



HUSKY Health Program Benefits and Prior Authorization Requirements Grid*

Acupuncture
Effective: October 1, 2021

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)
Acupuncture (Independent, FQHC, and outpatient hospital settings)	<p>Effective October 1, 2021: covered for all members when performed in independent office settings, federally qualified health centers (FQHCs), and outpatient hospitals.</p> <p>Independently enrolled acupuncturists: Limited to codes on the DSS Acupuncture Fee Schedule.</p> <p>Acupuncture performed in FQHCs: providers must bill the appropriate procedure codes detailing the services performed during the visit in addition to code T1015. Reimbursement will be made for the encounter under T1015.</p> <p>Acupuncture performed in outpatient hospitals: acupuncture services are part of the all-inclusive payment to the hospital. There will be no separate reimbursement for professional services.</p>	Benefit exclusion	<p>Effective October 1, 2021: covered for all members when performed in independent office settings, federally qualified health centers (FQHCs), and outpatient hospitals.</p> <p>Independently enrolled acupuncturists: Limited to codes on the DSS Acupuncture Fee Schedule.</p> <p>Acupuncture performed in FQHCs: providers must bill the appropriate procedure codes detailing the services performed during the visit in addition to code T1015. Reimbursement will be made for the encounter under T1015.</p> <p>Acupuncture performed in outpatient hospitals: acupuncture services are part of the all-inclusive payment to the hospital. There will be no separate reimbursement for professional services.</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	Non-Emergent Care Requires Prior Authorization.	Non-Emergent Care Requires Prior Authorization.	Non-Emergent Care Requires Prior Authorization.

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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 Islands, US Virgin Islands)	Out of the country care (including emergency care) is not 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 not 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 not 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 acupuncture 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 of an unproven, experimental or research nature or cosmetic, social, habilitative, 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. 	<ul style="list-style-type: none"> • Services for which prior authorization is required and is not obtained • Services that are of an unproven, experimental or research nature or cosmetic, social, habilitative, 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 	<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 of an unproven, experimental or research nature or cosmetic, social, habilitative, 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.

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	<ul style="list-style-type: none"> • 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 • Services not usually performed by the provider 	<p align="center">practitioners' scope of practice pursuant to state law</p> <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 	<ul style="list-style-type: none"> • 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 • Services not usually performed by the provider

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