



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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>Inpatient Hospital</b>	<p>100% covered</p> <p><b><u>Prior Authorization Required For all non-maternity, non-emergent admissions.</u></b></p> <p><u>Maternity Admits:</u> CHNCT requests the hospital to notify us of all deliveries.</p> <p><u>Emergency Admits:</u> Providers must notify CHNCT (for admissions that are medical in nature) or CTBHP (for admissions that relate to behavioral health) within 2 business days. Notifications greater than 2 days from the admission date are subject to denial of services.</p> <p><u>ICU Admissions</u> All requests for admissions to ICU must go to CHNCT.</p> <p><b><u>For admissions where the admitting diagnosis is Alcohol Withdrawal</u></b></p>	<p>100% covered</p> <p><b><u>Prior Authorization Required For all non-maternity, non-emergent admissions.</u></b></p> <p><u>Maternity Admits:</u> CHNCT requests the hospital to notify us of all deliveries.</p> <p><u>Emergency Admits:</u> Providers must notify CHNCT (for admissions that are medical in nature) or CTBHP (for admissions that relate to behavioral health) within 2 business days. Notifications greater than 2 days from the admission date are subject to denial of services.</p> <p><u>ICU Admissions</u> All requests for admissions to ICU must go to CHNCT.</p> <p><b><u>For admissions where the admitting diagnosis is Alcohol Withdrawal</u></b></p>	<p>100% covered</p> <p><b><u>Prior Authorization Required For all non-maternity, non-emergent admissions.</u></b></p> <p><u>Maternity Admits:</u> CHNCT requests the hospital to notify us of all deliveries.</p> <p><u>Emergency Admits:</u> Providers must notify CHNCT (for admissions that are medical in nature) or CTBHP (for admissions that relate to behavioral health) within 2 business days. Notifications greater than 2 days from the admission date are subject to denial of services.</p> <p><u>ICU Admissions</u> All requests for admissions to ICU must go to CHNCT.</p> <p><b><u>For admissions where the admitting diagnosis is Alcohol Withdrawal</u></b></p>

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

Last Update: 5/18/2017  
0312

MMTPE0001-



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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><b><u>Delirium (ICD 9 Code 291.0 and ICD 10 codes F10.121, F10.221, F10.231, F10.921), prior authorization requests must be submitted to the Behavioral Health Partnership (BHP) EXCEPT when the member is admitted to an Intensive Care Unit (ICU). In these instances prior authorization requests must be submitted to CHNCT.</u></b></p> <p>Decisions regarding approval or denial of elective inpatient admissions must be rendered within 5 business days.</p> <p><u>Second PA required for per diem rates:</u>            Inpatient services currently eligible for a per diem payment (behavioral health and rehabilitation) will require a second prior authorization in addition to the authorization received at the time of admission to be eligible for the per diem rate. If the hospital does not obtain a second PA for a per diem rate, the claim will pay entirely on the DRG assignment.</p>	<p><b><u>Delirium prior (ICD 9 Code 291.0 and ICD 10 codes F10.121, F10.221, F10.231, F10.921), authorization requests must be submitted to the Behavioral Health Partnership (BHP) EXCEPT when the member is admitted to an Intensive Care Unit (ICU). In these instances prior authorization requests must be submitted to CHNCT.</u></b></p> <p>Decisions regarding approval or denial of elective inpatient admissions must be rendered within 5 business days.</p> <p><u>Second PA required for per diem rates:</u>            Inpatient services currently eligible for a per diem payment (behavioral health and rehabilitation) will require a second prior authorization in addition to the authorization received at the time of admission to be eligible for the per diem rate. If the hospital does not obtain a second PA for a per diem rate, the claim will pay entirely on the DRG assignment.</p>	<p><b><u>Delirium (ICD 9 Code 291.0 and ICD 10 codes F10.121, F10.221, F10.231, F10.921), prior authorization requests must be submitted to the Behavioral Health Partnership (BHP) EXCEPT when the member is admitted to an Intensive Care Unit (ICU). In these instances prior authorization requests must be submitted to CHNCT.</u></b></p> <p>Decisions regarding approval or denial of elective inpatient admissions must be rendered within 5 business days.</p> <p><u>Second PA required for per diem rates:</u>            Inpatient services currently eligible for a per diem payment (behavioral health and rehabilitation) will require a second prior authorization in addition to the authorization received at the time of admission to be eligible for the per diem rate. If the hospital does not obtain a second PA for a per diem rate, the claim will pay entirely on the DRG assignment.</p>

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



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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><u>Administrative Discharge:</u></p> <ul style="list-style-type: none"> <li>For members who receive a medical authorization on admission but require further inpatient behavioral or rehab care, the hospital must administratively discharge the client from medical and readmit the client for behavioral health or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for behavioral health services must be requested from BHP. A PA for rehab services must be requested from CHN.</li> <li>For members who receive a behavioral health authorization on admission but require further inpatient medical or rehab care, the hospital must administratively discharge the client from behavioral health and readmit the</li> </ul>	<p><u>Administrative Discharge:</u></p> <ul style="list-style-type: none"> <li>For members who receive a medical authorization on admission but require further inpatient behavioral or rehab care, the hospital must administratively discharge the client from medical and readmit the client for behavioral health or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for behavioral health services must be requested from BHP. A PA for rehab services must be requested from CHN.</li> <li>For members who receive a behavioral health authorization on admission but require further inpatient medical or rehab care, the hospital must administratively discharge the client from behavioral health and readmit the</li> </ul>	<p><u>Administrative Discharge:</u></p> <ul style="list-style-type: none"> <li>For members who receive a medical authorization on admission but require further inpatient behavioral or rehab care, the hospital must administratively discharge the client from medical and readmit the client for behavioral health or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for behavioral health services must be requested from BHP. A PA for rehab services must be requested from CHN.</li> <li>For members who receive a behavioral health authorization on admission but require further inpatient medical or rehab care, the hospital must administratively discharge the client from behavioral health and readmit the</li> </ul>

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



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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>client for medical or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for medical or rehab services must be requested from CHN.</p> <ul style="list-style-type: none"> <li>Members who are admitted to the hospital for behavioral health conditions but on further evaluation require admission for medical services, the hospital must administratively discharge the client from behavioral health and readmit for medical services. PA is required from CHN. The claim will be paid based on DRG. If PA is not obtained in the timeframe specified by the Department, the claim will deny.</li> </ul>	<p>client for medical or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for medical or rehab services must be requested from CHN.</p> <ul style="list-style-type: none"> <li>Members who are admitted to the hospital for behavioral health conditions but on further evaluation require admission for medical services, the hospital must administratively discharge the client from behavioral health and readmit for medical services. PA is required from CHN. The claim will be paid based on DRG. If PA is not obtained in the timeframe specified by the Department, the claim will deny.</li> </ul>	<p>client for medical or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for medical or rehab services must be requested from CHN.</p> <ul style="list-style-type: none"> <li>Members who are admitted to the hospital for behavioral health conditions but on further evaluation require admission for medical services, the hospital must administratively discharge the client from behavioral health and readmit for medical services. PA is required from CHN. The claim will be paid based on DRG. If PA is not obtained in the timeframe specified by the Department, the claim will deny.</li> </ul>
<b>Inpatient MD (professional)</b>	100% covered	100% covered No co-pays	100% covered
<b>Obesity</b>	Treatment for obesity is not a covered	Treatment for obesity is not a covered	Treatment for obesity is not a covered

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



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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)
	benefit unless caused by an illness or is aggravating an illness, (including but not limited to cardiac and respiratory conditions, diabetes and hypertension) and then requires prior authorization for Medical Necessity	benefit unless caused by an illness or is aggravating an illness, (including but not limited to cardiac and respiratory conditions, diabetes and hypertension) and then requires prior authorization for Medical Necessity	benefit unless caused by an illness or is aggravating an illness, (including but not limited to cardiac and respiratory conditions, diabetes and hypertension) and then requires prior authorization for Medical Necessity
<b>Organ Transplants</b>	<b>Prior Authorization Required</b>	<b>Prior Authorization Required</b>	<b>Prior Authorization Required</b>
<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>Out of State Care</b>	<b><u>Non Emergent Care Requires Prior Authorization</u></b>	<b><u>Non Emergent Care Requires Prior Authorization</u></b>	<b><u>Non Emergent Care Requires Prior Authorization</u></b>
<b>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</b>	Out of the country care (including emergency care) is <u>not</u> 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 <u>not</u> 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 <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).

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



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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>Islands)</b>			
<b>Procedures requiring Prior Authorization</b>  <b>(For a full listing of procedures requiring prior authorization please refer to the DSS Fee Schedule).</b>	Tattooing Collagen injections Insertion and removal of tissue expanders Dermabrasion Abrasion Chemical Peel Cervicoplasty Blepharoplasty Lipectomy/Liposuction Destruction of cutaneous vascular lesions Cryotherapy for acne Electrolysis Mastectomy for gynecomastia Mastopexy Breast reduction Breast augmentation Removal/insertion of breast implants Breast reconstruction TMJ related procedures <b>Oral splints – Pa required starting 2/1/12</b> <b>Interdental fixation devices – PA</b>	Tattooing Collagen injections Insertion and removal of tissue expanders Dermabrasion Abrasion Chemical Peel Cervicoplasty Blepharoplasty Lipectomy/Liposuction Destruction of cutaneous vascular lesions Cryotherapy for acne Electrolysis Mastectomy for gynecomastia Mastopexy Breast reduction Breast augmentation Removal/insertion of breast implants Breast reconstruction TMJ related procedures <b>Oral splint services – PA required starting 2/1/12</b>	Tattooing Collagen injections Insertion and removal of tissue expanders Dermabrasion Abrasion Chemical Peel Cervicoplasty Blepharoplasty Lipectomy/Liposuction Destruction of cutaneous vascular lesions Cryotherapy for acne Electrolysis Mastectomy for gynecomastia Mastopexy Breast reduction Breast augmentation Removal/insertion of breast implants Breast reconstruction TMJ related procedures <b>Oral splint services – PA required starting 2/1/12</b>

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



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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>required starting 2/1/12</b> <b>Interdental wiring non-fracture – PA required starting 2/1/12</b> Canthopexy Otoplasty Rhinoplasty Septoplasty Varicose vein injection treatment or stab phlebotomy <b>ligation and division of veins – PA required starting 2/1/12</b> TMJ related procedures/treatments Surgical treatment of Obesity Insertion/removal of penile implants <b>Female genital repair – PA required starting 2/1/12</b> Vaginoplasty for inter-sex state Procedures related to sterilization reversal Chemodenervation Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism	<b>Interdental fixation device services- PA required starting 2/1/12</b> <b>Interdental wiring non-fracture – PA required starting 2/1/12</b> Canthopexy Otoplasty Rhinoplasty Septoplasty Varicose vein injection treatment or stab phlebotomy <b>ligation and division of veins – PA required starting 2/1/12</b> TMJ related procedures/treatments Surgical treatment of Obesity Insertion/removal of penile implants <b>Female genital repair – PA required starting 2/1/12</b> Vaginoplasty for inter-sex state Procedures related to sterilization reversal Chemodenervation Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive	<b>Interdental fixation device services-PA required starting 2/1/12</b> <b>Interdental wiring non-fracture-PA required starting 2/1/12</b> Canthopexy Otoplasty Rhinoplasty Septoplasty Varicose vein injection treatment or stab phlebotomy <b>ligation and division of veins – PA required starting 2/1/12</b> TMJ related procedures/treatments Surgical treatment of Obesity Insertion/removal of penile implants <b>Female genital repair – PA required starting 2/1/12</b> Vaginoplasty for inter-sex state Procedures related to sterilization reversal Chemodenervation Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive

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



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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)
	Procedures related to corneal prosthetics Genetic testing	errors and surgically induced astigmatism Procedures related to corneal prosthetics Genetic testing	errors and surgically induced astigmatism Procedures related to corneal prosthetics Genetic testing
<b>Reconstructive surgery</b>	<b>Prior Authorization Required:</b> Not a covered benefit <u>except</u> for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.	<b>Prior Authorization Required:</b> Not a covered benefit <u>except</u> for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.	<b>Prior Authorization Required:</b> Not a covered benefit <u>except</u> for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.
<b>Synagis<sup>®</sup></b>	Covered when medically necessary as part of an inpatient stay	Covered when medically necessary as part of an inpatient stay	Medication Not Applicable for Membership
<b>Translation Services</b>	1-800-440-5071	1-800-440-5071	1-800-440-5071
<b>Benefit EXCLUSIONS</b>	<b>Exclusions: <i>this is a general listing and includes but is not limited to the following:</i></b> <ul style="list-style-type: none"> <li>• Infertility treatment (i.e. reversal sterilization; artificial insemination;</li> </ul>	<b>Exclusions: <i>this is a general listing and includes but is not limited to the following:</i></b> <ul style="list-style-type: none"> <li>• Smoking Cessation Services</li> <li>• Infertility treatment (i.e. reversal</li> </ul>	<b>Exclusions: <i>this is a general listing and includes but is not limited to the following:</i></b> <ul style="list-style-type: none"> <li>• Infertility treatment (i.e. reversal sterilization; artificial insemination;</li> </ul>

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





**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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)
	invitro fertilization; fertility drugs) <ul style="list-style-type: none"> <li>• Drugs used to treat sexual or erectile dysfunction</li> <li>• Weight reduction programs</li> <li>• All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis</li> <li>• Ambulatory BP monitoring</li> <li>• Care out of the country</li> <li>• Services for which prior authorization is required and is not obtained</li> <li>• Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational</li> <li>• Services that are not medically necessary</li> <li>• Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc.</li> <li>• Services not within scope of</li> </ul>	sterilization; artificial insemination; invitro fertilization; fertility drugs) <ul style="list-style-type: none"> <li>• Weight reduction programs</li> <li>• Surgical treatment or hospitalization for the treatment of morbid obesity except where prior authorized medically necessary care, treatment, procedures, services or supplies that are primarily for dietary control including, but not limited to, any exercise weight reduction programs, whether formal or informal</li> <li>• All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis.</li> <li>• Ambulatory BP monitoring</li> <li>• Services for which prior authorization is required and is not obtained</li> <li>• Services that are considered to be of an unproven, experimental or research nature or cosmetic,</li> </ul>	invitro fertilization; fertility drugs) <ul style="list-style-type: none"> <li>• Drugs used to treat sexual or erectile dysfunction</li> <li>• Weight reduction programs</li> <li>• All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis</li> <li>• Ambulatory BP monitoring</li> <li>• Care out of the country</li> <li>• Services for which prior authorization is required and is not obtained</li> <li>• Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational</li> <li>• Services that are not medically necessary</li> <li>• Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc.</li> <li>• Services not within scope of</li> </ul>

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



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***

**Inpatient Hospital  
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)
	practitioners scope of practice pursuant to state law <ul style="list-style-type: none"> <li>• Nuclear powered pacemakers</li> <li>• Implantation of nuclear powered pacemakers</li> <li>• Inpatient charges related to autopsy</li> <li>• Services beyond what is necessary to treat the medical problems,</li> <li>• Services that have nothing to do with the illness or problem of the visit.</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs that are not approved by the FDA.</li> <li>• Services not usually performed by the provider</li> <li>• Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized</li> </ul>	social, rehabilitative, vocational, recreational or educational <ul style="list-style-type: none"> <li>• Services that are not medically necessary</li> <li>• Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc.</li> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> <li>• Acupuncture, biofeedback, hypnosis</li> <li>• Nuclear powered pacemakers</li> <li>• Implantation of nuclear powered pacemakers</li> <li>• Inpatient charges related to autopsy</li> <li>• Routine foot care</li> <li>• Sterilization</li> <li>• Services beyond what is necessary for treatment</li> <li>• Services not related to illness or</li> </ul>	practitioners scope of practice pursuant to state law <ul style="list-style-type: none"> <li>• Nuclear powered pacemakers</li> <li>• Implantation of nuclear powered pacemakers</li> <li>• Inpatient charges related to autopsy</li> <li>• Services beyond what is necessary to treat the medical problems,</li> <li>• Services that have nothing to do with the illness or problem of the visit.</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs that are not approved by the FDA.</li> <li>• Services not usually performed by the provider</li> <li>• Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized</li> </ul>

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



**HUSKY Health Benefits and Prior Authorization Requirements Grid\***  
**Inpatient Hospital**  
**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)
	<ul style="list-style-type: none"> <li>• Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing</li> </ul>	<p>problems at the time of treatment</p> <ul style="list-style-type: none"> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs not approved by the FDA.</li> <li>• Power wheelchairs</li> <li>• Non-emergency transport</li> </ul>	<ul style="list-style-type: none"> <li>• Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing</li> </ul>

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