



HUSKY Health Benefits and Prior Authorization Grid

Naturopath

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



HUSKY Health Benefits and Prior Authorization Requirements Grid*
Naturopath
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
Naturopaths	<p><u>Prior authorization required for:</u></p> <ul style="list-style-type: none"> Greater than five visits per provider per month. <p>Members under age 21, naturopath services can be rendered by an independently enrolled provider</p> <p>Effective 10/1/2022:</p> <p>Members 21 years of age and over, naturopath services can be rendered by an independently enrolled provider</p> <p>Limited to codes on the DSS Naturopath Fee Schedule</p>	<p><u>Prior authorization required for:</u></p> <ul style="list-style-type: none"> Greater than five visits per provider per month. <p>\$ 10 co-pay</p> <p>Limited to codes on the DSS Naturopath Fee Schedule</p>	<p><u>Prior authorization required for:</u></p> <ul style="list-style-type: none"> Greater than five visits per provider per month. <p>Members under age 21, naturopath services can be rendered by an independently enrolled provider</p> <p>Effective 10/1/2022:</p> <p>Members 21 years of age and over, naturopath services can be rendered by an independently enrolled provider</p> <p>Limited to codes on the DSS Naturopath Fee Schedule</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>
Out of State Care	<p>Non emergent care requires prior authorization</p>	<p>Non emergent care requires prior authorization</p>	<p>Non emergent care requires prior authorization</p>
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)	<p>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).</p>	<p>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).</p>	<p>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).</p>

*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).



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Benefit	HUSKY A, HUSKY C	HUSKY B	HUSKY D
Translation Services	1.800.440.5071	1.800.440.5071	1.800.440.5071
<p>Benefit Exclusions</p> <p>This is a general listing of those exclusions most applicable to naturopathic 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 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 • Drugs that are not approved by the FDA. • 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 not within scope of practitioners scope of practice pursuant to state law • Acupuncture, biofeedback, hypnosis • 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"> • 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 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 • Drugs that are not approved by the FDA. • Services not usually performed by the provider

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