



HUSKY Health Benefits and Prior Authorization Grid

Laboratory

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



HUSKY Health Benefits and Prior Authorization Requirements Grid*
Laboratory Services
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
Colon Cancer Screening via Laboratory Testing	Fecal occult blood testing Includes guaiac and immunoassay tests (CPT codes 82270, 82272, 82274) 100% covered Stool DNA testing (CPT code 81528) 100% covered without prior authorization	Fecal occult blood testing Includes guaiac and immunoassay tests (CPT codes 82270, 82272, 82274) 100% covered Stool DNA testing (CPT code 81528) 100% covered without prior authorization	Fecal occult blood testing Includes guaiac and immunoassay tests (CPT codes 82270, 82272, 82274) 100% covered Stool DNA testing (CPT code 81528) 100% covered without prior authorization
Genetic Testing	Prior authorization is required for the majority of genetic testing procedures. Please refer to the DSS fee schedules to determine if a specific genetic test requires PA. Note: Prior Authorization will NOT be required for cystic fibrosis testing (CPT Codes 81220-81224) if billed with one of the diagnosis codes listed in Table 11 of the DSS fee schedule instructions located at www.ctdssmap.com -Provider - Provider Fee Schedule Download.	Prior authorization is required for the majority of genetic testing procedures. Please refer to the DSS fee schedules to determine if a specific genetic test requires PA. Note: Prior Authorization will NOT be required for cystic fibrosis testing (CPT Codes 81220-81224) if billed with one of the diagnosis codes listed in Table 11 of the DSS fee schedule instructions located at www.ctdssmap.com -Provider - Provider Fee Schedule Download.	Prior authorization is required for the majority of genetic testing procedures. Please refer to the DSS fee schedules to determine if a specific genetic test requires PA. Note: Prior Authorization will NOT be required for cystic fibrosis testing (CPT Codes 81220-81224) if billed with one of the diagnosis codes listed in Table 11 of the DSS fee schedule instructions located at www.ctdssmap.com -Provider - Provider Fee Schedule Download.

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	Note: Prior authorization will NOT be required for spinal muscular atrophy (SMA) testing (CPT code 81329) if billed with one of the diagnosis codes listed in Table 11A of the DSS fee schedule instructions located at www.ctdssmap.com – Provider – Provider Fee Schedule Download	Note: Prior authorization will NOT be required for spinal muscular atrophy (SMA) testing (CPT code 81329) if billed with one of the diagnosis codes listed in Table 11A of the DSS fee schedule instructions located at www.ctdssmap.com – Provider – Provider Fee Schedule Download	Note: Prior authorization will NOT be required for spinal muscular atrophy (SMA) testing (CPT code 81329) if billed with one of the diagnosis codes listed in Table 11A of the DSS fee schedule instructions located at www.ctdssmap.com – Provider – Provider Fee Schedule Download
Labs	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, US 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

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<p>Benefit Exclusions This is a general listing of those exclusions most applicable to Lab Services and includes but is not limited to the following:</p>	<ul style="list-style-type: none"> • 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 • 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 • Services not usually performed by the provider 	<ul style="list-style-type: none"> • 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 • Service 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 	<ul style="list-style-type: none"> • 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 • 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 • Services not usually performed by the provider

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