



HUSKY Health Prior Authorization Requirements Grid*

Naturopath
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)
Naturopaths	<p>Prior authorization required for:</p> <ul style="list-style-type: none"> Greater than five visits per provider per month. <p>*Members under age 21, naturopath services can be rendered by an independently enrolled provider</p> <p>*Age 21 years of age and over, care is covered only from clinic associated providers and not covered from independently enrolled providers. Reimbursement is limited to the hospital clinic</p> <p>Limited to codes on the DSS Naturopath Fee Schedule</p>	<p>Prior authorization required for:</p> <ul style="list-style-type: none"> Greater than five visits per provider per month. <p>\$ 10 co-pay</p> <p>Limited to codes on the DSS Naturopath Fee Schedule</p>	<p>Prior authorization required for:</p> <ul style="list-style-type: none"> Greater than five visits per provider per month. <p>*Members under age 21, naturopath services can be rendered by an independently enrolled provider</p> <p>*Age 21 years of age and over, care is covered only from clinic associated providers and not covered from independently enrolled providers. Reimbursement is limited to the hospital clinic</p> <p>Limited to codes on the DSS Naturopath Fee Schedule</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>
Out of Country Care	Out of the country care (including	Out of the country care (including	Out of the country care (including

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(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)	emergency care) is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	emergency care) is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	emergency care) is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).
Translation Services	1-800-440-5071	1-800-440-5071	1-800-440-5071
Benefit EXCLUSIONS This is a general listing of those exclusions most applicable to Naturopathic Services and includes but is not limited to the following:	<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, rehabilitative, vocational, recreational or educational Services that are not medically necessary Services not within scope of practitioners scope of practice 	<ul style="list-style-type: none"> 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, rehabilitative, vocational, recreational or educational Services that are not medically necessary Services not within scope of practitioners scope of practice pursuant to state law 	<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, rehabilitative, vocational, recreational or educational Services that are not medically necessary Services not within scope of practitioners scope of practice

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	<p>pursuant to state law</p> <ul style="list-style-type: none"> • 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"> • Acupuncture, biofeedback, hypnosis • 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 • Drugs not approved by the FDA. 	<p>pursuant to state law</p> <ul style="list-style-type: none"> • 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

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