



HUSKY Health Program Benefits and Prior Authorization Requirements Grid*

Chiropractor
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)
Chiropractor Manual manipulation of the spine performed by a licensed chiropractor	<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>Limitations Coverage limited to manual manipulations of the spine. Members 21 years of age and over are limited to a specific set of spinal diagnoses (Ref: DSS Fee schedule Instructions, Table 20, available on the DSS website at: www.ctdssmap.com).</p> <p>Limited to codes on the DSS Fee Schedule.</p> <p>Prior Authorization <u>Members 21 years of age and older:</u> PA required for more than 5 visits per member, per provider, per month.</p> <p><u>Members under the age of 21:</u> PA required for all services.</p> <p>PA request must include: the diagnosis, recommended type, length, and frequency of services.</p>	<p>Chiropractor services can be rendered by an independently enrolled provider.</p> <p>Prior authorization is required for: all chiropractic services. PA request must include diagnosis; recommended type, length, and frequency of services.</p> <p>Limited to codes on the DSS Fee Schedule.</p>	<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>Limitations Coverage limited to manual manipulations of the spine. Members 21 years of age and over are limited to a specific set of spinal diagnoses (Ref: DSS Fee schedule Instructions, Table 20, available on the DSS website at: www.ctdssmap.com).</p> <p>Limited to codes on the DSS Fee Schedule.</p> <p>Prior Authorization <u>Members 21 years of age and older:</u> PA required for more than 5 visits per member, per provider, per month.</p> <p><u>Members under the age of 21:</u> PA required for all services.</p> <p>PA request must include: the diagnosis, recommended type, length, and frequency of 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 Chiropractic care 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 considered to be 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 considered to be 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 considered to be 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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