



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***  
**Behavioral Health Partnership**  
**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>Health and Behavior Assessments (CPT 96150-96155) When Performed by Psychologists</b>	100% covered under medical benefit for members with diagnoses <i>outside</i> the range of ICD-9 codes 291-316. ( <b>For a list of equivalent ICD-10CM diagnosis codes please visit the DSS fee schedule instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> → Provider → Provider Fee Schedule Download.</b> ) <ul style="list-style-type: none"> <li>• Service must be requested via physician order</li> <li>• Prior Authorization NOT needed</li> </ul>	100% covered under medical benefit for members with diagnoses <i>outside</i> the range of ICD-9 codes 291-316 ( <b>For a list of equivalent ICD-10CM diagnosis codes please visit the DSS fee schedule instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> → Provider → Provider Fee Schedule Download.</b> ) <ul style="list-style-type: none"> <li>• Service must be requested via physician order</li> <li>• Prior Authorization NOT needed</li> </ul>	100% covered under medical benefit for members with diagnoses <i>outside</i> the range of ICD-9 codes 291-316 ( <b>For a list of equivalent ICD-10CM diagnosis codes please visit the DSS fee schedule instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> → Provider → Provider Fee Schedule Download.</b> ) <ul style="list-style-type: none"> <li>• Service must be requested via physician order</li> <li>• Prior Authorization NOT needed</li> </ul>
<b>Mental Health Inpatient</b>	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements
<b>Mental Health Outpatient</b>	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements
<b>Out of Network Services</b>	Non-Covered Providers must be an enrolled CMAP provider	Non-Covered Providers must be an enrolled CMAP provider	Non-Covered Providers must be an enrolled CMAP provider

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	to be reimbursed for services.	to be reimbursed for services.	to be reimbursed for services.
<b>Prescription Drug Coverage (retail pharmacy)</b>	Covered through DSS (EDS) Providers may call: CT Medical Assistance Pharmacy Prior Authorization Center 1-866-409-8386 (phone) 1-866-759-4110 (fax) 1-866-604-3470 (TTY/TDD line)  Members may call: 1-866-409-8430 or 1-860-269-2031 <a href="http://www.ctdssmap.com">www.ctdssmap.com</a>  No co-pays  Members must use their CONNECT card at the pharmacy to acquire prescriptions	Covered through DSS (EDS) Providers may call: CT Medical Assistance Pharmacy Prior Authorization Center 1-866-409-8386 (phone) 1-866-759-4110 (fax) 1-866-604-3470 (TTY/TDD line)  Members may call: 1-866-409-8430 or 1-860-269-2031 <a href="http://www.ctdssmap.com">www.ctdssmap.com</a>  <u>Prescription Medication:</u> Generic - \$5 co-pay Brand - \$10 co-pay  Members must use their CONNECT card at the pharmacy to acquire prescriptions	Covered through DSS (EDS) Providers may call: CT Medical Assistance Pharmacy Prior Authorization Center 1-866-409-8386 (phone) 1-866-759-4110 (fax) 1-866-604-3470 (TTY/TDD line)  Members may call: 1-866-409-8430 or 1-860-269-2031 <a href="http://www.ctdssmap.com">www.ctdssmap.com</a>  No co-pays  Members must use their CONNECT card at the pharmacy to acquire prescriptions
<b>Smoking and Tobacco</b>	Covered Codes: 99406 and 99407 – will require	Covered Codes: 99406 and 99407 Smoking	Covered Codes: 99406 and 99407 - will require

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<b>Cessation Counseling - Individual</b>	<p>a tobacco related diagnosis code</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>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>a tobacco related diagnosis code</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><b>Smoking and Tobacco Cessation Counseling – Group (Behavioral Health Clinics, Enhanced Care Clinics and State Operated Mental Health Clinics *)</b></p> <p><b>*See below for FQHC and outpatient psychiatric hospital coverage</b></p>	<p>Covered when performed in behavioral health clinic</p> <p>Primary diagnosis must be:  <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> <li>• Tobacco Use Disorder (use 305.1)</li> <li>• Tobacco Withdrawal (use 292.0)</li> </ul> <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> <li>• Nicotine Dependence (use F17.200 - F172.91)</li> </ul> <p>Bill with CPT 99412</p> <p>Group session must last longer than 45 minutes</p>	<p>Covered when performed in behavioral health clinic. Coverage limited to pregnant women.</p> <p>Primary diagnosis must be:  <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> <li>• Tobacco Use Disorder (use 305.1)</li> <li>• Tobacco Withdrawal (use 292.0)</li> </ul> <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> <li>• Nicotine Dependence (use F17.200 - F172.91)</li> </ul> <p>Will also require a secondary pregnancy related diagnosis code.</p>	<p>Covered when performed in behavioral health clinic</p> <p>Primary diagnosis must be:  <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> <li>• Tobacco Use Disorder (use 305.1)</li> <li>• Tobacco Withdrawal (use 292.0)</li> </ul> <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> <li>• Nicotine Dependence (use F17.200 - F172.91)</li> </ul> <p>Bill with CPT 99412</p>

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	<p>Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.</p>	<p>Bill with CPT 99412</p> <p>Group session must last longer than 45 minutes Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.</p>	<p>Group session must last longer than 45 minutes Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.</p>
<b>Smoking and Tobacco Cessation Counseling – Group (FQHCs)</b>	<p>Primary diagnosis must be: <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> <li>• Tobacco Use Disorder (use 305.1)</li> <li>• Tobacco Withdrawal (use 292.0)</li> </ul> <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> <li>• Nicotine Dependence (use F17.200 - F172.91)</li> </ul> <p>Bill with HCPCS T1015 with CPT 99412</p>	<p>Coverage limited to pregnant women.</p> <p>Primary diagnosis must be: <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> <li>• Tobacco Use Disorder (use 305.1)</li> <li>• Tobacco Withdrawal (use 292.0)</li> </ul> <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> <li>• Nicotine Dependence (use F17.200 - F172.91)</li> </ul> <p>Will also require a secondary pregnancy related diagnosis code.</p>	<p>Primary diagnosis must be: <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> <li>• Tobacco Use Disorder (use 305.1)</li> <li>• Tobacco Withdrawal (use 292.0)</li> </ul> <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> <li>• Nicotine Dependence (use F17.200 - F172.91)</li> </ul> <p>Bill with HCPCS T1015 with CPT 99412</p>

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	<p>Group session must last longer than 45 minutes. Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.</p>	<p>Bill with HCPCS T1015 with CPT 99412</p> <p>Group session must last longer than 45 minutes. Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.</p>	<p>Group session must last longer than 45 minutes. Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.</p>
<p><b>Smoking and Tobacco Cessation Counseling – Group</b>  <b>(Outpatient private or state-operated psychiatric hospitals)</b></p>	<p>Covered when performed in hospital outpatient clinics.</p> <p>Primary diagnosis must be:  <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> <li>• Tobacco Use Disorder (use 305.1)</li> <li>• Tobacco Withdrawal (use 292.0)</li> </ul> <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> <li>• Nicotine Dependence (use F17.200 -</li> </ul>	<p>Covered when performed in hospital outpatient clinics.</p> <p><b>Coverage limited to pregnant women.</b></p> <p>Primary diagnosis must be:  <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> <li>• Tobacco Use Disorder (use 305.1)</li> <li>• Tobacco Withdrawal (use 292.0)</li> </ul>	<p>Covered when performed in hospital outpatient clinics.</p> <p>Primary diagnosis must be:  <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> <li>• Tobacco Use Disorder (use 305.1)</li> <li>• Tobacco Withdrawal (use 292.0)</li> </ul> <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> <li>• Nicotine Dependence (use F17.200 -</li> </ul>

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	<p align="center">F172.91)</p> <p>Bill with RCC 953 with CPT 99412</p> <p>Group session must last longer than 45 minutes Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p>	<p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> <li>Nicotine Dependence (use F17.200 - F172.91)</li> </ul> <p>Also, will require a secondary pregnancy related diagnosis code.</p> <p>Bill with RCC 953 with CPT 99412</p> <p>Group session must last longer than 45 minutes Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p>	<p align="center">F172.91)</p> <p>Bill with RCC 953 with CPT 99412</p> <p>Group session must last longer than 45 minutes Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p>
<b>Substance Abuse Inpatient</b>	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information
<b>Substance Abuse Outpatient</b>	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information

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