



HUSKY Health Benefits and Prior Authorization Requirements G *

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><u>Prior authorization required for:</u></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><u>Prior authorization required for:</u></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><u>Prior authorization required for:</u></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 emergency	Out of the country care (including emergency	Out of the country care (including emergency

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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)	care is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	care is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	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><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>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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