



HUSKY Health Program Benefits and Prior Authorization Requirements Grid*
Physician, Advanced Practice Nurse, Certified Nurse Midwife
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
Allergy	100% covered	Office visit \$10 co-pay <ul style="list-style-type: none"> Allergy injections – no co-pay Immunotherapy or other therapy -no co-pay 	100% covered
Cardiac Rehab	100% covered	100% covered	100% covered
Contraceptives	Covered 100%	Covered Oral Contraceptives: <ul style="list-style-type: none"> pharmacy co-pays apply No – co-pay if provided in physician office or clinic setting 	Covered 100%
Family Planning	100% covered Services can be performed by PCP or Specialist Sterilization requires submission of a completed W612 Consent to Sterilization form. Sterilization is covered only for members 21 or older Exclusions – not covered: <ul style="list-style-type: none"> sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized 	100 % covered for office visit. Services can be performed by PCP or Specialist. Exclusions – not covered <ul style="list-style-type: none"> Fertility drugs are not covered Sterilization is not a covered benefit 	100% covered Services can be performed by PCP or Specialist Sterilization requires submission of a completed W612 Consent to Sterilization form. Sterilization is covered only for members 21 or older Exclusions – not covered: <ul style="list-style-type: none"> sterilizations for patients who are under age twenty-one (21),

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	<ul style="list-style-type: none"> • hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing • services for infertility treatment including-reversal sterilization, tuboplasty, artificial insemination, invitro fertilization, fertility drugs 		<p>mentally incompetent, or institutionalized</p> <ul style="list-style-type: none"> • hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing • services for infertility treatment including-reversal sterilization, tuboplasty, artificial insemination, invitro fertilization, fertility drugs
<p>Genetic Testing</p>	<p>Prior Authorization Required Refer to DSS Laboratory Fee Schedule for specific codes requiring PA</p> <p>Note:</p> <p>Prior Authorization will NOT be required for cystic fibrosis testing (CPT Codes 81220-81224) if billed with one of the diagnosis codes listed in Table 11 of the DSS fee schedule instructions located at www.ctdssmap.com - Provider - Provider Fee Schedule Download.</p>	<p>Prior Authorization Required Refer to DSS Laboratory Fee Schedule for specific codes requiring PA</p> <p>Note:</p> <p>Prior Authorization will NOT be required for cystic fibrosis testing (CPT Codes 81220-81224) if billed with one of the diagnosis codes listed in Table 11 of the DSS fee schedule instructions located at www.ctdssmap.com - Provider - Provider Fee Schedule Download.</p>	<p>Prior Authorization Required Refer to DSS Laboratory Fee Schedule for specific codes requiring PA</p> <p>Note:</p> <p>Prior Authorization will NOT be required for cystic fibrosis testing (CPT Codes 81220-81224) if billed with one of the diagnosis codes listed in Table 11 of the DSS fee schedule instructions located at www.ctdssmap.com - Provider - Provider Fee Schedule Download.</p>

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	<p>Note:</p> <p>Prior authorization will NOT be required for spinal muscular atrophy (SMA) testing (CPT code 81329) if billed with one of the diagnosis codes listed in Table 11A of the DSS fee schedule instructions located at www.ctdssmap.com – Provider – Provider Fee Schedule Download</p>	<p>Note:</p> <p>Prior authorization will NOT be required for spinal muscular atrophy (SMA) testing (CPT code 81329) if billed with one of the diagnosis codes listed in Table 11A of the DSS fee schedule instructions located at www.ctdssmap.com – Provider – Provider Fee Schedule Download</p>	<p>Note:</p> <p>Prior authorization will NOT be required for spinal muscular atrophy (SMA) testing (CPT code 81329) if billed with one of the diagnosis codes listed in Table 11A of the DSS fee schedule instructions located at www.ctdssmap.com – Provider – Provider Fee Schedule Download</p>
Inpatient MD (professional)	100% covered	100% covered No co-pays	100% covered
Labs	100% covered	100% covered	100% covered
Maternity	100% covered for prenatal and postpartum visits	100% covered for prenatal and postpartum visits	100% covered for prenatal and postpartum visits
Maternal Depression Screenings	<p>Covered up to one year after delivery. Multiple screenings can be performed when there is a documented risk of depression.</p> <p>Requires validated screening tool. May be performed by pediatric providers on mother to assess risk to infant. Based on risk, a pediatric provider can perform multiple screenings on mother until the infant turns one.</p>	<p>Covered up to one year after delivery. Multiple screenings can be performed when there is a documented risk of depression.</p> <p>Requires validated screening tool. May be performed by pediatric providers on mother to assess risk to infant. Based on risk, a pediatric provider can perform multiple screenings on mother until the infant turns one.</p>	N/A

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	<p>For positive screens, mothers should be referred to CTBHP for follow-up care. Providers may contact: 1.877.552.8247</p> <p>Uninsured or undocumented mothers who are in need of a depression screen should be directed to the INFOLINE by calling 211 for alternative resources.</p> <p>Billing requirements:</p> <ul style="list-style-type: none"> • Providers should bill using code 96160 "Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument" or 96161 "Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument". • Modifier use is not required to identify a positive or negative screen. 	<p>For positive screens, mothers should be referred to CTBHP for follow-up care. Providers may contact: 1.877.552.8247</p> <p>Uninsured or undocumented mothers who are in need of a depression screen should be directed to the INFOLINE by calling 211 for alternative resources.</p> <p>Billing requirements:</p> <ul style="list-style-type: none"> • Providers should bill using code 96160 "Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument" or 96161 "Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument". • Modifier use is not required to identify a positive or negative screen. 	

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	<ul style="list-style-type: none"> Pediatric providers should bill using code 96161 and the infant's ID number. <p>Documentation requirements:</p> <ul style="list-style-type: none"> Screening tool used Score Time spent Actions taken including referrals Name and credentials of practitioner who performed screening Date of service <p>Pediatric medical providers should document in the pediatric patients record</p> <p>Ref: DSS PB 2016-63 "Maternal Depression Screenings"</p>	<ul style="list-style-type: none"> Pediatric providers should bill using code 96161 and the infant's ID number. <p>Documentation requirements:</p> <ul style="list-style-type: none"> Screening tool used Score Time spent Actions taken including referrals Name and credentials of practitioner who performed screening Date of service <p>Pediatric medical providers should document in the pediatric patients record</p> <p>Ref: DSS PB 2016-63 "Maternal Depression Screenings"</p>	
Nurse Midwives	Covered 100%	Covered Preventive - No co-pay Non-Preventive - \$10 co-pay	Covered 100%
Nurse Practitioners-	Covered 100%	Covered Preventive Care – no co-pay Non-Preventive Care- \$10 co-pay	Covered 100%

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Nutritional Counseling	<p>100% covered. Nutritional counseling services may be performed by:</p> <ol style="list-style-type: none"> 1. Independently enrolled physicians, advanced practice registered nurses and physician assistants (as part of an evaluation and management service); and 2. CMAP enrolled clinics (including FQHCs and hospital outpatient clinics). <p>Currently registered dietitians are not eligible for CMAP enrollment and therefore are not able to receive reimbursement for services.</p> <p>When nutritional counseling is performed in a hospital outpatient clinic, reimbursement is limited to the clinic under HCPCS Code G0463 (clinic visit) and no separate payment will be made to the individual provider.</p>	<p>100% covered. Nutritional counseling services may be performed by:</p> <ol style="list-style-type: none"> 1. Independently enrolled physicians, advanced practice registered nurses and physician assistants (as part of an evaluation and management service); and 2. CMAP enrolled clinics (including FQHCs and hospital outpatient clinics). <p>Currently registered dietitians are not eligible for CMAP enrollment and therefore are not able to receive reimbursement for services.</p> <p>When nutritional counseling is performed in a hospital outpatient clinic, reimbursement is limited to the clinic under HCPCS Code G0463 (clinic visit) and no separate payment will be made to the individual provider.</p>	<p>100% covered. Nutritional counseling services may be performed by:</p> <ol style="list-style-type: none"> 1. Independently enrolled physicians, advanced practice registered nurses and physician assistants (as part of an evaluation and management service); and 2. CMAP enrolled clinics (including FQHCs and hospital outpatient clinics). <p>Currently registered dietitians are not eligible for CMAP enrollment and therefore are not able to receive reimbursement for services.</p> <p>When nutritional counseling is performed in a hospital outpatient clinic, reimbursement is limited to the clinic under HCPCS Code G0463 (clinic visit) and no separate payment will be made to the individual provider</p>

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Obesity	Treatment for obesity is not a covered 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	Treatment for obesity is not a covered 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	Treatment for obesity is not a covered 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
Organ Transplants	Prior Authorization Required	Prior Authorization Required	Prior Authorization Required
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
Out of Country Care (with the exception of Puerto Rico and USA territories of	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).

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American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Marina Islands, US Virgin Islands)			
Physician office visits	100% covered	Covered Preventive office visits No co-pay Non-preventive office visits \$10 co-pay	100% covered
Prescription Drug Coverage (retail pharmacy)	Covered through DSS (Gainwell Technologies) Providers may call: CT Medical Assistance Pharmacy Prior Authorization Center 1-866-409-8386 (phone) 1-866-759-4110 (fax)	Covered through DSS (Gainwell Technologies) Providers may call: CT Medical Assistance Pharmacy Prior Authorization Center 1-866-409-8386 (phone) 1-866-759-4110 (fax)	Covered through DSS (Gainwell Technologies) Providers may call: CT Medical Assistance Pharmacy Prior Authorization Center 1-866-409-8386 (phone) 1-866-759-4110 (fax)

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	1-866-604-3470 (TTY/TDD line) Members may call: 1-866-409-8430 or 1-860-269-2031 www.ctdssmap.com No co-pays Members must use their CONNECT card at the pharmacy to acquire prescriptions	1-866-604-3470 (TTY/TDD line) Members may call: 1-866-409-8430 or 1-860-269-2031 www.ctdssmap.com Prescription Medication: Generic - \$5 co-pay Brand - \$10 co-pay Members must use their CONNECT card at the pharmacy to acquire prescriptions	1-866-604-3470 (TTY/TDD line) Members may call: 1-866-409-8430 or 1-860-269-2031 www.ctdssmap.com No co-pays Members must use their CONNECT card at the pharmacy to acquire prescriptions
Preventive care	100% covered including well child care or EPSDT visits and Immunizations	The following Preventive Services require no co-pay: <ul style="list-style-type: none"> • Immunizations and the office visit for the immunization • WIC evaluations • Prenatal and postpartum care for women under age 19 • regular newborn screening exam in the hospital or office • annual physical exams and lab tests related to those exams 	100% covered including well child care or EPSDT visits and Immunizations

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Procedures requiring Prior Authorization Regardless of where the procedure is performed	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 Oral splints - Pa required starting 2/1/12 Interdental fixation devices - PA required starting 2/1/12 Interdental wiring non-fracture - PA required starting 2/1/12	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 Oral splint services - PA required starting 2/1/12 Interdental fixation device services- PA required starting 2/1/12 Interdental wiring non-fracture - PA required starting 2/1/12	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 Oral splint services - PA required starting 2/1/12 Interdental fixation device services-PA required starting 2/1/12

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	Canthopexy Otoplasty Rhinoplasty Septoplasty Varicose vein injection treatment or stab phlebotomy, ligation and division of veins - PA required starting 2/1/12 TMJ related procedures/treatments Surgical treatment of Obesity Insertion/removal of penile implants Female genital repair - PA required starting 2/1/12 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 Procedures related to corneal prosthetics Genetic testing (see code list under genetic testing)	Canthopexy Otoplasty Rhinoplasty Septoplasty Varicose vein injection treatment or stab phlebotomy ligation and division of veins - PA required starting 2/1/12 TMJ related procedures/treatments Surgical treatment of Obesity Insertion/removal of penile implants Female genital repair - PA required starting 2/1/12 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 Procedures related to corneal prosthetics Genetic testing (see code list under genetic testing category)	Interdental wiring non-fracture-PA required starting 2/1/12 Canthopexy Otoplasty Rhinoplasty Septoplasty Varicose vein injection treatment or stab phlebotomy ligation and division of veins - PA required starting 2/1/12 TMJ related procedures/treatments Surgical treatment of Obesity Insertion/removal of penile implants Female genital repair - PA required starting 2/1/12 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

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			Procedures related to corneal prosthetics Genetic testing (see code list under genetic testing)
Reconstructive surgery	Prior Authorization Required: Not a covered benefit except for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.	Prior Authorization Required: Not a covered benefit except for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.	Prior Authorization Required: Not a covered benefit except for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.
Screening, Brief Intervention and Referral to Treatment (SBIRT) Covered for Primary Care Providers (PCPs) Only	Covered Codes: 99408 and 99409 When rendering SBIRT Services, providers must: <ul style="list-style-type: none"> • Use a validated screening tool; • Utilize evidenced based brief intervention guidelines ; and • Make referrals to treatment as appropriate. For a list of validated screening tools please access the following link: http://www.integration.samhsa.gov/clinical-practice/sbirt	Covered Codes: 99408 and 99409 When rendering SBIRT Services, providers must: <ul style="list-style-type: none"> • Use a validated screening tool; • Utilize evidenced based brief intervention guidelines ; and • Make referrals to treatment as appropriate. For a list of validated screening tools please access the following link: http://www.integration.samhsa.gov/clinical-practice/sbirt	Covered Codes: 99408 and 99409 When rendering SBIRT Services, providers must: <ul style="list-style-type: none"> • Use a validated screening tool; • Utilize evidenced based brief intervention guidelines ; and • Make referrals to treatment as appropriate. For a list of validated screening tools please access the following link: http://www.integration.samhsa.gov/clinical-practice/sbirt

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	<p>Documentation Requirements: Provider must document:</p> <ul style="list-style-type: none"> • The screening tool used; • The score obtained; • The time spent performing the service; • Any action taken as a result of the screening (including referrals); • Name and credentials of practitioner who provided the service; and • A dated note. <p>Billing: SBIRT codes may be billed on the same date of service as an Evaluation and Management (E&M) code. Modifier 25 should be used to indicate that the SBIRT services were distinct and separate from the E & M service with medical record documentation to support.</p>	<p>Documentation Requirements: Provider must document:</p> <ul style="list-style-type: none"> • The screening tool used; • The score obtained; • The time spent performing the service; • Any action taken as a result of the screening (including referrals); • Name and credentials of practitioner who provided the service; and • A dated note. <p>Billing: SBIRT codes may be billed on the same date of service as an Evaluation and Management (E&M) code. Modifier 25 should be used to indicate that the SBIRT services were distinct and separate from the E & M service with medical record documentation to support.</p>	<p>Documentation Requirements: Provider must document:</p> <ul style="list-style-type: none"> • The screening tool used; • The score obtained; • The time spent performing the service; • Any action taken as a result of the screening (including referrals); • Name and credentials of practitioner who provided the service; and • A dated note. <p>Billing: SBIRT codes may be billed on the same date of service as an Evaluation and Management (E&M) code. Modifier 25 should be used to indicate that the SBIRT services were distinct and separate from the E & M service with medical record</p>

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	Reference: DSS PB 2015-79 "Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care".	Reference: DSS PB 2015-79 "Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care".	documentation to support. Reference: DSS PB 2015-79 "Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care".
Smoking and Tobacco Cessation Counseling (Individual and Group Counseling)	<p>Covered 100% when done in physician office</p> <p>Individual Counseling: Covered Codes: 99406, 99407 will require a tobacco related diagnosis code.</p> <p>Group Counseling:</p> <ul style="list-style-type: none"> • Covered code 99412 requires a primary diagnosis code on the claim to be in the following range: Nicotine Dependence (ICD-10 F17.200 - F17.291) • PA not required • Group size limited to 3-12 members • Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days. 	<p>Coverage limited to pregnant women</p> <p>Individual Counseling: Covered Codes: 99406, 99407 will require a primary tobacco related diagnosis code and a secondary pregnancy related diagnosis code.</p> <p>Group Counseling:</p> <ul style="list-style-type: none"> • Covered code 99412 requires a primary diagnosis code on the claim to be in the following range: Nicotine Dependence (ICD-10 F17.200 - F17.291) • Secondary pregnancy related diagnosis code also required • PA not required • Group size limited to 3-12 members • Limited to 12 sessions per member per episode of care and 24 sessions per member 	<p>Covered 100% when done in physician office</p> <p>Individual Counseling: Covered Codes: 99406, 99407 will require a tobacco related diagnosis code.</p> <p>Group Counseling:</p> <ul style="list-style-type: none"> • Covered code 99412 requires a primary diagnosis code on the claim to be in the following range: Nicotine Dependence (ICD-10 F17.200 - F17.291) • PA not required • Group size limited to 3-12 members • Limited to 12 sessions per member per episode of care and

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		per 365 days.	24 sessions per member per 365 days.
Specialist	100% coverage	Covered \$10 co-pay applies No co-pay for allergy injections	100% coverage
Synagis®	<p>Prior Authorization Required The Synagis Prior Authorization form is located on the HUSKY Health website at: www.ct.gov/husky . Once on the home page click on "For Providers" followed by "Provider Forms" under the "Medical Management" sub-menu.</p> <p>Providers may contact the HUSKY Health Synagis Program by calling 1-800-440-5071 and selecting the prompt for medical authorizations.</p>	<p>Prior Authorization Required The Synagis Prior Authorization form is located on the HUSKY Health website at: www.ct.gov/husky . Once on the home page click on "For Providers" followed by "Provider Forms" under the "Medical Management" sub-menu.</p> <p>Providers may contact the HUSKY Health Synagis Program by calling 1-800-440-5071 and selecting the prompt for medical authorizations.</p>	Medication Not Applicable for Membership
Telephone consultations	Benefit Exclusion - not covered	Benefit Exclusion - not covered	Benefit Exclusion - not covered
Translation Services	1-800-440-5071	1-800-440-5071	1-800-440-5071

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Benefit EXCLUSIONS	<p>Exclusions: <i>this is a general listing and includes but is not limited to the following:</i></p> <ul style="list-style-type: none"> • Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs) • Drugs used to treat sexual or erectile dysfunction • Weight reduction programs • All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis • Ambulatory BP monitoring • 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 	<p>Exclusions: <i>this is a general listing and includes but is not limited to the following:</i></p> <ul style="list-style-type: none"> • Smoking Cessation Services • Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs) • Weight reduction programs • 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 • All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis. • Ambulatory BP monitoring • Services for which prior authorization is required and is not obtained • Services that are considered to be of an 	<p>Exclusions: <i>this is a general listing and includes but is not limited to the following:</i></p> <ul style="list-style-type: none"> • Infertility treatment (i.e. reversal sterilization; artificial insemination; invitro fertilization; fertility drugs) • Drugs used to treat sexual or erectile dysfunction • Weight reduction programs • All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis • Ambulatory BP monitoring • 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,

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



HUSKY Health Program Benefits and Prior Authorization Requirements Grid*
Physician, Advanced Practice Nurse, Certified Nurse Midwife
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
	<ul style="list-style-type: none"> testing, diagnostics, etc. • Services not within scope of practitioners scope of practice pursuant to state law • Nuclear powered pacemakers • Implantation of nuclear powered pacemakers • Inpatient charges related to autopsy • 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 • Drugs that are not approved by the FDA. • Services not usually performed by the provider • Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized • Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing 	<ul style="list-style-type: none"> 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 practitioners scope of practice pursuant to state law • Acupuncture, biofeedback, hypnosis • Nuclear powered pacemakers • Implantation of nuclear powered pacemakers • Inpatient charges related to autopsy • Routine foot care • Sterilization • Services beyond what is necessary for treatment • Services not related to illness or problems at the time of treatment 	<ul style="list-style-type: none"> 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 practitioners scope of practice pursuant to state law • Nuclear powered pacemakers • Implantation of nuclear powered pacemakers • Inpatient charges related to autopsy • 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 Drugs that are not approved by the FDA.

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HUSKY Health Program Benefits and Prior Authorization Requirements Grid*
Physician, Advanced Practice Nurse, Certified Nurse Midwife
Effective: January 1, 2012

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 Authorization Fax: 203-265-3994

Benefit	HUSKY A, HUSKY	HUSKY B	HUSKY D
		<ul style="list-style-type: none"> • Drugs not approved by the FDA. • Power wheelchairs • Non-emergency transport • Services or items for which the provider does not usually charge 	<ul style="list-style-type: none"> • Services not usually performed by the provider • Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized • Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing

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