



HUSKY Health Program Benefits and Prior Authorization Requirements Grid*

Behavioral Health Partnership

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	HUSKY B	HUSKY D (LIA)
Health and Behavior Assessments (CPT 96150-96155) When Performed by Psychologists	100% covered under medical benefit for non-behavioral health diagnoses (those ICD 10CM diagnosis codes not listed in Table 11 of the DSS fee schedule instructions located at www.ctdssmap.com →Provider → Provider Fee Schedule Download.) Service must be requested via physician order Prior Authorization NOT needed	100% covered under medical benefit for non-behavioral health diagnoses (those ICD 10CM diagnosis codes not listed in Table 11 of the DSS fee schedule instructions located at www.ctdssmap.com →Provider → Provider Fee Schedule Download.) Service must be requested via physician order Prior Authorization NOT needed	100% covered under medical benefit for non-behavioral health diagnoses (those ICD 10CM diagnosis codes not listed in Table 11 of the DSS fee schedule instructions located at www.ctdssmap.com →Provider → Provider Fee Schedule Download.) Service must be requested via physician order Prior Authorization NOT needed
Mental Health Inpatient	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements
Mental Health Outpatient	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements	Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements
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.

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Prescription Drug Coverage (retail pharmacy)	<p>Covered through DSS (EDS) Providers may call: CT Medical Assistance Pharmacy Prior Authorization Center 1-866-409-8386 (phone) 1-866-759-4110 (fax) 1-866-604-3470 (TTY/TDD line)</p> <p>Members may call: 1-866-409-8430 or 1-860-269-2031 www.ctdssmap.com</p> <p>No co-pays</p> <p>Members must use their CONNECT card at the pharmacy to acquire prescriptions</p>	<p>Covered through DSS (EDS) Providers may call: CT Medical Assistance Pharmacy Prior Authorization Center 1-866-409-8386 (phone) 1-866-759-4110 (fax) 1-866-604-3470 (TTY/TDD line)</p> <p>Members may call: 1-866-409-8430 or 1-860-269-2031 www.ctdssmap.com</p> <p>Prescription Medication: Generic -\$5 co-pay Brand - \$10 co-pay</p> <p>Members must use their CONNECT card at the pharmacy to acquire prescriptions</p>	<p>Covered through DSS (EDS) Providers may call: CT Medical Assistance Pharmacy Prior Authorization Center 1-866-409-8386 (phone) 1-866-759-4110 (fax) 1-866-604-3470 (TTY/TDD line)</p> <p>Members may call: 1-866-409-8430 or 1-860-269-2031 www.ctdssmap.com</p> <p>No co-pays</p> <p>Members must use their CONNECT card at the pharmacy to acquire prescriptions</p>
Smoking and Tobacco Cessation Counseling - Individual	<p>Covered Codes: 99406 and 99407 – will require a tobacco related diagnosis code</p> <p>Covered 100% when done in physician office and other outpatient settings</p> <p>Smoking Cessation Counseling performed by behavioral health clinicians or in a mental health clinic is covered under and billed to the behavioral health benefit</p>	<p>Covered Codes: 99406 and 99407</p> <p>Cessation Counseling is only covered for pregnant women. Claims require both a tobacco related primary diagnostic code and a secondary pregnancy related diagnostic code.</p>	<p>Covered Codes: 99406 and 99407 – will require a tobacco related diagnosis code</p> <p>Covered 100% when done in physician office and other outpatient settings</p> <p>Smoking Cessation Counseling performed by behavioral health clinicians or in a mental health clinic is covered under and billed to the behavioral health benefit.</p>

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<p>Smoking and Tobacco Cessation Counseling – Group (Behavioral Health Clinics, Enhanced Care Clinics and State Operated Mental Health Clinics *)</p> <p>*See below for FQHC and outpatient psychiatric hospital coverage</p>	<p>Covered when performed in behavioral health clinic</p> <p>Primary ICD 10 diagnosis must be:</p> <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 - F17.291) <p>Bill with CPT 99412</p> <p>Group session must last longer than 45 minutes</p> <p>Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.</p>	<p>Covered when performed in behavioral health clinic. Coverage limited to pregnant women.</p> <p>Primary ICD 10 diagnosis must be:</p> <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 - F17.291) <p>Will also require a secondary pregnancy related diagnosis code.</p> <p>Bill with CPT 99412</p> <p>Group session must last longer than 45 minutes</p> <p>Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.</p>	<p>Covered when performed in behavioral health clinic</p> <p>Primary ICD 10 diagnosis must be:</p> <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 - F17.291) <p>Bill with CPT 99412</p> <p>Group session must last longer than 45 minutes</p> <p>Member must attend entire session to bill for service</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.</p>

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Smoking and Tobacco Cessation Counseling – Group (FQHCs)	Primary ICD 10 diagnosis must be: <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 - F17.291) Bill with HCPCS T1015 with CPT 99412 Group session must last longer than 45 minutes. Member must attend entire session to bill for service Group size is limited to 3-12 members Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.	Coverage limited to pregnant women. Primary ICD 10 diagnosis must be: <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 - F17.291) Will also require a secondary pregnancy related diagnosis code. Bill with HCPCS T1015 with CPT 99412 Group session must last longer than 45 minutes. Member must attend entire session to bill for service Group size is limited to 3-12 members Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.	Primary ICD 10 diagnosis must be: <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 - F17.291) Bill with HCPCS T1015 with CPT 99412 Group session must last longer than 45 minutes. Member must attend entire session to bill for service Group size is limited to 3-12 members Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days.



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Smoking and Tobacco Cessation Counseling – Group (Outpatient private or state-operated psychiatric hospitals)	<p>Covered when performed in hospital outpatient clinics.</p> <p>Primary ICD 10 diagnosis must be:</p> <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 F17.291) <p>Bill with RCC 953 with CPT 99412</p> <p>Group session must last longer than 45 minutes Member must attend entire session to bill for service</p> <p>Group size is limited to 3---12 members</p>	<p>Covered when performed in hospital outpatient clinics.</p> <p>Coverage limited to pregnant women.</p> <p>Primary ICD 10 diagnosis must be:</p> <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 --- F17.291) <p>Also, will require a secondary pregnancy related diagnosis code.</p> <p>Bill with RCC 953 with CPT 99412</p> <p>Group session must last longer than 45 minutes Member must attend entire session to bill for service</p> <p>Group size is limited to 3---12 members</p>	<p>Covered when performed in hospital outpatient clinics.</p> <p>Primary ICD 10 diagnosis must be:</p> <ul style="list-style-type: none"> Nicotine Dependence (use F17.200 F17.291) <p>Bill with RCC 953 with CPT 99412</p> <p>Group session must last longer than 45 minutes Member must attend entire session to bill for service</p> <p>Group size is limited to 3---12 members</p>
Substance Abuse Inpatient	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information
Substance Abuse Outpatient	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 for coverage information