Yes, for members ages 21 and older, authorization is required for more than five visits, per member, per provider, per month.<br><br>For members under 21, prior authorization is required for all services. | Chiropractor |
| **Dental** | Contact Dental Health Partnership at www.ctdhp.org or 1.855.283.3682. | | |
| **Dialysis** | | No | Dialysis site or hospital |
| **Diapers and Adult Incontinence Supplies** | **Ages birth through two years:** Not covered.<br><br>**Ages three years and older:** Prescription required. | Yes, for ages three-twelve years. | Medical Equipment Provider |

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| **Diabetic Supplies such as:**<br>*blood glucose monitor, alcohol wipes, test strips (urine, blood, or reagent), lancets* | **Ages birth through 20 years:** Covered under both the Pharmacy benefit and the Medical Equipment benefit.<br><br>**Ages 21+ years:** Specific items covered under the Medical Equipment benefit; covered under the Pharmacy benefit.<br><br>*Insulin is covered for all ages under the Pharmacy benefit.* | Yes, for some items such as insulin pumps. | Pharmacy or Medical Equipment Provider |
| **Diabetic Shoes/Inserts** | **Ages 21+ years:** Two pairs are covered per calendar year. | Prior authorization is needed for more than two pairs per year. | Medical Equipment Provider |
| **Emergency Services/Urgent Care** | **In-state:** Covered at a Hospital or Urgent Care Clinic.<br>**Out-of-state:** Not covered *unless* visit is medically necessary, **and** the provider enrolls in HUSKY Health.<br>**Out-of-country:** Emergency services are not covered when received outside of the U.S. or U.S. territories. | No | Hospital Emergency Department or Urgent Care Clinic within the U.S. and U.S. territories |

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| Benefit | Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Eye Care/Glasses** *(See also Vision Care)* | **Ages 21+ years:** Some limits apply on type of frames and lenses. Limits also apply on how often you can get glasses. One pair of glasses can be covered every 24 months unless a new pair is medically necessary. Replacements for glasses that were lost, stolen, or broken are not covered until the 24 months have passed.<br><br>**Ages birth through 20 years:** Some limits apply on type of frames and lenses. One pair of glasses can be covered every 24 months unless a new pair is medically necessary or the previous pair was lost, stolen, or broken.<br>**Contact lenses:** Only covered for certain diagnoses. | No | Optometrist or Ophthalmologist for vision exam<br><br>Optometrist or Optician for eyeglasses or contact lenses when covered |
| **Family Planning** (For ongoing care) *(Includes birth control, exams, testing, and treatment for sexually transmitted diseases and HIV. See also Birth Control and Maternity.)* | | No | Primary Care Provider or Specialist<br><br>Prescription items are obtained at a pharmacy |
| **Genetic Testing** | | Yes | Specialist or Primary Care Provider |
| **Gynecology** | | No | Primary Care Provider, OB/GYN |

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| **Hearing exams** | | Yes, for more than one evaluation per calendar year, or two or more visits per calendar week. | Audiologist or Ear, Nose, and Throat (ENT) Doctor |
| **Hearing Aids** | **HUSKY A, C, D:** One pair every three years. | No | Audiologist as a Medical Equipment Provider or a Medical Equipment Provider that dispenses hearing aids |
| **Hearing Aid Batteries** | Requires prescription. | No | A pharmacy that is also a Medical Equipment Provider |
| **Home Health Care:** | | | |
| **Skilled Nursing Visits at Home** | Covered when medically necessary.<br><br>**Maternity Visits:** Limited to services for pregnant women at high risk. | • Yes, for more than two nursing visits per calendar week.<br>• Yes, for greater than two prenatal visits and/or two post-natal visits.<br>• Yes, for greater than two hours per day (“extended nursing”). | Home Health Care Agency |
| **Home Health Aide Visits at Home** | Must provide hands-on physical care (for feeding, bathing, toileting, dressing, or mobility).<br><br>Custodial or homemaker/companion services are not covered. | • Yes, for more than 14 hours/week. | Home Health Care Agency |

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| • **Physical Therapy (PT), Occupational Therapy (OT), and/or Speech Therapy (ST) Visits at Home** | | • PT & ST: Needed for more than two visits per week.<br>• OT: Needed for greater than one evaluation per year, per provider, and more than one visit per week, per provider.<br>• Certain diagnoses require prior authorization for more than nine visits per calendar year, per provider. | Home Health Care Agency |
| • **Hospice at Home**<br>*Hospice care is aimed at comfort care and relieving symptoms of terminal illness. It usually does not include treatment aimed at cure.*<br>For inpatient Hospice, see *Hospice Inpatient Care* below. | Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of six months or less.<br><br>**Ages birth through 20 years**: Members may receive treatment aimed at cure at the same time they are receiving Hospice care. | No | Home Health Care/Home Hospice Agency |
| • **Home Infusion Services at Home**<br>*(Intravenous medicine at home)* | **Only ages birth through 20 years.** | Yes | Home Health Care Agency/Home Infusion Company |
| • **Nursing Visits at Home for Behavioral Health Conditions** | Contact Connecticut Behavioral Health Partnership at www.ctbhp.com or 1.877.552.8247. | | |

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| **Hospice (Inpatient Care)**<br>*Hospice care is aimed at comfort care and relieving symptoms of a terminal illness. It usually does not include treatment aimed at cure.* | Inpatient Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of six months or less.<br><br>**Ages birth through 20 years**: Members may receive treatment aimed at cure at the same time they are receiving Hospice care. | Yes, for inpatient stays that last longer than five days. | Inpatient Hospice or Hospice unit |
| **Hospital Care:** | | | |
| • **Inpatient** | | Yes, for all *scheduled* admissions except for maternity. | Hospital |
| • **Outpatient** | | Yes, for some surgical procedures. | Hospital |
| • **Specialized Long-Term Hospital Care** | | Yes | Hospital |
| **Laboratory Services** | | For genetic testing only. | Laboratory |
| **Long-Term Care Skilled Nursing Facility** | | Yes | Skilled Nursing Facility |
| **Maternity (prenatal, delivery, and postpartum)**<br>**Breast pumps** | **Hospital births:** No limitations.<br>**Home births**: Covered when performed by a Certified Nurse Midwife.<br>**Breast pumps**: Covered in the third trimester. A prescription in the mother's name is required.<br>**Childbirth/Lamaze classes:** Not covered. | No prior authorization required for prenatal, delivery and postpartum.<br>**Breast pumps:** Only hospital grade breast pumps require prior authorization. | OB/GYN, Certified Nurse Midwife |

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| **Medical Equipment** *(for use at home)* *Definition: Reusable equipment that can withstand repeated use and is generally used to serve a medical purpose; includes items such as walkers, wheelchairs, sleep apnea equipment, breast pumps, etc.* | Must be medically necessary and meet the definition of Medical Equipment.<br><br>Prescription is required. | Yes, for some items. | Primary Care Provider or Specialist can write a prescription and a Medical Equipment Provider supplies the items |
| **Medical Supplies** *Disposable (i.e., gauze, gloves, syringes)* | Prescription is required. | No | Pharmacy |
| **Mental Health** | Contact Connecticut Behavioral Health Partnership at www.ctbhp.com or 1.877.552.8247. | | |
| **Naturopath** | Limited to some specific services; covered when medically necessary. | Yes, for greater than five visits per provider, per month. | Naturopath |
| **Nutritional Counseling** | Nutritional counseling is covered when received by a physician, APRN, or Physician's Assistant as part of an office visit. It's also covered when part of a visit in a clinic or community health center.<br><br>Nutritional counseling is not covered with an independent registered dietician. | No | Physician, Advanced Practice Registered Nurse (APRN), Physician Assistant (when part of a visit with a doctor or APRN); can also be provided as part of clinic visit |

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| **Orthotics**<br>*Prescription custom-made supportive inserts to address conditions of the feet and ankles* | Covered when medically necessary. | Some orthotics require prior authorization. | Podiatrist, Physical Therapist, or Orthopedic Doctor |
| **Pharmacy**<br>*Prescription medicine*<br>*Over-the-counter medicine, vitamins, and supplements* | A prescription is required, even for over-the-counter items (vitamins, medicines and supplements) that are covered; some limits apply. | Some prescriptions require prior authorization.<br>*Call the Pharmacy Benefit Line: 1.866.409.8430 for specifics.* | Pharmacy |
| **Physicals** | *(See Wellness Exams)* | | |
| **Prosthetics**<br>*Artificial devices used to replace a missing body part. The body part may be missing due to trauma, disease or congenital condition.* | Covered when medically necessary. | Some prosthetics require prior authorization. | Medical Equipment Provider |
| **Rehab Services: Outpatient**<br>*Physical Therapy, Occupational Therapy, Speech Therapy*<br>(For services at home, see *Home Health Care.*) | Cannot receive therapy from two different providers at the same time. Cannot have therapy at home and at a clinic/facility at the same time.<br><br>Massage therapy only covered as part of a physical therapy service. Massage therapists are not covered.<br><br>Ages 21+ limited to clinic visits. Independent providers for PT/ST/OT not covered. | Yes, for:<br>• PT/ST – greater than the initial evaluation and two visits per week.<br>• OT – greater than the initial evaluation and one visit per week.<br>• Certain diagnoses require prior authorization for more than nine visits per calendar year, per provider. | Physical Therapists, Occupational Therapists, Speech Therapists |

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| **Surgery:** | | | |
| • **Bariatric** | | Yes | Hospital or Surgical Center |
| • **Cosmetic** | Surgery considered to be cosmetic is not covered. | Yes | Hospital or Surgical Center |
| • **Inpatient** | | Yes | Hospital or Surgical Center |
| • **Outpatient** | | Some procedures require prior authorization. | Hospital or Surgical Center |
| • **Reconstructive** | | Yes | Hospital or Surgical Center |
| • **Transgender/Reassignment Surgery** | | Yes | Hospital or Surgical Center |
| **Transportation to Medical Appointments** | Must be transportation to receive a service covered by HUSKY Health; trips to the pharmacy are not covered. | Contact MTM, Inc. at https://www.mtm-inc.net/connecticut/ or 1.855.478.7350. | |
| **Urgent Care/Walk-In (in-state)** | | No | Urgent Care Clinics and Walk-In Medical Centers |

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| **Vision Care, Eyeglasses, and Contact Lenses** *(See also Eye Care/Glasses)* | **Ages 21+ years:** Some limits apply on type of frames and lenses. Limits also apply on how often you can get glasses. One pair of glasses can be covered every 24 months unless a new pair is medically necessary. Replacements for glasses that were lost, stolen, or broken are not covered until the 24 months have passed.<br><br>**Ages birth through 20 years:** Some limits apply on type of frames and lenses. One pair of glasses can be covered every 24 months unless a new pair is medically necessary or the previous pair was lost, stolen, or broken.<br>**Contact lenses:** Only covered for certain diagnoses. | No | Optometrist or Ophthalmologist for vision exam<br><br>Optometrist or Optician for eyeglasses or contact lenses when covered |
| **Wellness Exams: Children**<br>Wellness exams for children can include: A medical history, physical exam, growth screening, vaccines, oral screening, blood work, urine tests, screening for developmental and/or behavioral health issues, and information about safety. | Limit one wellness exam per calendar year. | No | Primary Care Providers |

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| **Wellness Exams: Adults**<br>Wellness exams for adults can include:<br>A medical and family history, physical exam, blood pressure and cholesterol screening, hearing exam, blood work, urine screenings for behavioral health issues, alcohol, tobacco and substance use, personal safety, heart health, nutrition and physical activity; and vaccines. | Limit one wellness exam per calendar year. | No | Primary Care Providers |
| **Wigs** | Must be medically necessary; requires prescription. | No | Medical Equipment Provider |