



HUSKY Health Benefits and Prior Authorization Grid

Therapy Services

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



HUSKY Health Provider Benefits and Prior Authorization Requirements Grid*
Therapy 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 |
|---|---|---|---|
| Rehabilitation Services: Home | <p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> PT/ST – greater than initial evaluation and two visits per week OT – greater than initial evaluation and one visit per week PT/ST/OT – greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> A mental disorder including mental retardation or a specific delay in development* A musculoskeletal system disorder involving the spine* A symptom related to nutrition, metabolism or development* <p>*For a list of ICDD-10 CM diagnosis codes, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com - Provider - Provider Fee Schedule Download - Provider Fee Schedule Instructions (Table 15)</p> | <p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> PT/ST – greater than initial evaluation and two visits per week OT – greater than initial evaluation and one visit per week PT/ST/OT – greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> A mental disorder including mental retardation or a specific delay in development* A musculoskeletal system disorder involving the spine* A symptom related to nutrition, metabolism or development* <p>*For a list of ICDD-10 CM diagnosis codes, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com - Provider - Provider Fee Schedule Download - Provider Fee Schedule Instructions (Table 15)</p> | <p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> PT/ST – greater than initial evaluation and two visits per week OT – greater than initial evaluation and one visit per week PT/ST/OT – greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> A mental disorder including mental retardation or a specific delay in development* A musculoskeletal system disorder involving the spine* A symptom related to nutrition, metabolism or development* <p>*For a list of ICDD-10 CM diagnosis codes, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com - Provider - Provider Fee Schedule Download - Provider Fee Schedule Instructions (Table 15)</p> |
| Rehabilitation Services: Outpatient Independent Therapist - PT/ST/OT Audiology | <p>Member 21 years of age and older: Independent PT/ST/OT/Audiology is NOT covered. Member must receive services in a hospital outpatient clinic setting. Reimbursement is limited to the clinic.</p> | <p>Independent PT/ST/OT/Audiology is covered for members under 21 years of age.</p> | <p>Member 21 years of age and older: Independent PT/ST/OT/Audiology is NOT covered. Member must receive services in a hospital outpatient clinic setting. Reimbursement is limited to the clinic.</p> |

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



HUSKY Health Provider Benefits and Prior Authorization Requirements Grid*
Therapy 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 |
|---|---|--|--|
| Rehabilitation Services: Outpatient Independent Therapist - PT/ST/OT Audiology (Continued) | <p>Members under 21 years of age: Independent PT/ST/OT/Audiology is covered for members under 21 years of age.</p> <p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> • PT/ST/Audiology - greater than one evaluation per calendar year per provider and two visits per calendar week per provider • OT Greater than one evaluation per calendar year per provider and two visits per calendar week per provider • PT/ST/OT/Audiology – greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> 1. A mental disorder including mental retardation or a specific delay in development* 2. A musculoskeletal system disorder involving the spine* 3. A symptom related to nutrition, metabolism or development*. <p>*For a list of ICDD-10 CM diagnosis codes, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com - Provider – Provider Fee Schedule Download - Provider Fee Schedule Instructions (Table 15)</p> | <p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> • PT/ST/Audiology - greater than one evaluation per calendar year per provider and two visits per calendar week per provider • OT - greater than one evaluation per calendar year per provider and two visits per calendar week per provider • PT/ST/OT/Audiology – greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> 1. A mental disorder including mental retardation or a specific delay in development* 2. A musculoskeletal system disorder involving the spine* 3. A symptom related to nutrition, metabolism or development*. <p>*For a list of ICDD-10 CM diagnosis codes, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com - Provider – Provider Fee Schedule Download - Provider Fee Schedule Instructions (Table 15)</p> | <p>Members under 21 years of age: Independent PT/ST/OT/Audiology is covered for members under 21 years of age.</p> <p>Prior Authorization Required For:</p> <ul style="list-style-type: none"> • PT/ST/Audiology - greater than one evaluation per calendar year per provider and two visits per calendar week per provider • OT - greater than one evaluation per calendar year per provider and two visits per calendar week per provider • PT/ST/OT/Audiology – greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> 1. A mental disorder including mental retardation or a specific delay in development* 2. A musculoskeletal system disorder involving the spine* 3. A symptom related to nutrition, metabolism or development* . <p>*For a list of ICDD-10 CM diagnosis codes, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com - Provider – Provider Fee Schedule Download - Provider Fee Schedule Instructions (Table 15)</p> |

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



HUSKY Health Provider Benefits and Prior Authorization Requirements Grid*

Therapy 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 |
|--|--|---|---|
| Rehabilitation Services: Outpatient Rehab Clinic - PT/ST/OT/Audiology | Covered Prior Authorization Required For: <ul style="list-style-type: none"> PT/ST/Audiology - greater than one evaluation per calendar year, per provider and two visits per consecutive 7 day period, per provider OT – greater than one evaluation per calendar year, per provider and one visit per consecutive 7 day period, per provider PT/ST/Audiology/OT – greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> 1. A mental disorder including mental retardation or a specific delay in development* 2. A musculoskeletal system disorder involving the spine*; 3. A symptom related to nutrition, metabolism or development* <p>*For a list of equivalent ICDD-10 CM diagnosis codes, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com - Provider - Provider Fee Schedule Download - Provider Fee Schedule Instructions (Table 15)</p> | Covered Prior Authorization Required For: <ul style="list-style-type: none"> PT/ST/Audiology - greater than one evaluation per calendar year, per provider and two consecutive 7 day period, per provider OT – greater than one evaluation per calendar year, per provider and one visit per consecutive 7 day period, per provider PT/ST/Audiology/OT – greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> 1. A mental disorder including mental retardation or a specific delay in development* 2. A musculoskeletal system disorder involving the spine*; 3. A symptom related to nutrition, metabolism or development* <p>*For a list of equivalent ICDD-10 CM diagnosis codes, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com - Provider - Provider Fee Schedule Download - Provider Fee Schedule Instructions (Table 15)</p> | Covered Prior Authorization Required For: <ul style="list-style-type: none"> PT/ST/Audiology - greater than one evaluation per calendar year, per provider and two consecutive 7 day period, per provider OT – greater than one evaluation per calendar year, per provider and one visit per consecutive 7 day period, per provider PT/ST/Audiology/OT – greater than nine visits per therapy, per calendar year, per provider if the primary diagnosis associated with the requested service is one of the following: <ol style="list-style-type: none"> 1. A mental disorder including mental retardation or a specific delay in development* 2. A musculoskeletal system disorder involving the spine*; 3. A symptom related to nutrition, metabolism or development* <p>*For a list of equivalent ICDD-10 CM diagnosis codes, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com - Provider - Provider Fee Schedule Download - Provider Fee Schedule Instructions (Table 15)</p> |

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



HUSKY Health Provider Benefits and Prior Authorization Requirements Grid*
Therapy 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 |
|--|---|--|---|
| Rehabilitation Services: Outpatient Rehab Clinic - Respiratory Therapy | Prior Authorization Required For: CPT code 94664 (Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device) | Prior Authorization Required For: CPT code 94664 (Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device). | Prior Authorization Required For: CPT code 94664 (Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device) |
| 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 American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Marina Benefit Islands, US Virgin Islands) | 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). |
| Translation Services | 1-800-440-5071 | 1-800-440-5071 | 1-800-440-5071 |

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



HUSKY Health Provider Benefits and Prior Authorization Requirements Grid*

Therapy 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 |
|--|---|---|---|
| <p>Benefit Exclusions</p> <p>This is a general listing of those exclusions to most applicable Therapy Services and includes but is not limited to the following:</p> | <ul style="list-style-type: none"> • Care out of the country • Services which prior authorization is required and not obtained • Services that are considered to be an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational • Services that are not medically necessary • Services not within practitioners scope of practice pursuant to state law • 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 • Services not usually performed by the provider | <ul style="list-style-type: none"> • 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 not within scope of practitioners scope of practice pursuant to state law • Acupuncture, biofeedback, hypnosis • Routine foot care • Services beyond what is necessary for treatment • Services not related to illness or problems at the time of treatment • Services or items for which the provider does not usually charge | <ul style="list-style-type: none"> • 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 not within scope of practitioners scope of practice pursuant to state law • 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 • Services not usually performed by the provider |

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