



**HUSKY
HEALTH**

CONNECTICUT



HUSKY Health Benefits and Prior Authorization Grid

Inpatient Hospital

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



HUSKY Health Benefits and Prior Authorization Requirements Grid*
Inpatient Hospital
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 |
|---------------------------|--|--|--|
| Inpatient Hospital | <p>100% covered Prior authorization required for all non-maternity, non-emergent admissions.</p> <p><u>Maternity Admits:</u> Effective 11/1/2022, notification of deliveries occurring at in-state and border hospitals is NOT needed.</p> <p><u>Emergency Admits:</u> Providers must notify CHNCT (for admissions that are medical in nature) or CTBHP (for admissions that relate to behavioral health) within 2 business days. Notifications greater than 2 days from the admission date are subject to denial of services.</p> <p><u>ICU Admissions</u> All requests for admissions to ICU must go to CHNCT.</p> <p>For admissions where the admitting diagnosis is alcohol withdrawal</p> | <p>100% covered Prior authorization required for all non-maternity, non-emergent admissions.</p> <p><u>Maternity Admits:</u> Effective 11/1/2022, notification of deliveries occurring at in-state and border hospitals is NOT needed.</p> <p><u>Emergency Admits:</u> Providers must notify CHNCT (for admissions that are medical in nature) or CTBHP (for admissions that relate to behavioral health) within 2 business days. Notifications greater than 2 days from the admission date are subject to denial of services.</p> <p><u>ICU Admissions</u> All requests for admissions to ICU must go to CHNCT.</p> <p>For admissions where the admitting diagnosis is alcohol withdrawal</p> | <p>100% covered Prior authorization required for all non-maternity, non-emergent admissions.</p> <p><u>Maternity Admits:</u> Effective 11/1/2022, notification of deliveries occurring at in-state and border hospitals is NOT needed.</p> <p><u>Emergency Admits:</u> Providers must notify CHNCT (for admissions that are medical in nature) or CTBHP (for admissions that relate to behavioral health) within 2 business days. Notifications greater than 2 days from the admission date are subject to denial of services.</p> <p><u>ICU Admissions</u> All requests for admissions to ICU must go to CHNCT.</p> <p>For admissions where the admitting diagnosis is alcohol withdrawal</p> |

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| <p>Inpatient Hospital (cont.)</p> | <p>delirium (ICD 10 codes F10.121, F10.221, F10.231, F10.921), prior authorization requests must be submitted to the CT Behavioral Health Partnership (BHP) except when the member is admitted to an intensive care unit (ICU). In these instances, prior authorization requests must be submitted to CHNCT.</p> <p>Decisions regarding approval or denial of elective inpatient admissions must be rendered within 5 business days.</p> <p><u>Second PA required for per diem rates:</u> Inpatient services currently eligible for a per diem payment (behavioral health and rehabilitation) will require a second prior authorization in addition to the authorization received at the time of admission to be eligible for the per diem rate. If the hospital does not obtain a second PA for a per diem rate, the claim will pay entirely on the DRG assignment.</p> | <p>delirium (ICD 10 codes F10.121, F10.221, F10.231, F10.921), prior authorization requests must be submitted to the CT Behavioral Health Partnership (BHP) except when the member is admitted to an intensive care unit (ICU). In these instances, prior authorization requests must be submitted to CHNCT.</p> <p>Decisions regarding approval or denial of elective inpatient admissions must be rendered within 5 business days.</p> <p><u>Second PA required for per diem rates:</u> Inpatient services currently eligible for a per diem payment (behavioral health and rehabilitation) will require a second prior authorization in addition to the authorization received at the time of admission to be eligible for the per diem rate. If the hospital does not obtain a second PA for a per diem rate, the claim will pay entirely on the DRG assignment.</p> | <p>delirium (ICD 10 codes F10.121, F10.221, F10.231, F10.921), prior authorization requests must be submitted to the CT Behavioral Health Partnership (BHP) except when the member is admitted to an intensive care unit (ICU). In these instances, prior authorization requests must be submitted to CHNCT.</p> <p>Decisions regarding approval or denial of elective inpatient admissions must be rendered within 5 business days.</p> <p><u>Second PA required for per diem rates:</u> Inpatient services currently eligible for a per diem payment (behavioral health and rehabilitation) will require a second prior authorization in addition to the authorization received at the time of admission to be eligible for the per diem rate. If the hospital does not obtain a second PA for a per diem rate, the claim will pay entirely on the DRG assignment.</p> |

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| Inpatient Hospital (cont.) | <p>Administrative Discharge: For members who receive a medical authorization on admission but require further inpatient behavioral or rehab care, the hospital must administratively discharge the client from medical and readmit the client for behavioral health or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for behavioral health services must be requested from BHP. A PA for rehab services must be requested from CHNCT.</p> <p>For members who receive a behavioral health authorization on admission but require further inpatient medical or rehab care, the hospital must administratively discharge the client from behavioral health and readmit the client for medical or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for medical or rehab services must be requested from CHNCT.</p> | <p>Administrative Discharge: For members who receive a medical authorization on admission but require further inpatient behavioral or rehab care, the hospital must administratively discharge the client from medical and readmit the client for behavioral health or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for behavioral health services must be requested from BHP. A PA for rehab services must be requested from CHNCT.</p> <p>For members who receive a behavioral health authorization on admission but require further inpatient medical or rehab care, the hospital must administratively discharge the client from behavioral health and readmit the client for medical or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for medical or rehab services must be requested from CHNCT.</p> | <p>Administrative Discharge: For members who receive a medical authorization on admission but require further inpatient behavioral or rehab care, the hospital must administratively discharge the client from medical and readmit the client for behavioral health or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for behavioral health services must be requested from BHP. A PA for rehab services must be requested from CHNCT.</p> <p>For members who receive a behavioral health authorization on admission but require further inpatient medical or rehab care, the hospital must administratively discharge the client from behavioral health and readmit the client for medical or rehab services to qualify for the per diem rate. PA is required for the readmission. A PA for medical or rehab services must be requested from CHNCT.</p> |

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| Inpatient Hospital (cont.) | <ul style="list-style-type: none"> Members who are admitted to the hospital for behavioral health conditions but on further evaluation require admission for medical services, the hospital must administratively discharge the client from behavioral health and readmit for medical services. PA is required from CHNCT. The claim will be paid based on DRG. If PA is not obtained in the timeframe specified by the Department, the claim will deny. | <p>Members who are admitted to the hospital for behavioral health conditions but on further evaluation require admission for medical services, the hospital must administratively discharge the client from behavioral health and readmit for medical services. PA is required from CHNCT. The claim will be paid based on DRG. If PA is not obtained in the timeframe specified by the Department, the claim will deny.</p> | <p>Members who are admitted to the hospital for behavioral health conditions but on further evaluation require admission for medical services, the hospital must administratively discharge the client from behavioral health and readmit for medical services. PA is required from CHNCT. The claim will be paid based on DRG. If PA is not obtained in the timeframe specified by the Department, the claim will deny.</p> |
| Inpatient MD (professional) | 100% Covered | 100% Covered No co-pay | 100% Covered |
| Obesity | Treatment for obesity is not a covered benefit unless caused by an illness or is aggravating an illness, (including but not limited to cardiac and respiratory conditions, diabetes, and hypertension) and then requires prior authorization for medical necessity | Treatment for obesity is not a covered benefit unless caused by an illness or is aggravating an illness, (including but not limited to cardiac and respiratory conditions, diabetes, and hypertension) and then requires prior authorization for Medical Necessity | Treatment for obesity is not a covered benefit unless caused by an illness or is aggravating an illness, (including but not limited to cardiac and respiratory conditions, diabetes, and hypertension) and then requires prior authorization for Medical Necessity |
| Organ Transplants | Prior Authorization Required | Prior Authorization Required | Prior Authorization Required |
| Procedures requiring Prior Authorization (For a full | <ul style="list-style-type: none"> Tattooing Collagen injections | <ul style="list-style-type: none"> Tattooing Collagen injections | <ul style="list-style-type: none"> Tattooing Collagen injections |

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| listing of procedures requiring prior authorization please refer to the DSS Fee Schedule). | <ul style="list-style-type: none"> • Insertion and removal of tissue expanders • Dermabrasion • Abrasion • Chemical Peel • Cervicoplasty • Blepharoplasty • Lipectomy/Liposuction • Destruction of cutaneous vascular lesions • Cryotherapy for acne • Electrolysis • Mastectomy for gynecomastia • Mastopexy • Breast reduction • Breast augmentation • Removal/insertion of breast implants • Breast reconstruction • TMJ related procedures • Oral splint services • Interdental fixation devices • Interdental wiring non-fracture • Canthopexy • Otoplasty | <ul style="list-style-type: none"> • Insertion and removal of tissue expanders • Dermabrasion • Abrasion • Chemical Peel • Cervicoplasty • Blepharoplasty • Lipectomy/Liposuction • Destruction of cutaneous vascular lesions • Cryotherapy for acne • Electrolysis • Mastectomy for gynecomastia • Mastopexy • Breast reduction • Breast augmentation • Removal/insertion of breast implants • Breast reconstruction • TMJ related procedures • Oral splint services • Interdental fixation device services • Interdental wiring non-fracture • Canthopexy • Otoplasty | <ul style="list-style-type: none"> • Insertion and removal of tissue expanders • Dermabrasion • Abrasion • Chemical Peel • Cervicoplasty • Blepharoplasty • Lipectomy/Liposuction • Destruction of cutaneous vascular lesions • Cryotherapy for acne • Electrolysis • Mastectomy for gynecomastia • Mastopexy • Breast reduction • Breast augmentation • Removal/insertion of breast implants • Breast reconstruction • TMJ related procedures • Oral splint services • Interdental fixation device services • Interdental wiring non-fracture • Canthopexy • Otoplasty |

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| Procedures Requiring Prior Authorization (cont.) | <ul style="list-style-type: none"> • Rhinoplasty • Septoplasty • Varicose vein injection treatment or stab phlebectomy ligation and division of veins • TMJ related procedures/treatments • Surgical treatment of obesity • Insertion/removal of penile implants • Female genital repair • Vaginoplasty for inter-sex state • Procedures related to sterilization reversal • Chemodenervation • Blepharoptosis repair • Brow ptosis repair • Correction lid retraction • Procedures to correct myopia, refractive errors and surgically induced astigmatism • Procedures related to corneal prosthetics Genetic testing | <ul style="list-style-type: none"> • Rhinoplasty • Septoplasty • Varicose vein injection treatment or stab phlebectomy ligation and division of veins • TMJ related procedures/treatments • Surgical treatment of obesity • Insertion/removal of penile implants • Female genital repair • Vaginoplasty for inter-sex state • Procedures related to sterilization reversal • Chemodenervation • Blepharoptosis repair • Brow ptosis repair • Correction lid retraction • Procedures to correct myopia, refractive errors and surgically induced astigmatism • Procedures related to corneal prosthetics Genetic testing | <ul style="list-style-type: none"> • Rhinoplasty • Septoplasty • Varicose vein injection treatment or stab phlebectomy ligation and division of veins • TMJ related procedures/treatments • Surgical treatment of obesity • Insertion/removal of penile implants • Female genital repair • Vaginoplasty for inter-sex state • Procedures related to sterilization reversal • Chemodenervation • Blepharoptosis repair • Brow ptosis repair • Correction lid retraction • Procedures to correct myopia, refractive errors and surgically induced astigmatism • Procedures related to corneal prosthetics Genetic testing |
| Reconstruction surgery | <p><u>Prior Authorization Required:</u> Not a covered benefit <u>except</u> for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.</p> | <p><u>Prior Authorization Required:</u> Not a covered benefit <u>except</u> for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.</p> | <p><u>Prior Authorization Required:</u> Not a covered benefit <u>except</u> for surgery related to a malignant tumor or some other cases of surgeries needed to restore normal function.</p> |

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| Synagis® | Covered when medically necessary as part of an inpatient stay | Covered when medically necessary as part of an inpatient stay | Medication Not Applicable for Membership |
| 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, US Virgin Islands) | Out of the country care (including emergency care) is <u>not</u> 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 <u>not</u> 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 <u>not</u> 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 |

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| <p>Benefit Exclusions</p> | <p>Exclusions: this is a general listing and includes but is not limited to the following: Infertility treatment (i.e., reversal sterilization; artificial insemination; invitro fertilization; fertility drugs)</p> <ul style="list-style-type: none"> • Drugs used to treat sexual or erectile dysfunction • Weight reduction programs • All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis • Ambulatory BP monitoring • 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 required by third parties, such as school or employers, court ordered testing, diagnostics, etc. • Services not within scope of practitioners' scope of practice pursuant to state law • Nuclear powered pacemakers | <p>Exclusions: this is a general listing and includes but is not limited to the following:</p> <ul style="list-style-type: none"> • Infertility treatment (i.e., reversal sterilization; artificial insemination; invitro fertilization; fertility drugs) • Weight reduction programs • Surgical treatment or hospitalization for the treatment of morbid obesity except where prior authorized medically necessary care, treatment, procedures, services or supplies that are primarily for dietary control including, but not limited to, any exercise weight reduction programs, whether formal or informal • All services of a plastic or cosmetic nature e.g., hair transplants, electrolysis. • Ambulatory BP monitoring • 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 | <p>Exclusions: this is a general listing and includes but is not limited to the following:</p> <ul style="list-style-type: none"> • Infertility treatment (i.e., reversal sterilization; artificial insemination; invitro fertilization; fertility drugs) • Drugs used to treat sexual or erectile dysfunction Weight reduction programs All services of a plastic or cosmetic nature e.g., hair transplants, electrolysis • Ambulatory BP monitoring • 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 required by third parties, such as school or employers, court ordered testing, diagnostics, etc. • Services not within scope of practitioners' scope of practice pursuant to state law • Nuclear powered pacemakers |

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| Benefit Exclusions (cont.) | <ul style="list-style-type: none"> • Implantation of nuclear-powered pacemakers • Inpatient charges related to autopsy • 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 • Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized • Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing | <ul style="list-style-type: none"> • Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc. • Services not within scope of practitioners' scope of practice pursuant to state law • Acupuncture, biofeedback, hypnosis • Nuclear powered pacemakers • Implantation of nuclear-powered pacemakers • Inpatient charges related to autopsy • Routine foot care • Sterilization • 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. • Power wheelchairs • Non-emergency transport | <ul style="list-style-type: none"> • Implantation of nuclear-powered pacemakers • Inpatient charges related to autopsy • 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 • Sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized • Hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing |

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