



HUSKY Health Benefits and Prior Authorization Grid

Medical Equipment, Device, and Supplies (MEDS)
Covered Services for HUSKY Health A,B,C, and D Members



HUSKY Health Provider Benefits and Prior Authorization Requirements Grid*
Medical Equipment, Device and Supplies (MEDS)
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
Contraceptives	Effective 7/1/13: Condoms and spermicide will be covered when dispensed by MEDS providers Prescription required Quantity Limit: Male condoms – 36/month Female condoms – 30/month Spermicide – 1/month	Not Covered	Effective 7/1/13: Condoms and spermicide will be covered when dispensed by MEDS providers Prescription required Quantity Limit: Male condoms – 36/month Female condoms – 30/month Spermicide – 1/month
Diapers and Incontinence Supplies	Covered over the age of 3 with medical necessity. PA required for ages 3 -12.	Covered over the age of 3 with medical necessity. PA required for ages 3 -18. Coverage is limited to 180 combined diapers and pull ups and up to 180 combined disposable liners, shield/under pads for children ages 3 and older.	100% covered if deemed medically necessary.
DME	100% covered Prior Authorization A variety of DME items require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – DME fee schedule.	100% covered Prior Authorization A variety of DME items require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – DME fee schedule.	100% covered Prior Authorization A variety of DME items require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – DME fee schedule.

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 Last Update: 03/15/2022 / MMTPE0001-0312



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<p>DME (Continued)</p>	<p>Diabetic Supplies for members under age 21 can be obtained either from a pharmacy and billed to pharmacy benefit or from a DME provider and billed to Medical Benefit</p> <p>Effective November 4, 2020, pharmacy claims submitted for members under the age of 21 for HUSKY A, C, and D will be subject to the Medicaid Preferred Product List. The full list of preferred supplies is available in the Diabetic Supplies Preferred Product List document under the Pharmacy section of the Connecticut Medical Assistance Program (www.ctdssmap.com) web site.</p> <p>Diabetic Supplies for Members age 21 and over covered under medical DME benefit for the following:</p> <ul style="list-style-type: none"> • E0607 home blood glucose monitor • A4245 alcohol wipes per box • A4250 urine test or reagent strips or tablets per 100 • A4253 blood glucose test or reagent strips per 50 strips • A4259 lancets per box of 100 	<p>Diabetic Supplies can be obtained either from a pharmacy and billed to pharmacy benefit or from a DME provider and billed to Medical Benefit</p> <p>Effective November 4, 2020, pharmacy claims submitted for clients under the age of 21 will be subject to the Medicaid Preferred Product List. The full list of preferred supplies is available in the Diabetic Supplies Preferred Product List document under the Pharmacy section of the Connecticut Medical Assistance Program (www.ctdssmap.com) web site.</p> <p>Prior authorization required for motorized wheelchairs under the HUSKY B program. Coverage is limited to one motorized wheelchair every five years.</p> <p>References: Please refer to the provider page of the HUSKY Health Website for policies specific to certain DME items. www.ct.gov/husky</p>	<p>Diabetic Supplies for members under age 21 can be obtained either from a pharmacy and billed to pharmacy benefit or from a DME provider and billed to Medical Benefit</p> <p>Effective November 4, 2020, pharmacy claims submitted for members under the age of 21 for HUSKY A, C, and D will be subject to the Medicaid Preferred Product List. The full list of preferred supplies is available in the Diabetic Supplies Preferred Product List document under the Pharmacy section of the Connecticut Medical Assistance Program (www.ctdssmap.com) web site.</p> <p>Diabetic Supplies for members age 21 and over covered under medical DME benefit for the following:</p> <ul style="list-style-type: none"> • E0607 home blood glucose monitor • A4245 alcohol wipes per box • A4250 urine test or reagent strips or tablets per 100 • A4253 blood glucose test or reagent strips per 50 strips • A4259 lancets per box of 100

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DME (Continued)	<p>Covered Under Pharmacy Benefit: Effective November 4, 2020, diabetic supplies such as diabetic meters, test strips and lancets, as well as additional ancillary items will be added to the Medicaid Preferred Product List and will be covered as part of the pharmacy benefit for HUSKY A, C and D members ages 21 and older. The full list of preferred supplies is available in the Diabetic Supplies Preferred Product List document under the Pharmacy section of the Connecticut Medical Assistance Program (www.ctdssmap.com) web site.</p> <p>References: Please refer to the provider page of the HUSKY Health Website for policies specific to certain DME items. www.ct.gov/husky</p>		<p>Covered Under Pharmacy Benefit: Effective November 4, 2020, diabetic supplies such as diabetic meters, test strips and lancets, as well as additional ancillary items will be added to the Medicaid Preferred Product List and will be covered as part of the pharmacy benefit for HUSKY A, C and D members ages 21 and older. The full list of preferred supplies is available in the Diabetic Supplies Preferred Product List document under the Pharmacy section of the Connecticut Medical Assistance Program (www.ctdssmap.com) web site.</p> <p>References: Please refer to the provider page of the HUSKY Health Website for policies specific to certain DME items. www.ct.gov/husky</p>
Hearing Aids	100% Covered	Benefit limitation: coverage limited to \$1000 in a 24 month period. Dispensing fee, ear molds, batteries and repairs (outside of warranty) are also covered up to the fee schedule amount in a 24 month period.	100% Covered
Nutritional Formulas	Covered 100% Under Pharmacy Benefit	Covered 100% Under Pharmacy Benefit	Covered 100% Under Pharmacy Benefit

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Nutritional Formulas (Continued)	<p>For coverage specifics call: 1-866-409-8430</p> <p>Nutritional supplements for members age 21 or older will only be covered for members who require tube feeding or for members that can not safely ingest nutrition in any other form.</p> <p>Pharmacy claims for a nutritional supplement for a member 21 years of age or older will require one of the following specific ICD-10 CM diagnosis codes to be submitted on the claim. The prescribing practitioner must indicate the appropriate diagnosis code on the original prescription: A list of all acceptable ICD-10 diagnosis codes can be found on the DSS Web site at www.ctdssmap.com → Information → Publications → Provider Manuals Chapter 8 → select Pharmacy. The diagnosis codes can be found in Section 8.5.</p> <p>Coverage Under Medical Benefit Prior Authorization Required For: specialized foods formulas for inherited metabolic disease e.g., PKU (Code S9435)</p>	<p>For coverage specifics call: 1-866-409-8430</p> <p>100% covered, no co-pay</p> <p>Benefit limited to medically necessary amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic disease when ordered by a participating physician.</p> <p>Coverage Under Medical Benefit Prior Authorization Required for: specialized foods for inherited metabolic disease e.g. PKU (Code S9435)</p>	<p>For coverage specifics call: 1-866-409-8430</p> <p>Nutritional supplements for members age 21 or older will only be covered for members who require tube feeding or for members that can not safely ingest nutrition in any other form.</p> <p>Pharmacy claims for a nutritional supplement for a member 21 years of age or older will require one of the following specific ICD-10 CM diagnosis codes to be submitted on the claim. The prescribing practitioner must indicate the appropriate diagnosis code on the original prescription: A list of all acceptable ICD-10 diagnosis codes can be found on the DSS Web site at www.ctdssmap.com → Information → Publications → Provider Manuals Chapter 8 → select Pharmacy. The diagnosis codes can be found in Section 8.5</p> <p>Coverage Under Medical Benefit Prior Authorization Required For: specialized foods formulas for inherited metabolic disease e.g., PKU (Code S9435)</p>

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Orthotics	Refer to Prosthetic and Orthotic section below	Refer to Prosthetic and Orthotic section below	Refer to Prosthetic and Orthotic section below
Oxygen	<p>Prior authorization is required only for the rental of stationary gaseous or liquid oxygen systems in LTC facilities. (Refer to the DSS MEDS – DME fee schedule for specific codes). However, if LTC facilities choose to purchase the stationary systems and include the cost in the per diem rate calculation, prior authorization is not required.</p> <p>Non-Covered: The “as-needed” use of oxygen is not covered.</p>	<p>Prior authorization is required only for the rental of stationary gaseous or liquid oxygen systems in LTC facilities. (Refer to the DSS MEDS – DME fee schedule for specific codes). However, if LTC facilities choose to purchase the stationary systems and include the cost in the per diem rate calculation, prior authorization is not required.</p> <p>Non-Covered The “as-needed” use of oxygen is not covered.</p>	<p>Prior authorization is required only for the rental of stationary gaseous or liquid oxygen systems in LTC facilities. (Refer to the DSS MEDS – DME fee schedule for specific codes). However, if LTC facilities choose to purchase the stationary systems and include the cost in the per diem rate calculation, prior authorization is not required.</p> <p>Non-Covered: The “as-needed” use of oxygen is not covered.</p>
Prosthetic and Orthotic Devices	<p>Covered</p> <p>Prior Authorization A variety of prosthetics and orthotics require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – Orthotic and Prosthetic Fee Schedule.</p>	<p>Diabetic Shoes are covered (HCPCS Codes A5500-A5513)</p> <p>Orthopedic shoes are not covered. Foot orthotics coverage is limited to foot rotation bars and hallux valgus splints.</p>	<p>Covered</p> <p>Prior Authorization A variety of prosthetics and orthotics require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – Orthotic and Prosthetic Fee Schedule.</p>

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Prosthetic and Orthotic Devices (Continued)	<p>Orthopedic/Diabetic Shoes are limited to two (2) pairs per calendar year for members 21 years of age and older, with and without diabetes. Any exceptions to this limit require PA. PA will not be required for shoe modifications and additions.</p> <p>Reference: Please refer to the provider page of the HUSKY Health Website for policies specific to certain prosthetic and orthotic items. www.ct.gov/husky</p>	<p>Prior Authorization A variety of prosthetics and orthotics require prior authorization. For a listing of specific items requiring prior authorization please refer to the DSS – MEDS – Orthotic and Prosthetic Fee Schedule.</p> <p>Reference: Please refer to the provider page of the HUSKY Health Website for policies specific to certain prosthetic and orthotic items. www.ct.gov/husky</p>	<p>Orthopedic/Diabetic Shoes are limited to two (2) pairs per calendar year for members 21 years of age and older, with and without diabetes. Any exceptions to this limit require PA. PA will not be required for shoe modifications and additions.</p> <p>Reference: Please refer to the provider page of the HUSKY Health Website for policies specific to certain prosthetic and orthotic items. www.ct.gov/husky</p>
Wigs and Hairpieces	Covered	Not Covered	Covered
Out of Network Services	Non-Covered <ul style="list-style-type: none"> Providers must be an enrolled CMAP provider to be reimbursed for services. 	Non-Covered <ul style="list-style-type: none"> Providers must be an enrolled CMAP provider to be reimbursed for services. 	Non-Covered <ul style="list-style-type: none"> Providers must be an enrolled CMAP provider to be reimbursed for services.

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<p>Benefit Exclusions 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"> • Services for which prior authorization is required and is not obtained • 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 or items for which the provider does not usually charge 	<ul style="list-style-type: none"> • Services for which prior authorization is required and is not obtained • Services that are not medically necessary • Services not within scope of practitioners scope of practice pursuant to state law • Services beyond what is necessary for treatment • Services or items for which the provider does not usually charge 	<ul style="list-style-type: none"> • Services for which prior authorization is required and is not obtained • 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 or items for which the provider does not usually charge

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