



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

**Radiology**  
**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>Radiology Services</b>      | <p>100% covered</p> <p><b>Effective for dates of service July 1, 2016 and forward</b>, prior authorization is only required for advanced imaging procedures (MRI, MRA, CT, CTA, PET, PET/CT) for members 19 and over (members 18 and under will no longer require prior authorization).</p> <p><b>Effective for dates of service July 1, 2016 and forward</b>, prior authorization is <b>no longer required</b> for nuclear cardiology procedures for members of all ages.</p> | <p>100% covered</p> <p><b>Effective for dates of service July 1, 2016 and forward</b>, prior authorization is only required for advanced imaging procedures (MRI, MRA, CT, CTA, PET, PET/CT) for members 19 and over (members 18 and under will no longer require prior authorization).</p> <p><b>Effective for dates of service July 1, 2016 and forward</b>, prior authorization is <b>no longer required</b> for nuclear cardiology procedures for members of all ages.</p> | <p>100% covered</p> <p><b>Effective for dates of service July 1, 2016 and forward</b>, prior authorization is only required for advanced imaging procedures (MRI, MRA, CT, CTA, PET, PET/CT) for members 19 and over (members 18 and under will no longer require prior authorization).</p> <p><b>Effective for dates of service July 1, 2016 and forward</b>, prior authorization is <b>no longer required</b> for nuclear cardiology procedures for members of all ages.</p> |
| <b>Out of Network Services</b> | <p>Non-Covered<br/>         Providers must be an enrolled CMAP provider to be reimbursed for services.</p>   | <p>Non-Covered<br/>         Providers must be an enrolled CMAP provider to be reimbursed for services.</p>   | <p>Non-Covered<br/>         Providers must be an enrolled CMAP provider to be reimbursed for services.</p>   |
| <b>Out of State Care</b>       | <p><b><u>Non Emergent Care Requires Prior Authorization</u></b></p>  | <p><b><u>Non Emergent Care Requires Prior Authorization</u></b></p>  | <p><b><u>Non Emergent Care Requires Prior Authorization</u></b></p>  |

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|--|---|---|---|
| <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 Islands)</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).   |
| <b>Translation services</b>  | <b>1-800-440-5071</b>   | <b>1-800-440-5071</b>   | <b>1-800-440-5071</b>   |
| <b>Benefit EXCLUSIONS</b><br><br><b>This is a general listing of those exclusions most applicable to radiology services and includes but is not limited to the following:</b>                          | <ul style="list-style-type: none"> <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</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 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> </ul> | <ul style="list-style-type: none"> <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</li> </ul> |

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|---------|---|---|---|
|         | <p>ordered testing, diagnostics, etc.</p> <ul style="list-style-type: none"> <li>• Services not within scope of practitioners scope of practice pursuant to state law</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> </ul> | <ul style="list-style-type: none"> <li>• Services not within scope of practitioners scope of practice pursuant to state law</li> <li>• Services beyond what is necessary for treatment</li> <li>• Services not related to illness or problems at the time of treatment</li> <li>• Services or items for which the provider does not usually charge</li> <li>• Drugs not approved by the FDA.</li> </ul> | <p>ordered testing, diagnostics, etc.</p> <ul style="list-style-type: none"> <li>• Services not within scope of practitioners scope of practice pursuant to state law</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> </ul> |

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