



HUSKY Health Benefits and Prior Authorization Grid

Home Health Services

Covered Services for HUSKY Health A,B,C, and D Members



HUSKY Health Provider Benefits and Prior Authorization Requirements Grid*

Home Health Services

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
Home Health Care Home Health Aide	<p>Prior Authorization Required For: Greater than 14 hours/week.</p> <p>Custodial or homemaker services are not a covered benefit.</p>	<p>Prior Authorization Required For: Greater than 14 hours/week</p> <p>Custodial or homemaker services are not a covered benefit.</p>	<p>Prior Authorization Required For: Greater than 14 hours/week</p> <p>Custodial or homemaker services are not a covered benefit.</p>
Home Health Care Maternity	<p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> • Greater than two prenatal visits • Greater than two postpartum visits <p>Coverage limited to services for women at high risk of a negative pregnancy outcome. For a listing of high risk indicators please refer to: Sec. 17b-262-731 "Requirements for Payment of Home Health Services of the Regulations of Connecticut State Agencies". Regulation specifics may be found in Chapter 7 – Home Health of the DSS Provider Manual.</p>	<p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> • Greater than two prenatal visits • Greater than two postpartum visits <p>Coverage limited to services for women at high risk of a negative pregnancy outcome. For a listing of high risk indicators please refer to: Sec. 17b-262-731 "Requirements for Payment of Home Health Services of the Regulations of Connecticut State Agencies". Regulation specifics may be found in Chapter 7 – Home Health of the DSS Provider Manual.</p>	<p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> • Greater than two prenatal visits • Greater than two postpartum visits <p>Coverage limited to services for women at high risk of a negative pregnancy outcome. For a listing of high risk indicators please refer to: Sec. 17b-262-731 "Requirements for Payment of Home Health Services of the Regulations of Connecticut State Agencies". Regulation specifics may be found in Chapter 7 – Home Health of the DSS Provider Manual.</p>
Home Health Care Skilled Nursing	<p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> • Greater than 2 visits/week • Extended Nursing (greater than 2 hours/day) <p>Home infusion services are covered for members under the age of 21.</p>	<p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> • Greater than 2 visits/week <p>Extended nursing is NOT a covered benefit under HUSKY B.</p> <p>Home infusion services are covered for HUSKY B members.</p>	<p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> • Greater than 2 visits/week • Extended Nursing (greater than 2 hours/day) <p>Home infusion services are covered for members under the age of 21.</p>

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Home Health Care Skilled Nursing (Continued)	Home infusions services are NOT covered for members 21 and over.		Home infusions services are NOT covered for members 21 and over.
Medication Administration	<p>Medication Administration RN or LPN:</p> <ul style="list-style-type: none"> • Prior Authorization required for greater than 2 visits/week. <p>Medication Administration RN or LPN - Pre-pour for 1 week or more:</p> <ul style="list-style-type: none"> • No PA required. Bill with skilled nursing code. If medication is not available for pre-pour, or if there is an adjustment in the dosage of a medication and the nurse must return to the home, the agency may bill a medication administration code for the second visit. • If a second skilled visit is required to complete a medication pre-pour for any other reason (newly prescribed medication, significant change in member's condition etc.), agency may bill a skilled nursing visit code for the second visit. • Ref: DSS Provider Bulletin PB 2009-34 	<p>Medication Administration RN or LPN:</p> <ul style="list-style-type: none"> • Prior Authorization required for greater than 2 visits/week. <p>Medication Administration RN or LPN - Pre-pour for 1 week or more:</p> <ul style="list-style-type: none"> • No PA required. Bill with skilled nursing code. If medication is not available for pre-pour, or if there is an adjustment in the dosage of a medication and the nurse must return to the home, the agency may bill a medication administration code for the second visit. • If a second skilled visit is required to complete a medication pre-pour for any other reason (newly prescribed medication, significant change in member's condition etc.), agency may bill a skilled nursing visit code for the second visit. • Ref: DSS Provider Bulletin PB 2009-34 	<p>Medication Administration RN or LPN:</p> <ul style="list-style-type: none"> • Prior Authorization required for greater than 2 visits/week. <p>Medication Administration RN or LPN - Pre-pour for 1 week or more:</p> <ul style="list-style-type: none"> • No PA required. Bill with skilled nursing code. If medication is not available for pre-pour, or if there is an adjustment in the dosage of a medication and the nurse must return to the home, the agency may bill a medication administration code for the second visit. • If a second skilled visit is required to complete a medication pre-pour for any other reason (newly prescribed medication, significant change in member's condition etc.) agency may bill a skilled nursing visit code for the second visit. • Ref: DSS Provider Bulletin PB 2009-34

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Medication Administration (Continued)	<p>Nurse Delegated Medication Administration to Medication Certified HHA:</p> <ul style="list-style-type: none"> Request PA using code T1021 Prior authorization required beginning with the first visit Ref: DSS Provider Bulletin PB 2014-44 <p>Personal Automated Medication Dispensers:</p> <ul style="list-style-type: none"> Request PA using code S5185 Separate payment for automated medication dispensers for members covered by home and community based waiver programs or CHC is not allowed. Therefore, code S5185 may NOT be authorized for these members. The initial authorization period may not exceed 30 days and must be accompanied by a minimum of one skilled nursing visit. Ref: DSS Provider Bulletin PB 2013-76 <p>Medication Prompting by a HHA:</p> <ul style="list-style-type: none"> Request PA using code H0033 H0033 is to be used ONLY for members who are currently receiving daily or more frequent medication administration. Ref: DSS Provider Bulletin PB 2015-75 	<p>Nurse Delegated Medication Administration to Medication Certified HHA:</p> <ul style="list-style-type: none"> Request PA using code T1021 Prior authorization required beginning with the first visit Ref: DSS Provider Bulletin PB 2014-44 <p>Personal Automated Medication Dispensers:</p> <ul style="list-style-type: none"> Request PA using code S5185 Separate payment for automated medication dispensers for members covered by home and community based waiver programs or CHC is not allowed. Therefore, code S5185 may NOT be authorized for these members. The initial authorization period may not exceed 30 days and must be accompanied by a minimum of one skilled nursing visit. Ref: DSS Provider Bulletin PB 2013-76 <p>Medication Prompting by a HHA:</p> <ul style="list-style-type: none"> Request PA using code H0033 H0033 is to be used ONLY for members who are currently receiving daily or more frequent medication administration. Ref: DSS Provider Bulletin PB 2015-75 	<p>Nurse Delegated Medication Administration to Medication Certified HHA:</p> <ul style="list-style-type: none"> Request PA using code T1021 Prior authorization required beginning with the first visit Ref: DSS Provider Bulletin PB 2014-44 <p>Personal Automated Medication Dispensers:</p> <ul style="list-style-type: none"> Request PA using code S5185 Separate payment for automated medication dispensers for members covered by home and community based waiver programs or CHC is not allowed. Therefore, code S5185 may NOT be authorized for these members. The initial authorization period may not exceed 30 days and must be accompanied by a minimum of one skilled nursing visit. Ref: DSS Provider Bulletin PB 2013-76 <p>Medication Prompting by a HHA:</p> <ul style="list-style-type: none"> Request PA using code H0033 H0033 is to be used ONLY for members who are currently receiving daily or more frequent medication administration. Ref: DSS Provider Bulletin PB 2015-75

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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.
Translation Services	1-800-440-5071	1-800-440-5071	1-800-440-5071

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