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# HUSKY Health Program

## OPERATIONS

Covered Services for HUSKY B





## Member Benefits – Covered Services for HUSKY B

All healthcare you receive through the HUSKY B Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP) network. Providers such as: pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP (HUSKY) network. If you are unsure if your provider participates in HUSKY, need help finding a provider, or need more information on HUSKY benefits or services, call Member Engagement Services at 1.800.859.9889 or [send us a secure email](#) anytime.

All services must be medically necessary. Co-pays and premiums may apply.

HUSKY B children may qualify for supplemental services if their medical needs go beyond what HUSKY B offers. This extra coverage is offered through HUSKY Plus. There are no co-pays for HUSKY Plus. All services received through HUSKY Plus require authorization before service is received. It is the provider's responsibility to obtain prior authorization from the HUSKY Plus program. For more information about HUSKY Plus, call Member Engagement Services at 1.800.859.9889.

Preventive care is covered with no co-pay and no prior authorization. Well exams for children can include: A medical history, physical exam, growth screening, vaccines, oral screening, blood work, urine tests, screening for developmental and/or behavioral health issues, and information about safety. For a listing of recommended vaccines for children [click here](#). For information on wellness exams, screenings and vaccines [click here](#).

HUSKY B Benefit	HUSKY B Limitations	*Is Prior Authorization Required?	HUSKY B Providers Who Offer This Care
<b>Allergy Testing/Office Visits</b> <b>Allergy Shots</b>	\$10 co-pay for office visit. No co-pay applies for allergy shots. No co-pay for immunotherapy or other therapy.	No	Primary Care Provider or Allergist
<b>Ambulance: Emergency ground and rotary air ambulance</b>	For emergencies only (Call 911 for emergency ground ambulance).	No	Ambulance
<b>Behavioral Health</b> <i>(Mental Health and Substance use Treatment)</i>	Contact Connecticut Behavioral Health Partnership at <a href="http://www.ctbhp.com">www.ctbhp.com</a> or 1.877.552.8247. Co-pays apply for some services.		
<b>Birth Control</b>	Requires prescription for all birth control obtained at a pharmacy. Monthly limits apply for condoms. The Plan B morning after pill is covered with prescription. No co-pay applies for office visit. When obtained at a pharmacy, \$5 co-pay for generic birth control pills, \$10 co-pay for brand birth control pills. When obtained at community health centers and family planning clinics, no co-pay applies for birth control.	No	<ul style="list-style-type: none"> <li>Pharmacy</li> <li>Methods of birth control that are implanted/inserted: Primary Care Provider or OB/GYN</li> </ul>



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<b>Cardiac Care</b> <i>(Includes Diagnostic Screening &amp; Testing)</i>	\$10 co-pay for office visit.	No	Cardiologist or Primary Care Provider
<b>Cardiac Rehabilitation Program</b>	Covered when medically necessary.	No	Hospital
<b>Chiropractic</b>	Limited to certain specific services provided by an independent chiropractor or within a clinic/health center setting.	Yes	Chiropractor
<b>Dental</b>	Contact Dental Health Partnership at <a href="http://www.ctdhp.com">www.ctdhp.com</a> or 1.855.283.3682. Co-pays apply for some services.		
<b>Dialysis</b>	Covered when medically necessary.	No	Dialysis site or hospital
<b>Diapers and Adult Incontinence Supplies</b>	<b>HUSKY B:</b> Not covered.  <b>HUSKY Plus: Ages 3+:</b> Supplies for incontinence (diapers and gloves) are covered if medically necessary.	Yes	Medical Equipment provider
<b>Diabetic Supplies such as:</b> <i>blood glucose monitor, alcohol wipes, test strips (urine, blood or reagent), lancets</i>	Covered under both the Pharmacy benefit or under the Medical Equipment benefit. <i>Insulin is covered under the pharmacy benefit.</i>	Yes, for some items such as insulin pumps	Pharmacy OR at a pharmacy that is also a Medical Equipment provider
<b>Diabetic Shoes</b>	2 pairs are covered per calendar year without prior authorization.	If more than 2 pairs per calendar year are requested, prior authorization is needed.	Medical Equipment provider
<b>Emergency Services/Urgent Care</b>	<b>In-state:</b> Covered at a hospital or urgent care center. \$10 co-pay for urgent care. No co-pay for emergency room visits. <b>Out-of-state:</b> Not covered <i>unless</i> visit is medically necessary AND the provider enrolls in HUSKY. <b>Out-of-country:</b> Emergency services are not covered when received outside of the US or US territories.	No	Hospital Emergency Department or Urgent Care Center within the US and US territories



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<b>Eye Care/Glasses</b>	<p><b>Eyeglasses:</b> Some limits apply on type of frames and lenses. Some special types of lenses may be covered if medically necessary. \$15 co-pay for vision exam and \$100 allowance toward eyeglasses every 2 years.</p> <p><b>Contact lenses:</b> Only covered for certain diagnoses.</p>	No	<p>Optometrist or Ophthalmologist for vision exam</p> <p>Optometrist or Optician for eyeglasses or contact lenses when covered</p>
<p><b>Family Planning</b> (For ongoing care) <i>(Includes birth control, exams, testing and treatment for sexually transmitted diseases and HIV. Also see Birth Control and Maternity)</i></p>	<p>Covered when medically necessary. No co-pay for office visits.</p> <p><b>Birth Control:</b></p> <ul style="list-style-type: none"> <li>When obtained at a pharmacy, \$5 co-pay for generic birth control pills, \$10 co-pay for brand birth control pills.</li> <li>When obtained at community health centers and family planning clinics, no co-pay.</li> <li>Fertility medicines and sterilization are not covered.</li> </ul>	No	<p>Primary Care Provider or Specialist</p> <p>Prescription items are obtained at a pharmacy</p> <p>Family planning clinics, community health centers</p>
<b>Genetic Testing</b>	Covered when medically necessary.	Yes	Specialist or Primary Care Provider
<b>Gynecology</b>	Covered when medically necessary.	No	Primary Care Provider, OB/GYN
<b>Hearing exams</b>	\$15 co-pay applies.	Yes for more than 1 evaluation per calendar year	Audiologist or Ear, Nose and Throat doctor (ENT)
<b>Hearing Aids</b>	<p><b>HUSKY B:</b> Covered for children 0 through 12 with coverage limited to \$1,000 in a 24-month period.</p> <p><b>HUSKY Plus:</b> Covers hearing aids for ages 13+.</p>	No Yes	Audiologist as a Medical Equipment provider that dispenses hearing aids
<b>Hearing Aid Batteries</b>	Requires prescription.	No	A pharmacy that is also a Medical Equipment provider



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<b>Home Health Care:</b>			
<ul style="list-style-type: none"> <li><b>Skilled Nursing Visits at Home</b></li> </ul>	Covered when medically necessary. <b>Maternity Visits:</b> Limited to services for pregnant women at high risk.	<ul style="list-style-type: none"> <li>Yes for more than 2 nursing visits per calendar week</li> <li>Yes for greater than 2 prenatal visits and/or 2 post-natal visits</li> </ul>	Home Health Care Agency
<ul style="list-style-type: none"> <li><b>Home Health Aide Visits at Home</b></li> </ul>	Must provide hands-on physical care (for feeding, bathing, toileting, dressing, or mobility). Custodial or homemaker/companion services are not covered.	Yes for more than 14 hours/week.	Home Health Care Agency
<ul style="list-style-type: none"> <li><b>Physical Therapy (PT), Occupational Therapy (OT), and/or Speech Therapy (ST) Visits at Home</b></li> </ul>	<b>HUSKY B:</b> Covered for conditions where significant improvement is expected within 60 days. PT, OT, and ST are limited to 60 days of combined services per injury or condition under HUSKY B. <b>HUSKY Plus:</b> Covers Physical, Occupational and Speech Therapies after authorization.	PT, OT, & ST: Needed after initial evaluation.  PT, OT, ST with authorization before receiving the service.	Home Health Care Agency
<ul style="list-style-type: none"> <li><b>Extended Skilled Nursing Visits at Home (nursing shifts)</b></li> </ul>	<b>HUSKY B:</b> Not covered.	N/A	
<ul style="list-style-type: none"> <li><b>Hospice at Home</b> <i>Hospice care is aimed at comfort care and relieving symptoms of terminal illness. It usually does not include treatment aimed at cure.</i></li> </ul>	Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of 6 months or less. Members may receive treatment aimed at cure at the same time they are receiving hospice care.	No	Home Health Care/Home Hospice Agency
<ul style="list-style-type: none"> <li><b>Home Infusion Services at Home (Intravenous medicine at home)</b></li> </ul>	Covered when medically necessary.	Yes	Home Health Care Agency/Home Infusion Company
<ul style="list-style-type: none"> <li><b>Nursing Visits at Home for Behavioral Health Conditions</b></li> </ul>	Contact Connecticut Behavioral Health Partnership at <a href="http://www.ctbhp.com">www.ctbhp.com</a> or 1.877.552.8247 Co-pays may apply.		



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<b>Hospice</b> <i>Hospice care is aimed at comfort care and relieving symptoms of a terminal illness. It usually does not include treatment aimed at cure.</i>	Inpatient Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of 6 months or less.	Yes for inpatient stays that last longer than 5 days.	Inpatient hospice or hospice unit
<b>Hospital Care:</b>			
• Inpatient	Coverage includes doctor visits while you are inpatient.	Yes for all <i>scheduled</i> admissions except for maternity.	Hospital
• Outpatient	Covered when medically necessary.	Yes, for some surgical procedures.	Hospital
• Specialized Long-term Hospital Care	Covered when medically necessary.	Yes	Hospital
Laboratory Services	Covered when medically necessary.	For genetic testing only	Laboratory
Long Term Care Skilled Nursing Facility	Covered when medically necessary.	Yes	Skilled Nursing Facility
<b>Maternity (prenatal, delivery and postpartum)</b> <b>Breast pumps</b>	<b>Hospital Births:</b> No limitations. <b>Home births:</b> Covered when performed by a Certified Nurse Midwife. <b>Breast pumps:</b> Covered once the baby is born. A prescription in the mother's name is required. <b>Childbirth/Lamaze classes:</b> Not covered.	No prior authorization required for prenatal, delivery, and postpartum. <b>Breast pumps:</b> Only hospital grade breast pumps require prior authorization.	OB/GYN, Certified Nurse Midwife
<b>Medical Equipment (for use at home)</b> <i>Definition: Reusable equipment that can withstand repeated use, and is generally used to serve a medical purpose. Includes items such as Walkers, Wheelchairs, Sleep Apnea Equipment, Breast Pumps, etc.</i>	<b>HUSKY B:</b> <ul style="list-style-type: none"> <li>Must be medically necessary and meet the definition of Medical Equipment.</li> <li>Prescription is required.</li> <li>Electric wheelchairs are not covered.</li> </ul> <b>HUSKY Plus:</b> <ul style="list-style-type: none"> <li>1 electric wheelchair every 5 years may be available under HUSKY Plus.</li> </ul>	Yes, for some items.       Yes	Primary Care Provider or Specialist can write a prescription and a Medical Equipment provider supplies the items



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<b>Medical Supplies</b> <i>Disposable i.e. Gauze, Gloves, Syringes</i>	<b>HUSKY B:</b> Prescription is required. <b>HUSKY Plus:</b> Supplemental coverage may be available for gloves.	No Yes	Pharmacy
<b>Mental Health</b>	Contact Connecticut Behavioral Health Partnership at <a href="http://www.ctbhp.com">www.ctbhp.com</a> or 1.877.552.8247 Co-pays may apply.		
<b>Naturopath</b>	Limited to some specific services; covered when medically necessary.	Yes, for greater than 5 visits per provider per month.	Naturopath
<b>Nutritional Counseling</b>	Only covered as part of a clinic visit or when received from a Physician, Advanced Practice Registered Nurse, or Physician Assistant; not covered with an independent registered dietician.	No	Physician, Advanced Practice Registered Nurse (APRN), Physician Assistant (when part of a visit with a doctor or APRN)
<b>Orthotics</b> <i>Prescription custom made supportive inserts to address conditions of the feet</i>	<b>HUSKY B:</b> Not covered. <b>HUSKY Plus:</b> Coverage for Orthopedic shoes and other foot supports.	Yes	Podiatrist, Physical Therapist or Orthopedic Doctor
<b>Pharmacy</b> <i>Prescription medicine Over-the-Counter medicine, vitamins, and supplements</i>	Prescription required even for Over-the-Counter medicines, vitamins, and supplements that are covered; some limits apply. \$5 co-pay for generic medicines. \$10 co-pay for brand medicines.	Some prescriptions require prior authorization. <i>Call the Pharmacy Benefit Line: 1.860.269.2031 for specifics.</i>	Pharmacy
<b>Physicals</b>	<i>(see Wellness Exams)</i>		



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<b>Prosthetics</b> <i>An artificial device to replace a missing body part. The body part may be missing due to trauma, disease, or congenital condition</i>	Covered when medically necessary.	Some prosthetics require prior authorization.	Contact Member Engagement Services
<b>Rehab Services: Outpatient</b> <i>Physical Therapy, Occupational Therapy, Speech Therapy</i> <b>Inpatient</b> <i>Physical Therapy, Occupational Therapy, Speech Therapy</i> (For services at home see Home Health Care)	<b>HUSKY B:</b> Outpatient: Physical Therapy, Occupational Therapy, and Speech Therapy are limited to 60 days of combined services per injury or condition. <b>HUSKY Plus:</b> Covered after the 60-day limit. <b>Inpatient:</b> Covered.	Yes	Physical Therapists, Occupational Therapists, Speech Therapists
<b>Surgery:</b>			
• <b>Bariatric</b>	Covered when medically necessary.	Yes	Hospital or Surgical Center
• <b>Cosmetic</b>	Surgery considered to be cosmetic is not covered.	Yes	Hospital or Surgical Center
• <b>Inpatient</b>	Covered when medically necessary.	Yes	Hospital or Surgical Center
• <b>Outpatient</b>	Covered when medically necessary.	Some procedures require prior authorization.	Hospital or Surgical Center
• <b>Reconstructive</b>	Covered when medically necessary.	Yes	Hospital or Surgical Center
<b>Transportation to Medical Appointments</b>	<b>HUSKY B:</b> Not covered.		





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<b>Urgent Care/Walk-in (in-state)</b>	\$10 co-pay	No	Urgent Care Centers
<b>Wellness Exams: Children</b> Wellness exams for children can include: A medical history, physical exam, growth screening, vaccines, oral screening, blood work, urine tests, screening for developmental and/or behavioral health issues, and information about safety.	Covered when medically necessary.  For more information, <a href="#">click here</a> .	No	Primary Care Providers
<b>Wellness Exams: Adults</b> Wellness exams for adults can include: A medical and family history, physical exam, blood pressure and cholesterol screening, hearing exam, blood work, urine screenings for behavioral health issues, alcohol, tobacco and substance use, personal safety, heart health, nutrition and physical activity; and vaccines	Covered when medically necessary.  For more information, <a href="#">click here</a> .	No	Primary Care Providers

Community Health Network of Connecticut, Inc. and the HUSKY Health program comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. **ATTENTION:** If you speak a language other than English, language assistance services are available to you, free of charge. Call 1.800.859.9889 (TTY: 711) for assistance.

**Español (Spanish):**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.859.9889 (TTY: 711).

**Português (Portuguese):**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.800.859.9889 (TTY: 711).