



**HUSKY Health Benefits and Prior Authorization Requirements G \***

**Clinic - Dialysis**

**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>Dialysis</b>	100% covered	100% covered	100% covered
<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>	<u>Refer to Emergency Care section for Emergency Care specifics</u>  <b><u>Non Emergent Care Requires Prior Authorization</u></b>	<u>Refer to Emergency Care section for Emergency Care specifics</u>  <b><u>Non Emergent Care Requires Prior Authorization</u></b>	<u>Refer to Emergency Care section for Emergency Care specifics</u>  <b><u>Non Emergent Care Requires Prior Authorization</u></b>
<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 Islands, US Virgin Islands)</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>Translation Services</b>	1-800-440-5071	1-800-440-5071	1-800-440-5071
<b>Benefit EXCLUSIONS</b>  <b>This is a general listing of those exclusions most applicable to Dialysis Clinics and includes but is not limited to the following:</b>	<ul style="list-style-type: none"> <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, rehabilitative, vocational, recreational or educational</li> <li>• Services that are not medically necessary</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 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</li> </ul>	<ul style="list-style-type: none"> <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, rehabilitative, vocational, recreational or educational</li> <li>• Services that are not medically necessary</li> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> <li>• Services beyond what is necessary for treatment</li> <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> </ul>	<ul style="list-style-type: none"> <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, rehabilitative, vocational, recreational or educational</li> <li>• Services that are not medically necessary</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 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</li> </ul>

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	FDA. <ul style="list-style-type: none"> <li>Services not usually performed by the provider</li> </ul>	<ul style="list-style-type: none"> <li>Drugs not approved by the FDA.</li> </ul> <p><b>HUSKY B Plus provides supplemental coverage</b> 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>	FDA. <ul style="list-style-type: none"> <li>Services not usually performed by the provider</li> </ul>

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