



**HUSKY Health Prior Authorization Requirements Grid\***

**Podiatrist**

**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)
<b>Podiatrists</b> Services provided by a licensed podiatrist that conform to accepted methods of diagnosis and treatment within the scope of podiatric practice	100% covered in either independent or clinic setting.  Routine foot care is not a covered benefit <u>except</u> when Medically Necessary in the treatment of neuro-circulatory conditions  Non-covered: simple foot hygiene	Covered \$10 co-pay  Routine foot care is not a covered benefit <u>except</u> when Medically Necessary in the treatment of neuro-circulatory conditions  Non-covered: simple foot hygiene	100% covered in either independent or clinic setting.  Routine foot care is not a covered benefit <u>except</u> when Medically Necessary in the treatment of neuro-circulatory conditions  Non-covered: simple foot hygiene
<b>Out of Network Services</b>	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.
<b>Out of State Care</b>	<b><u>Non Emergent Care Requires Prior Authorization</u></b>	<b><u>Non Emergent Care Requires Prior Authorization</u></b>	<b><u>Non Emergent Care Requires Prior Authorization</u></b>
<b>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</b>	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).

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<b>Islands, US Virgin Islands)</b>			
<b>Procedures requiring Prior Authorization</b>	Refer to DSS Physician Fee Schedules for list of services requiring Prior Authorization. Navigate to <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> , select provider tab followed by physician fee schedule download.	Refer to DSS Physician Fee Schedules for list of services requiring Prior Authorization. Navigate to <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> , select provider tab followed by physician fee schedule download.	Refer to DSS Physician Fee Schedules for list of services requiring Prior Authorization. Navigate to <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> , select provider tab followed by physician fee schedule download.
<b>Translation Services</b>	1-800-440-5071	1-800-440-5071	1-800-440-5071
<b>Benefit EXCLUSIONS</b>  <b>This is a general listing of those exclusions most applicable to Podiatry Services and includes but is not limited to the following:</b>	<ul style="list-style-type: none"> <li>Care out of the country</li> <li>Services for which prior authorization is required and is not obtained</li> <li>Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational</li> <li>Services that are not medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>Services for which prior authorization is required and is not obtained</li> <li>Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational</li> <li>Services that are not medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>Care out of the country</li> <li>Services for which prior authorization is required and is not obtained</li> <li>Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational</li> <li>Services that are not medically necessary</li> </ul>

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	<p>necessary</p> <ul style="list-style-type: none"> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> <li>• Services beyond what is necessary to treat the medical problems,</li> <li>• Services that have nothing to do with the illness or problem of the visit.</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs that are not approved by the FDA.</li> <li>• Services not usually performed by the provider</li> </ul>	<ul style="list-style-type: none"> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> <li>• Routine foot care</li> <li>• Services beyond what is necessary for treatment</li> <li>• Services not related to illness or problems at the time of treatment</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs not approved by the FDA.</li> </ul>	<p>necessary</p> <ul style="list-style-type: none"> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> <li>• Services beyond what is necessary to treat the medical problems,</li> <li>• Services that have nothing to do with the illness or problem of the visit.</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs that are not approved by the FDA.</li> <li>• Services not usually performed by the provider</li> </ul>

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