**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

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.*

<table>
<thead>
<tr>
<th>Benefit</th>
<th>HUSKY A, HUSKY C (ABD)</th>
<th>HUSKY B</th>
<th>HUSKY D (LIA)</th>
</tr>
</thead>
</table>
| **Naturopaths** | Prior authorization required for:  
• Greater than five visits per provider per month.  

*Members under age 21, naturopath services can be rendered by an independently enrolled provider*  
*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*  
Limited to codes on the DSS Naturopath Fee Schedule | Prior authorization required for:  
• Greater than five visits per provider per month.  

$10 co-pay | Prior authorization required for:  
• Greater than five visits per provider per month.  

*Members under age 21, naturopath services can be rendered by an independently enrolled provider*  
*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*  
Limited to codes on the DSS Naturopath Fee Schedule |
| **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** | Non Emergent Care Requires Prior Authorization | Non Emergent Care Requires Prior Authorization | Non Emergent Care Requires Prior Authorization |
| **Out of Country Care** | Out of the country care (including | Out of the country care (including | Out of the country care (including |
**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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>HUSKY A, HUSKY C (ABD)</th>
<th>HUSKY B</th>
<th>HUSKY D (LIA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(with the exception of Puerto Rico and USA territories of American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, US Virgin Islands)</td>
<td>emergency care is not a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).</td>
<td>emergency care is not a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).</td>
<td>emergency care is not a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).</td>
</tr>
<tr>
<td><strong>Translation Services</strong></td>
<td>1-800-440-5071</td>
<td>1-800-440-5071</td>
<td>1-800-440-5071</td>
</tr>
</tbody>
</table>

**Benefit EXCLUSIONS**

This is a general listing of those exclusions most applicable to Naturopath Services and includes but is not limited to the following:

- 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, habilitative, vocational, recreational or educational
- Services that are not medically necessary
- Services not within scope of practitioners scope of practice
- 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, habilitative, vocational, recreational or educational
- Services that are not medically necessary
- Services not within scope of practitioners scope of practice pursuant to state law
- 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, habilitative, vocational, recreational or educational
- Services that are not medically necessary
- Services not within scope of practitioners scope of practice

---

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.

Last Update: 5/18/17

0312

MMTPE0001-
## 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

---

<table>
<thead>
<tr>
<th>Benefit</th>
<th>HUSKY A, HUSKY C (ABD)</th>
<th>HUSKY B</th>
<th>HUSKY D (LIA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pursuant to state law</td>
<td></td>
<td>pursuant to state law</td>
</tr>
<tr>
<td></td>
<td>• Services beyond what is necessary to treat the medical problems.</td>
<td>• Acupuncture, biofeedback, hypnosis</td>
<td>• Services beyond what is necessary to treat the medical problems.</td>
</tr>
<tr>
<td></td>
<td>• Services that have nothing to do with the illness or problem of the visit.</td>
<td>• Services beyond what is necessary for treatment</td>
<td>• Services that have nothing to do with the illness or problem of the visit.</td>
</tr>
<tr>
<td></td>
<td>• Services or items for which the provider does not usually charge</td>
<td>• Services not related to illness or problems at the time of treatment</td>
<td>• Services or items for which the provider does not usually charge</td>
</tr>
<tr>
<td></td>
<td>• Drugs that are not approved by the FDA.</td>
<td>• Services or items for which the provider does not usually charge</td>
<td>• Drugs that are not approved by the FDA.</td>
</tr>
<tr>
<td></td>
<td>• Services not usually performed by the provider</td>
<td>• Services not related to illness or problems at the time of treatment</td>
<td>• Services not usually performed by the provider</td>
</tr>
</tbody>
</table>

---

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.*

**Last Update:** 5/18/17

---

MMTPE0001-0312