



HUSKY Health Benefits and Prior Authorization Requirements Grid*

Clinic-Medical

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)
Health and Behavior Assessments (CPT 96150-96155)	<p>100% covered under medical benefit for members with diagnoses <u>outside</u> the range of ICD-9 codes 291-316</p> <ul style="list-style-type: none"> • Service must be requested via physician order • Prior Authorization NOT needed <p>For benefit coverage and authorization requirements for diagnoses <u>within</u> the range of ICD-9 codes 291-316 (For a list of equivalent ICD-10CM diagnosis codes please visit the DSS fee schedule instructions located at www.ctdssmap.com →Provider → Provider Fee Schedule Download).</p> <p>Contact: Connecticut Behavioral Health Partnership: 1-877-552-8247</p>	<p>Contact: Connecticut Behavioral Health Partnership: 1-877-552-8247</p> <p>for benefit coverage, authorization requirements and co-pays that apply</p>	<p>100% covered under medical benefit for members with diagnoses <u>outside</u> the range of ICD-9 codes 291-316</p> <ul style="list-style-type: none"> • Service must be requested via physician order • Prior Authorization NOT needed <p>For benefit coverage and authorization requirements for diagnoses <u>within</u> the range of ICD-9 codes 291-316 (For a list of equivalent ICD-10CM diagnosis codes please visit the DSS fee schedule instructions located at www.ctdssmap.com →Provider → Provider Fee Schedule Download).</p> <p>Contact: Connecticut Behavioral Health Partnership: 1-877-552-8247</p>
Nurse Midwives	Covered 100%	Covered Preventive - No co-pay Non-Preventive - \$10 co-pay	Covered 100%
Nurse Practitioners-	Covered 100%	Covered Preventive Care – no co-pay Non-Preventive Care- \$10 co-pay	Covered 100%
Nutritional Counseling	100% covered.	100% covered.	100% covered.

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	<p><u>Nutritional counseling services may be performed by:</u></p> <p>1. Independently enrolled physicians, advanced practice registered nurses and physician assistants (as part of an evaluation and management service); and</p> <p>2. CMAP enrolled clinics (including FQHCs and hospital outpatient clinics).</p> <p>Currently registered dieticians are <u>not</u> eligible for CMAP enrollment and therefore are <u>not</u> able to receive reimbursement for services.</p> <p>When nutritional counseling is performed in a hospital outpatient clinic, reimbursement is limited to the clinic under RCC 510 (clinic visit) and no separate payment will be made to the individual provider.</p>	<p><u>Nutritional counseling services may be performed by:</u></p> <p>1. Independently enrolled physicians, advanced practice registered nurses and physician assistants (as part of an evaluation and management service); and</p> <p>2. CMAP enrolled clinics (including FQHCs and hospital outpatient clinics).</p> <p>Currently registered dieticians are <u>not</u> eligible for CMAP enrollment and therefore are <u>not</u> able to receive reimbursement for services.</p> <p>When nutritional counseling is performed in a hospital outpatient clinic, reimbursement is limited to the clinic under RCC 510 (clinic visit) and no separate payment will be made to the individual provider.</p>	<p><u>Nutritional counseling services may be performed by:</u></p> <p>1. Independently enrolled physicians, advanced practice registered nurses and physician assistants (as part of an evaluation and management service); and</p> <p>2. CMAP enrolled clinics (including FQHCs and hospital outpatient clinics).</p> <p>Currently registered dieticians are <u>not</u> eligible for CMAP enrollment and therefore are <u>not</u> able to receive reimbursement for services.</p> <p>When nutritional counseling is performed in a hospital outpatient clinic, reimbursement is limited to the clinic under RCC 510 (clinic visit) and no separate payment will be made to the individual provider.</p>
Out of Network 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.	Non-Covered Providers must be an enrolled CMAP provider to be reimbursed for services.
Out of State Care	<u>Non Emergent Care Requires Prior Authorization</u>	<u>Non Emergent Care Requires Prior Authorization</u>	<u>Non Emergent Care Requires Prior Authorization</u>

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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)	Out of the country care (including emergency care) is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	Out of the country care (including emergency care) is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	Out of the country care (including emergency care) is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).
Preventive care	100% covered including well child care or EPSDT visits and Immunizations	The following Preventive Services require no co-pay: <ul style="list-style-type: none"> • Immunizations and the office visit for the immunization • WIC evaluations • Prenatal and postpartum care for women under age 19 • regular newborn screening exam in the hospital or office annual physical exams and lab tests related to those exams	100% covered including well child care or EPSDT visits and Immunizations
Smoking and Tobacco Cessation Counseling Individual	Covered Codes: 99406 and 99407 – will require a tobacco related diagnosis code Covered 100% when done in physician office	Covered Codes: 99406 and 99407 Smoking Cessation Counseling is only covered for pregnant women. Claims require both a tobacco related primary diagnostic code and a	Covered Codes: 99406 and 99407 - will require a tobacco related diagnosis code Covered 100% when done in physician office

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	<p>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>secondary pregnancy related diagnostic code</p>	<p>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>Screening, Brief Intervention and Referral to Treatment (SBIRT)</p> <p><u>Covered for Primary Care Providers (PCPs) in Medical FQHCs</u></p>	<p>Covered Codes: 99408 and 99409</p> <p><u>When rendering SBIRT Services, providers must:</u></p> <ul style="list-style-type: none"> • Use a validated screening tool; • Utilize evidenced based brief intervention guidelines ; and • Make referrals to treatment as appropriate. <p>For a list of validated screening tools please access the following link:: http://www.integration.samhsa.gov/clinical-practice/sbirt</p> <p><u>Documentation Requirements:</u> Provider must document:</p> <ul style="list-style-type: none"> • The screening tool used; 	<p>Covered Codes: 99408 and 99409</p> <p><u>When rendering SBIRT Services, providers must:</u></p> <ul style="list-style-type: none"> • Use a validated screening tool; • Utilize evidenced based brief intervention guidelines ; and • Make referrals to treatment as appropriate. <p>For a list of validated screening tools please access the following link:: http://www.integration.samhsa.gov/clinical-practice/sbirt</p> <p><u>Documentation Requirements:</u> Provider must document:</p> <ul style="list-style-type: none"> • The screening tool used; 	<p>Covered Codes: 99408 and 99409</p> <p><u>When rendering SBIRT Services, providers must:</u></p> <ul style="list-style-type: none"> • Use a validated screening tool; • Utilize evidenced based brief intervention guidelines ; and • Make referrals to treatment as appropriate. <p>For a list of validated screening tools please access the following link:: http://www.integration.samhsa.gov/clinical-practice/sbirt</p> <p><u>Documentation Requirements:</u> Provider must document:</p> <ul style="list-style-type: none"> • The screening tool used;

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	<ul style="list-style-type: none"> • The score obtained; • The time spent; • Any action taken as a result of the screening (including referrals); • Name and credentials of practitioner who provided service; and • A dated note. <p><u>Billing:</u> Bill SBIRT codes on the claim along with code T1015 and any other appropriate codes(s) for other services rendered during that encounter.</p> <p><u>Reference: DSS PB 2015-79 "Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care".</u></p>	<ul style="list-style-type: none"> • The score obtained; • The time spent; • Any action taken as a result of the screening (including referrals); • Name and credentials of practitioner who provided service; and • A dated note. <p><u>Billing:</u> Bill SBIRT codes on the claim along with code T1015 and any other appropriate codes(s) for other services rendered during that encounter.</p> <p><u>Reference: DSS PB 2015-79 "Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care".</u></p>	<ul style="list-style-type: none"> • The score obtained; • The time spent; • Any action taken as a result of the screening (including referrals); • Name and credentials of practitioner who provided service; and • A dated note. <p><u>Billing:</u> Bill SBIRT codes on the claim along with code T1015 and any other appropriate codes(s) for other services rendered during that encounter.</p> <p><u>Reference: DSS PB 2015-79 "Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care".</u></p>
<p>Smoking and Tobacco Cessation Counseling – Group</p>	<p>Primary diagnosis must be: <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> • Tobacco Use Disorder (use 305.1) • Tobacco Withdrawal (use 292.0) <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> • Nicotine Dependence (use F17.200 - F172.91) <p>FQHCs:</p>	<p>Coverage limited to pregnant women.</p> <p><u>Will also require a secondary pregnancy related diagnosis code on claim.</u></p> <p>FQHCs:</p>	<p>Primary diagnosis must be: <u>ICD 9 Diagnosis</u></p> <ul style="list-style-type: none"> • Tobacco Use Disorder (use 305.1) • Tobacco Withdrawal (use 292.0) <p><u>ICD 10 diagnosis</u></p> <ul style="list-style-type: none"> • Nicotine Dependence (use F17.200 - F172.91) <p>FQHCs:</p>

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	<p>Bill with HCPCS T1015 with CPT 99412</p> <p>All other medical clinics: Bill with 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>Bill with HCPCS T1015 with CPT 99412</p> <p>All other medical clinics: Bill with 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>Bill with HCPCS T1015 with CPT 99412</p> <p>All other medical clinics: Bill with 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>
Specialist	100% coverage	Covered \$10 co-pay applies	100% coverage
Translation Services	1-800-440-5071	1-800-440-5071	1-800-440-5071
<p>Benefit EXCLUSIONS</p> <p>This is a general listing of those exclusions most applicable to Medical Clinic Services and includes but is not</p>	<ul style="list-style-type: none"> • Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs) • Drugs used to treat sexual or erectile dysfunction • Weight reduction programs • Ambulatory BP monitoring 	<ul style="list-style-type: none"> • Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs) • Weight reduction programs • Ambulatory BP monitoring • Services for which prior authorization is required and is not obtained 	<ul style="list-style-type: none"> • Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs) • Drugs used to treat • sexual or erectile dysfunction • Weight reduction programs

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<p>limited to the following:</p>	<ul style="list-style-type: none"> • Care out of the country • Services for which prior authorization is required and is not obtained • Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habitative, vocational, recreational or educational • Services that are not medically necessary • Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc. • Services not within scope of practitioners scope of practice pursuant to state law • Services beyond what is necessary to treat the medical problems, • Services that have nothing to do with the illness or problem of the visit. • Services or items for which the provider does not usually charge • Drugs that are not approved by the FDA. • Services not usually performed by the provider 	<ul style="list-style-type: none"> • Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habitative, vocational, recreational or educational • Services that are not medically necessary • Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc. • Services not within scope of practitioners scope of practice pursuant to state law • Acupuncture, biofeedback, hypnosis • Inpatient charges related to autopsy • Routine foot care • Sterilization • Services beyond what is necessary for treatment • Services not related to illness or problems at the time of treatment • Services or items for which the provider does not usually charge 	<ul style="list-style-type: none"> • Ambulatory BP monitoring • Care out of the country • Services for which prior authorization is required and is not obtained • Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habitative, vocational, recreational or educational • Services that are not medically necessary • Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc. • Services not within scope of practitioners scope of practice pursuant to state law • Services beyond what is necessary to treat the medical problems, • Services that have nothing to do with the illness or problem of the visit. • Services or items for which the provider does not usually charge • Drugs that are not approved by the FDA. • Services not usually performed by the
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		<ul style="list-style-type: none"> • Drugs not approved by the FDA. • Power wheelchairs • Non-emergency transport <p><u>HUSKY B Plus provides supplemental coverage</u> 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>	<p>provider</p>
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