



HUSKY Health Benefits and Prior Authorization Grid

Dialysis Clinic

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



HUSKY Health Benefits and Prior Authorization Requirements Grid*
Dialysis Clinic
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
Dialysis	100% covered	100% covered	100% covered
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 Islands, and U.S. 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
Benefit Exclusions This is a general listing of those exclusions most applicable to dialysis	<ul style="list-style-type: none"> Care out of the country Services for which prior authorization is required and is not obtained 	<ul style="list-style-type: none"> Services for which prior authorization is required and is not obtained 	<ul style="list-style-type: none"> Care out of the country Services for which prior authorization is required and is not obtained

*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 Benefits and Prior Authorization Requirements Grid*
Dialysis Clinic
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>clinics and includes but is not limited to the following:</p>	<ul style="list-style-type: none"> • 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 practitioner's 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 • Drugs that are not approved by the FDA • Services not usually performed by the provider 	<ul style="list-style-type: none"> • 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 practitioner's scope of practice pursuant to state law • 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 • Drugs not approved by the FDA 	<ul style="list-style-type: none"> • 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 practitioner's 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 • Drugs that are not approved by the FDA • 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).