



**HUSKY Health Program Benefits and Prior Authorization Requirements Grid\***  
**Medical Equipment, Device and Supplies (MEDS)**  
**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)
<b>Contraceptives</b>	<p><b>Effective 7/1/13:</b>            Condoms and spermicide will be covered when dispensed by MEDS providers</p> <p>Prescription required</p> <p><b>Quantity Limit:</b>            Male condoms – 36/month            Female condoms – 30/month            Spermicide – 1/month</p>	Not covered	<p><b>Effective 7/1/13:</b>            Condoms and spermicide will be covered when dispensed by MEDS providers</p> <p>Prescription required</p> <p><b>Quantity Limit:</b>            Male condoms – 36/month            Female condoms – 30/month            Spermicide – 1/month</p>
<b>Diapers and Incontinence Supplies</b>	<p>Covered over the age of 3 with medical necessity. PA required for ages 3 -12.</p> <p><b>References:</b>  <b>Additional information may be found in the “Incontinence Supplies Policy” located on the HUSKY Health Website at: <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></b></p>	<p>Not covered</p> <p>Supplemental coverage available for members ages 3 and over under HUSKY Plus. See HUSKY Plus Program Benefits and Prior Authorization grid.</p>	<p>100% covered if deemed medically necessary.</p> <p><b>References:</b>  <b>Additional information may be found in the “Incontinence Supplies Policy” located on the HUSKY Health Website at: <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></b></p>
<b>DME</b>	<p>100% covered</p> <p><b>Prior Authorization</b>            A variety of DME items require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – DME fee schedule.</p> <p><u>Diabetic Supplies for members under age 21</u> can be obtained either from a</p>	<p>100% covered - no co-pay</p> <p><b>Prior Authorization</b>            A variety of DME items require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – DME fee schedule.</p> <p><u>Diabetic Supplies for members under age 21</u> can be obtained either from a</p>	<p>100% covered</p> <p><b>Prior Authorization</b>            A variety of DME items require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – DME fee schedule.</p> <p><u>Diabetic Supplies for members under age 21</u> can be obtained either from a</p>



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	<p>pharmacy and billed to pharmacy benefit or from a DME provider and billed to Medical Benefit</p> <p><u>Diabetic Supplies for members age 21 and over</u> covered under medical DME benefit for the following:  <u>E0607</u> home blood glucose monitor  <u>A4245</u> alcohol wipes per box  <u>A4250</u> urine test or reagent strips or tablets per 100  <u>A4253</u> blood glucose test or reagent strips per 50 strips  <u>A4259</u> lancets per box of 100</p> <p><b>References:</b>            Please refer to the provider page of the HUSKY Health Website for policies specific to certain DME items.  <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></p>	<p>pharmacy and billed to pharmacy benefit or from a DME provider and billed to Medical Benefit</p> <p><b><u>Not covered- Power wheelchairs or repair of Power Wheelchairs.</u></b>            Supplemental coverage available under HUSKY Plus. See HUSKY Plus Program Benefits and Prior Authorization grid.</p> <p><b>References:</b>            Please refer to the provider page of the HUSKY Health Website for policies specific to certain DME items.  <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></p>	<p>pharmacy and billed to pharmacy benefit or from a DME provider and billed to Medical Benefit</p> <p><u>Diabetic Supplies for members age 21 and over</u> covered under medical DME benefit for the following:  <u>E0607</u> home blood glucose monitor  <u>A4245</u> alcohol wipes per box  <u>A4250</u> urine test or reagent strips or tablets per 100  <u>A4253</u> blood glucose test or reagent strips per 50 strips  <u>A4259</u> lancets per box of 100</p> <p><b>References:</b>            Please refer to the provider page of the HUSKY Health Website for policies specific to certain DME items.  <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></p>
<b>Hearing Aids</b>	100% covered	Covered: for children ages 0-12 years old only. Benefit Limitation: Coverage limited to \$1000 in a 24 month period. However, HUSKY Plus Program available for hearing aids after the \$1000 allowance. For children ages 13 and over:	100% covered



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		Supplemental coverage available under HUSKY Plus. See HUSKY Plus Program Benefits and Prior Authorization grid.	
<b>Nutritional Formulas</b>	<p><b>COVERED UNDER PHARMACY BENEFIT 100%</b>  <b>For coverage specifics call: 1-866-409-8430</b></p> <p>Nutritional supplements for clients age 21 or older will only be covered for clients who require tube feeding or for clients that can not safely ingest nutrition in any other form.</p> <p>Pharmacy claims for a nutritional supplement for a client 21 years of age or older will require one of the following specific International Classification of Diseases, , Clinical Modification diagnosis code to be submitted on the claim. <b>The prescribing practitioner must indicate the appropriate diagnosis code on the original prescription:</b></p> <p>A list of all acceptable ICD diagnosis codes can be found on the DSS Web site at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a>. → Information → Publications → Provider Manuals Chapter 8 → select Pharmacy. The diagnosis codes can be found in Section 8.5.</p> <p><b>COVERAGE UNDER MEDICAL BENEFIT</b></p>	<p><b>COVERED UNDER PHARMACY BENEFIT</b>  <b>For coverage specifics call: 1-866-409-8430</b></p> <p>100% covered, no co-pay, Benefit limited to medically necessary amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic disease when ordered by a participating physician.</p> <p><b>COVERAGE UNDER MEDICAL BENEFIT</b></p> <p><b>Prior Authorization Required for: <u>specialized foods for inherited metabolic disease e.g. PKU (Code S9435)</u></b></p>	<p><b>COVERED UNDER PHARMACY BENEFIT 100%</b>  <b>For coverage specifics call: 1-866-409-8430</b></p> <p>Nutritional supplements for clients age 21 or older will only be covered for clients who require tube feeding or for clients that can not safely ingest nutrition in any other form.</p> <p>Pharmacy claims for a nutritional supplement for a client 21 years of age or older will require one of the following specific International Classification of Diseases, Clinical Modification diagnosis code to be submitted on the claim. <b>The prescribing practitioner must indicate the appropriate diagnosis code on the original prescription:</b></p> <p>A list of all acceptable ICD diagnosis codes can be found on the DSS Web site at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a>. → Information → Publications → Provider Manuals Chapter 8 → select Pharmacy. The diagnosis codes can be found in Section 8.5</p> <p><b>COVERAGE UNDER MEDICAL BENEFIT</b></p>



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	<b>Prior Authorization Required for: specialized foods formulas for inherited metabolic disease e.g. PKU (Code S9435)</b>		<b>Prior Authorization Required for: specialized foods formulas for inherited metabolic disease e.g. PKU (Code S9435)</b>
<b>Orthotics</b>	Refer to Prosthetic and Orthotic section below	Refer to Prosthetic and Orthotic section below	Refer to Prosthetic and Orthotic section below
<b>Out of Network Services</b>	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.
<b>Oxygen</b>	<b>Prior authorization is required</b> only for the rental of stationary gaseous or liquid oxygen systems in LTC facilities. (Refer to the DSS MEDS – DME fee schedule for specific codes) However, if LTC facilities choose to purchase the stationary systems and include the cost in the per diem rate calculation, prior authorization is not required.  <b>Non-Covered:</b> The “as-needed” use of oxygen is not covered.	<b>Prior authorization is required</b> only for the rental of stationary gaseous or liquid oxygen systems in LTC facilities. (Refer to the DSS MEDS – DME fee schedule for specific codes) However, if LTC facilities choose to purchase the stationary systems and include the cost in the per diem rate calculation, prior authorization is not required.  <b>Non-Covered:</b> The “as-needed” use of oxygen is not covered.	<b>Prior authorization is required</b> only for the rental of stationary gaseous or liquid oxygen systems in LTC facilities. (Refer to the DSS MEDS – DME fee schedule for specific codes) However, if LTC facilities choose to purchase the stationary systems and include the cost in the per diem rate calculation, prior authorization is not required.  <b>Non-Covered:</b> The “as-needed” use of oxygen is not covered.
<b>Prosthetic and Orthotic Devices</b>	Covered  <b>Prior Authorization</b> A variety of prosthetics and orthotics require prior authorization. For a listing of specific items requiring prior authorization please	<b>Diabetic Shoes are covered (HCPCS Codes A5500-A5513)</b> <b>Orthopedic shoes and foot orthotics are NOT covered</b>  <b>Prior Authorization</b> A variety of	Covered  <b>Prior Authorization</b> A variety of prosthetics and orthotics require prior authorization. For a listing of specific items requiring prior authorization please



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	<p>refer to the DSS – MEDS – Orthotic and Prosthetic Fee Schedule.</p> <p><b><u>Orthopedic/Diabetic Shoes</u></b>  <u>Effective 3/1/2013:</u>  <u>Orthopedic and diabetic shoes are limited to two (2) pairs per calendar year for members 21 years of age and older, with and without diabetes.</u>  <u>Any exceptions to this limit require PA. PA will not be required for shoe modifications and additions.</u></p> <p><b>References:</b>            Please refer to the provider page of the HUSKY Health Website for policies specific to certain prosthetic and orthotic items.  <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></p>	<p>prosthetics and orthotics require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – Orthotic and Prosthetic Fee Schedule.</p> <p>Supplemental coverage available for members under HUSKY Plus. See HUSKY Plus Program Benefits and Prior Authorization grid.</p> <p><b>References:</b>            Please refer to the provider page of the HUSKY Health Website for policies specific to certain prosthetic and orthotic items.  <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></p>	<p>refer to the DSS – MEDS – Orthotic and Prosthetic Fee Schedule.</p> <p><b><u>Orthopedic/Diabetic Shoes</u></b>  <u>Effective 3/1/2013:</u>  <u>Orthopedic and diabetic shoes are limited to two (2) pairs per calendar year for members 21 years of age and older, with and without diabetes.</u>  <u>Any exceptions to this limit require PA. PA will not be required for shoe modifications and additions.</u></p> <p><b>References:</b>            Please refer to the provider page of the HUSKY Health Website for policies specific to certain prosthetic and orthotic items.  <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></p>
<b>Wigs and Hairpieces</b>	Covered	Not Covered	Covered
<p><b>Benefit EXCLUSIONS</b>  <b>This is a general listing of those exclusions most applicable to DMEPOS and includes but is not limited to the following:</b></p>	<ul style="list-style-type: none"> <li>• Services for which prior authorization is required and is not obtained</li> <li>• Services that are not medically necessary</li> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> </ul>	<ul style="list-style-type: none"> <li>• Services for which prior authorization is required and is not obtained</li> <li>• Services that are not medically necessary</li> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> </ul>	<ul style="list-style-type: none"> <li>• Services for which prior authorization is required and is not obtained</li> <li>• Services that are not medically necessary</li> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> </ul>



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	<ul style="list-style-type: none"> <li>• Services beyond what is necessary to treat the medical problems,</li> <li>• Services or items for which the provider does not usually charge</li> </ul>	<ul style="list-style-type: none"> <li>• Services beyond what is necessary for treatment</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Power wheelchairs</li> </ul> <p>HUSKY Plus provides supplemental coverage of services not covered under the HUSKY B plan for children with intensive physical health needs. Call 1-800-440-5071 for more information.</p>	<ul style="list-style-type: none"> <li>• Services beyond what is necessary to treat the medical problems,</li> <li>• Services or items for which the provider does not usually charge</li> </ul>