



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

Effective: July 1, 2017

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.
Occupational Therapy	<ul style="list-style-type: none"> • Prior authorization required for all occupational therapy services under the HUSKY Plus program.
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.
Audiology	<ul style="list-style-type: none"> • Prior authorization required for all audiology services under the HUSKY Plus program.
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 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.
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.
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.
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 diapers and pull ups, disposable liners, shield/underpads and gloves for children over the age of 3.
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 13 years of age and older.
Orthotic Devices:	<ul style="list-style-type: none"> • Prior authorization required for orthotic devices under the HUSKY Plus program. • Coverage is limited to Orthopedic shoes, shoe inserts, arch supports, lifts, wedges, heel stabilizers, counters and pads, foot rotation bars, foot positioning devices 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).