



HUSKY Health Program Benefits and Prior Authorization Requirements Grid*

Vision

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)
Vision Care	<p>Covered <u>One pair of eyeglasses every two years</u> unless a new pair is medically necessary due to a change in the client's medical condition (e.g. cataract surgery; tumors; stroke; diabetes or a change in visual acuity by at least 1 diopter since the last prescribed pair. <u>Under 21 y.o. is not affected by this limitation.</u> No prior authorization is needed due to a change in medical condition.</p> <p>No exceptions will be made to replace broken, lost or stolen eyeglasses until the two year limitation is met. <u>Under 21 y.o. is not affected by this limitation.</u></p> <p>Professional services of an optometrist or ophthalmologist are not subject to the one service every two year limitation.</p> <p>Contact lenses are covered for only certain diagnoses such as unilateral aphakia,</p>	<p>Covered <u>A \$100 allowance toward eyeglasses every two years.</u></p> <p>No exceptions will be made to replace broken, lost or stolen eyeglasses until the two year limitation is met.</p> <p>Professional services of an optometrist or ophthalmologist are not subject to the one service every two year limitation. \$15 co-pay for eye exams</p> <p>Contact lenses are covered for only certain diagnoses such as unilateral aphakia,</p>	<p>Covered <u>One pair of eyeglasses every two years</u> unless a new pair is medically necessary due to a change in the client's medical condition (e.g. cataract surgery; tumors; stroke; diabetes or a change in visual acuity by at least 1 diopter since the last prescribed pair. <u>Under 21 y.o. is not affected by this limitation.</u> No prior authorization is needed due to a change in medical condition.</p> <p>No exceptions will be made to replace broken, lost or stolen eyeglasses until the two year limitation is met. <u>Under 21 y.o. is not affected by this limitation.</u></p> <p>Professional services of an optometrist or ophthalmologist are not subject to the one service every two year limitation.</p> <p>Contact lenses are covered for only certain diagnoses such as unilateral aphakia,</p>

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	<p>keratoconus, corneal transplant, high anisometropia</p> <p>Photochromatic lenses are covered when medically necessary under code V2744. No prior authorization is required.</p> <p>Polycarbonate lenses are covered when medically necessary under code S0580. Polycarbonate lenses require an order from a physician or optometrist. The order must clearly document the medical necessity of the requested item. No prior authorization is required.</p> <p>Progressive bifocal lenses are not covered.</p> <p>High Index and Anti-reflective lenses are considered cosmetic and not covered.</p> <p>For guidance concerning the coverage of deluxe frames, please refer to policy transmittal PB 2015-102, "New Coverage Guidelines for CPT Code V2025 Deluxe Frames". Policy</p>	<p>keratoconus, corneal transplant, high anisometropia</p> <p>Photochromatic lenses are covered when medically necessary under code V2744. No prior authorization is required.</p> <p>Polycarbonate lenses are covered when medically necessary under code S0580. Polycarbonate lenses require an order from a physician or optometrist. The order must clearly document the medical necessity of the requested item. No prior authorization is required.</p> <p>Progressive bifocal lenses are not covered.</p> <p>High Index and Anti-reflective lenses are considered cosmetic and not covered.</p> <p>For guidance concerning the coverage of deluxe frames, please refer to policy transmittal PB 2015-102, "New Coverage Guidelines for CPT Code V2025 Deluxe Frames". Policy</p>	<p>keratoconus, corneal transplant, high anisometropia</p> <p>Photochromatic lenses are covered when medically necessary under code V2744. No prior authorization is required.</p> <p>Polycarbonate lenses are covered when medically necessary under code S0580. Polycarbonate lenses require an order from a physician or optometrist. The order must clearly document the medical necessity of the requested item. No prior authorization is required.</p> <p>Progressive bifocal lenses are not covered.</p> <p>High Index and Anti-reflective lenses are considered cosmetic and not covered.</p> <p>For guidance concerning the coverage of deluxe frames, please refer to policy transmittal PB 2015-102, "New Coverage Guidelines for CPT Code V2025 Deluxe Frames". Policy</p>

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	<p>transmittals can be downloaded from the Connecticut Medical Assistance Program web site at www.ctdssmap.com .</p> <p>Vision related surgical services – refer to Prior Authorization section of this grid for a list of vision related surgical services which require prior authorization.</p> <p><u>Code V2799 – Vision services, miscellaneous – requires PA. V2799 may be used when requesting authorization for a keratoconus lens.</u></p>	<p>transmittals can be downloaded from the Connecticut Medical Assistance Program web site at www.ctdssmap.com .</p> <p>Vision related surgical services – refer to Prior Authorization section of this grid for a list of vision related surgical services which require prior authorization.</p> <p><u>Code V2799 – Vision services, miscellaneous – requires PA. V2799 may be used when requesting authorization for a keratoconus lens.</u></p>	<p>transmittals can be downloaded from the Connecticut Medical Assistance Program web site at www.ctdssmap.com .</p> <p>Vision related surgical services – refer to Prior Authorization section of this grid for a list of vision related surgical services which require prior authorization.</p> <p><u>Code V2799 – Vision services, miscellaneous – requires PA. V2799 may be used when requesting authorization for a keratoconus lens.</u></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 (with the exception of Puerto Rico and USA territories of American	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	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	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

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Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Marina Islands, US Virgin Islands)	covered).	covered).	covered).
Procedures requiring Prior Authorization	Blepharoplasty Canthopexy Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism Procedures related to corneal prosthetics Vision Services, miscellaneous	Blepharoplasty Canthopexy Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism Procedures related to corneal prosthetics Vision services, miscellaneous	Blepharoplasty Canthopexy Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism Procedures related to corneal prosthetics Vision services, miscellaneous
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	<ul style="list-style-type: none"> All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis Care out of the country Services for which prior authorization 	<ul style="list-style-type: none"> All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis. Services for which prior authorization is required and is not obtained 	<ul style="list-style-type: none"> All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis Care out of the country Services for which prior authorization

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Vision Services and includes but is not limited to the following:	is required and is not obtained <ul style="list-style-type: none"> • 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 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, rehabilitative, 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 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. 	is required and is not obtained <ul style="list-style-type: none"> • 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 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

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