



HUSKY Health Benefits and Prior Authorization Grid

Behavioral Health Partnership

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



HUSKY Health Program Benefits and Prior Authorization Requirements Grid*
Behavioral Health Partnership
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
Health and Behavior Assessments (CPT codes 96150-96155) - When Performed by Psychologists	<p>100% covered under medical benefit for non-behavioral health diagnoses (those ICD-10 diagnosis codes <u>not</u> listed in Table 11 of the DSS Fee Schedule Instructions located at www.ctdssmap.com → Provider → Provider Fee Schedule Download.)</p> <p>Service must be requested via physician order</p> <p>Prior authorization is not required</p>	<p>100% covered under medical benefit for non-behavioral health diagnoses (those ICD-10 diagnosis codes <u>not</u> listed in Table 11 of the DSS Fee Schedule Instructions located at www.ctdssmap.com → Provider → Provider Fee Schedule Download.)</p> <p>Service must be requested via physician order</p> <p>Prior authorization is not required</p>	<p>100% covered under medical benefit for non-behavioral health diagnoses (those ICD-10 diagnosis codes <u>not</u> listed in Table 11 of the DSS Fee Schedule Instructions located at www.ctdssmap.com → Provider → Provider Fee Schedule Download.)</p> <p>Service must be requested via physician order</p> <p>Prior authorization is not required</p>
Mental Health Inpatient	<p>Contact: Connecticut Behavioral Health Partnership</p> <p>Call: 1-877-552-8247 for benefit coverage and authorization requirements</p>	<p>Contact: Connecticut Behavioral Health Partnership</p> <p>Call: 1-877-552-8247 for benefit coverage and authorization requirements</p>	<p>Contact: Connecticut Behavioral Health Partnership</p> <p>Call: 1-877-552-8247 for benefit coverage and authorization requirements</p>
Mental Health Outpatient	<p>Contact: Connecticut Behavioral Health Partnership</p> <p>Call: 1-877-552-8247 for benefit coverage and authorization requirements</p>	<p>Contact: Connecticut Behavioral Health Partnership</p> <p>Call: 1-877-552-8247 for benefit coverage and authorization requirements</p>	<p>Contact: Connecticut Behavioral Health Partnership</p> <p>Call: 1-877-552-8247 for benefit coverage and authorization requirements</p>
Out of Network Services	<p>Non-covered providers must be an enrolled CMAP provider to be reimbursed for services.</p>	<p>Non-covered providers must be an enrolled CMAP provider to be reimbursed for services.</p>	<p>Non-covered providers must be an enrolled CMAP provider to be reimbursed for services.</p>
Translation Services	1-800-440-5071	1-800-440-5071	1-800-440-5071

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Prescription Drug Coverage - Retail Pharmacy	Covered through DSS (EDS) Providers may contact the CT Medical Assistance Pharmacy Prior Authorization Center at: <ul style="list-style-type: none"> • 1-866-409-8386 (phone) • 1-866-759-4110 (fax) • 1-866-604-3470 (TTY/TDD line) Members may call: <ul style="list-style-type: none"> • 1-866-409-8430 or • 1-860-269-2031 No co-pays Members must use their CONNECT card at the pharmacy to acquire prescriptions	Covered through DSS (EDS) Providers may contact the CT Medical Assistance Pharmacy Prior Authorization Center <ul style="list-style-type: none"> • 1-866-409-8386 (phone) • 1-866-759-4110 (fax) • 1-866-604-3470 (TTY/TDD line) Members may call: <ul style="list-style-type: none"> • 1-866-409-8430 or • 1-860-269-2031 Prescription Medication: <ul style="list-style-type: none"> • Generic: \$5 co-pay • Brand: \$10 co-pay Members must use their CONNECT card at the pharmacy to acquire prescriptions	Covered through DSS (EDS) Providers may contact the CT Medical Assistance Pharmacy Prior Authorization Center <ul style="list-style-type: none"> • 1-866-409-8386 (phone) • 1-866-759-4110 (fax) • 1-866-604-3470 (TTY/TDD line) Members may call: <ul style="list-style-type: none"> • 1-866-409-8430 or • 1-860-269-2031 No co-pays Members must use their CONNECT card at the pharmacy to acquire prescriptions
Smoking and Tobacco Cessation Counseling – Individual	Covered Codes: 99406 and 99407. Will require a nicotine dependency primary diagnosis code (F17.20-F17.299).	Covered Codes: 99406 and 99407. Will require a nicotine dependency primary diagnosis code (F17.20-F17.299).	Covered Codes: 99406 and 99407. Will require a nicotine dependency primary diagnosis code (F17.20-F17.299).

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Smoking and Tobacco Cessation Counseling – Individual (cont.)	Covered 100% when done in physician office and other outpatient settings Smoking Cessation Counseling performed by behavioral health clinicians or in a mental health clinic is covered under and billed to the behavioral health benefit	Covered 100% when done in physician office and other outpatient settings Smoking Cessation Counseling performed by behavioral health clinicians or in a mental health clinic is covered under and billed to the behavioral health benefit	Covered 100% when done in physician office and other outpatient settings Smoking Cessation Counseling performed by behavioral health clinicians or in a mental health clinic is covered under and billed to the behavioral health benefit.
Smoking and Tobacco Cessation Counseling – Group (Behavioral Health Clinics, Enhanced Care Clinics and State Operated Mental Health Clinics *) *See below for FQHC and outpatient psychiatric hospital coverage	Covered when performed in behavioral health clinic Primary diagnosis must be <i>Nicotine Dependence</i> (ICD-10 diagnosis codes F17.200 - F17.299) Bill with CPT code 99412 Group session must last longer than 45 minutes. Member must attend entire session to bill for service. Group size is limited to 3-12 members Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days	Covered when performed in behavioral health clinic Primary diagnosis must be <i>Nicotine Dependence</i> (ICD-10 diagnosis codes F17.200 - F17.299) Bill with CPT code 99412 Group session must last longer than 45 minutes. Member must attend entire session to bill for service. Group size is limited to 3-12 members Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days	Covered when performed in behavioral health clinic Primary diagnosis must be <i>Nicotine Dependence</i> (ICD-10 diagnosis codes F17.200 - F17.299) Bill with CPT code 99412 Group session must last longer than 45 minutes. Member must attend entire session to bill for service. Group size is limited to 3-12 members Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days

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Smoking and Tobacco Cessation Counseling – Group (FQHCs)	<p>Primary diagnosis must be <i>Nicotine Dependence</i> (ICD-10 diagnosis codes F17.200 - F17.299)</p> <p>Bill with HCPCS code T1015 and CPT code 99412</p> <p>Group session must last longer than 45 minutes. Member must attend entire session to bill for service.</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days</p>	<p>Primary ICD 10 diagnosis must be <i>Nicotine Dependence</i> (ICD-10 diagnosis codes F17.200 -F17.299)</p> <p>Bill with HCPCS code T1015 and CPT code 99412</p> <p>Group session must last longer than 45 minutes. Member must attend entire session to bill for service.</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days</p>	<p>Primary diagnosis must be <i>Nicotine Dependence</i> (ICD-10 diagnosis codes F17.200 - F17.299)</p> <p>Bill with HCPCS code T1015 and CPT code 99412</p> <p>Group session must last longer than 45 minutes. Member must attend entire session to bill for service.</p> <p>Group size is limited to 3-12 members</p> <p>Limited to 12 sessions per member per episode of care and 24 sessions per member per 365 days</p>
Smoking and Tobacco Cessation Counseling – Group (Outpatient Private or State-Operated Psychiatric Hospitals) Smoking and Tobacco Cessation Counseling – Group (Outpatient Private or State-Operated Psychiatric Hospitals)	<p>Covered when performed in hospital outpatient clinics.</p> <p>Primary diagnosis must be <i>Nicotine Dependence</i> (ICD-10 diagnosis codes F17.200 - F17.299)</p> <p>Bill with Revenue Center Code 953 and CPT code 99412</p>	<p>Covered when performed in hospital outpatient clinics.</p> <p>Primary diagnosis must be <i>Nicotine Dependence</i> (ICD-10 diagnosis codes F17.200 - F17.299)</p> <p>Bill with Revenue Center Code 953 and CPT code 99412</p>	<p>Covered when performed in hospital outpatient clinics.</p> <p>Primary diagnosis must be <i>Nicotine Dependence</i> (ICD-10 diagnosis codes F17.200 - F17.299)</p> <p>Bill with Revenue Center Code 953 and CPT code 99412</p>

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(cont.)	Group session must last longer than 45 minutes. Member must attend entire session to bill for service. Group size is limited to 3-12 members	Group session must last longer than 45 minutes. Member must attend entire session to bill for service. Group size is limited to 3-12 members	Group session must last longer than 45 minutes. Member must attend entire session to bill for service. Group size is limited to 3-12 members
Substance Abuse Inpatient	Contact Connecticut Behavioral Health Partnership at 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership at 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership at 1-877-552-8247, TTY 1-866-218-0525 for coverage information
Substance Abuse Outpatient	Contact Connecticut Behavioral Health Partnership at 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership at 1-877-552-8247, TTY 1-866-218-0525 for coverage information	Contact Connecticut Behavioral Health Partnership at 1-877-552-8247, TTY 1-866-218-0525 for coverage information

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