



HUSKY Health Benefits and Prior Authorization Requirements G *

Hospice

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)
<p>Hospice Provided to members who are diagnosed as having a terminal illness with a life expectancy of six months or less</p>	<p><u>Prior Authorization Required For:</u></p> <ul style="list-style-type: none"> Inpatient days beyond the 5th day (RCC 656) <p><u>Covered 100% - Requires completed Hospice Election Form</u> Covered care includes nursing care, physical therapy, speech therapy, and occupational therapy, medical social services. Home health aides and homemakers, medical supplies, drugs, appliances, DME, physician services, short term inpatient care, including respite care and care for pain control and acute and chronic symptoms management and other benefits when ordered by a physician. Coverage includes both inpatient and outpatient hospice.</p> <p><u>Members under age 21 do not need to waive their rights for treatment of the terminal condition when electing hospice.</u></p>	<p><u>Prior Authorization Required For:</u></p> <ul style="list-style-type: none"> Inpatient days beyond the 5th day (RCC 656) <p><u>Covered 100% - Requires completed Hospice Election Form</u> Covered care includes nursing care, physical therapy, speech therapy, and occupational therapy, medical social services. Home health aides and homemakers, medical supplies, drugs, appliances, DME, physician services, short term inpatient care, including respite care and care for pain control and acute and chronic symptoms management and other benefits when ordered by a physician. Coverage includes both inpatient and outpatient hospice.</p> <p><u>Members do not need to waive their rights for treatment of the terminal condition when electing hospice</u></p>	<p><u>Prior Authorization Required For:</u></p> <ul style="list-style-type: none"> Inpatient days beyond the 5th day (RCC 656) <p><u>Covered 100% - Requires completed Hospice Election Form</u> Covered care includes nursing care, physical therapy, speech therapy, and occupational therapy, medical social services. Home health aides and homemakers, medical supplies, drugs, appliances, DME, physician services, short term inpatient care, including respite care and care for pain control and acute and chronic symptoms management and other benefits when ordered by a physician. Coverage includes both inpatient and outpatient hospice.</p> <p><u>Members under age 21 do not need to waive their rights for treatment of the terminal condition when electing hospice.</u></p>

*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



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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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