



# HUSKY Health Benefits and Prior Authorization Grid

Acupuncture

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



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

### Acupuncture

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><b>Acupuncture: Independent, FQHC, and Outpatient Hospital Settings</b></p> | <p><b>Effective October 1, 2021:</b> Covered for all members when performed in independent office settings, federally qualified health centers (FQHCs), and outpatient hospitals.</p> <p><b>Independently enrolled acupuncturists:</b><br/>Limited to codes on the DSS Acupuncture Fee Schedule.</p> <p><b>Acupuncture performed in FQHCs:</b><br/>Providers must bill the appropriate procedure codes detailing the services performed during the visit in addition to code T1015. Reimbursement will be made for the encounter under T1015.</p> <p><b>Acupuncture performed in outpatient hospitals:</b> Acupuncture services are part of the all-inclusive payment to the hospital. There will be no separate reimbursement for professional services.</p> | <p>Benefit Exclusion</p>   | <p><b>Effective October 1, 2021:</b> Covered for all members when performed in independent office settings, federally qualified health centers (FQHCs), and outpatient hospitals.</p> <p><b>Independently enrolled acupuncturists:</b><br/>Limited to codes on the DSS Acupuncture Fee Schedule.</p> <p><b>Acupuncture performed in FQHCs:</b><br/>Providers must bill the appropriate procedure codes detailing the services performed during the visit in addition to code T1015. Reimbursement will be made for the encounter under T1015.</p> <p><b>Acupuncture performed in outpatient hospitals:</b> Acupuncture services are part of the all-inclusive payment to the hospital. There will be no separate reimbursement for professional services.</p> |
| <p><b>Out of Network Services</b></p>  | <p>Non-Covered</p> <p>Providers must be an enrolled CMAP provider to be reimbursed for services.</p>  | <p>Non-Covered</p> <p>Providers must be an enrolled CMAP provider to be reimbursed for services.</p> | <p>Non-Covered</p> <p>Providers must be an enrolled CMAP provider to be reimbursed for services.</p>  |

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|--|--|---|--|
| <b>Out of State Care</b>   | Non-emergent care requires prior authorization.  | Non-emergent care requires prior authorization.   | Non-emergent care requires prior authorization.  |
| <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 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).   |
| <b>Translation Services</b>  | 1-800-440-5071   | 1-800-440-5071  | 1-800-440-5071   |
| <b>Benefit Exclusions</b><br><b>This is a general listing of those exclusions most applicable to acupuncture 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 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 practitioners' scope of practice pursuant to state law</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 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 practitioners' scope of practice pursuant to state law</li> <li>• Acupuncture, biofeedback, hypnosis</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 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 practitioners' scope of practice pursuant to state law</li> </ul> |

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|-----------------------------------|--|---|--|
| <b>Benefit Exclusions (cont.)</b> | <ul style="list-style-type: none"> <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>• Services not usually performed by the provider</li> </ul> | <ul style="list-style-type: none"> <li>• Services beyond what is necessary for treatment</li> <li>• Services not related to illness or problems at time of treatment</li> <li>• Services or items for which the provider does not usually charge</li> </ul> | <ul style="list-style-type: none"> <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>• Services not usually performed by the provider</li> </ul> |

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