



HUSKY Plus Program (HUSKY Plus) Benefits and Prior Authorization Requirements Grid

Effective: March 15, 2018

Authorizations: 800.440.5071 Option #2

Authorization Fax: 203.265.3994

Member Services: 800.859.9889

HUSKY Plus is a supplemental health program for medically eligible HUSKY B members whose intensive physical health needs exceed the services covered under the HUSKY B program.

Benefit	Coverage
Rehabilitation Services	
Physical Therapy	<ul style="list-style-type: none"> • Prior authorization required for all physical therapy services under the HUSKY Plus program. • Limited to: up to two (2) visits per week with no more than four (4) units per visit.
Occupational Therapy	<ul style="list-style-type: none"> • Prior authorization required for all occupational therapy services under the HUSKY Plus program. • Limited to: up to one (1) visit per week with no more than four (4) units per visit.
Speech and Language Pathology	<ul style="list-style-type: none"> • Prior authorization required for all speech and language pathology services under the HUSKY Plus program. • Limited to: up to one (1) visit per week with no more than two (2) units per visit.
Home Health Services for Therapy Services only: HUSKY Plus will cover physical therapy, occupational therapy and speech and language pathology services performed within the member’s home, when the member is homebound, if prior authorization is granted.	
Physical Therapy	<ul style="list-style-type: none"> • Prior authorization required for all physical therapy services performed in the member’s home under the HUSKY Plus program. • Limited to: up to two (2) visits per week with no more than four (4) units per visit.
Occupational Therapy	<ul style="list-style-type: none"> • Prior authorization required for all occupational therapy services performed in the member’s home under the HUSKY Plus program. • Limited to: up to one (1) visit per week with no more than four (4) units per visit.
Speech and Language Pathology	<ul style="list-style-type: none"> • Prior authorization required for all speech and language pathology services performed in the member’s home under the HUSKY Plus program. • Limited to: up to one (1) visit per week with no more than two (2) units per visit.
Medical Equipment, Device and Supplies (MEDS)	
Incontinence Supplies	<ul style="list-style-type: none"> • Prior authorization required for incontinence supplies under the HUSKY Plus program. • Coverage is limited to 180 combined diapers and pull ups and up to 180 combined disposable liners, shield/underpads for children ages 3 and older.
Motorized Wheelchairs	<ul style="list-style-type: none"> • Prior authorization required for motorized wheelchairs under the HUSKY Plus program. • Coverage is limited to one motorized wheelchair every five years.

Hearing Aids	<ul style="list-style-type: none"> • Prior authorization required for hearing aids under the HUSKY Plus program. • For children 12 and under HPP covers cost over the HUSKY B \$1,000 allowance for hearing aids in a 24 month period. • For children 13 years of age and older HPP covers hearing aid(s) and hearing aid repairs which must be billed at actual acquisition cost (AAC). Dispensing fee, ear molds, batteries and repairs (outside of warranty) are also covered up to the fee schedule amount in a 24 month period.
Orthotic Devices:	<ul style="list-style-type: none"> • Prior authorization required for orthotic devices under the HUSKY Plus program. • Coverage is limited to: Foot rotation bars, and hallux valgus splints

Not a legal document. Contents provide a general description of HUSKY Plus benefits. Coverage is subject to change per the Connecticut Department of Social Services (DSS).