



HUSKY Health Benefits and Prior Authorization Grid

Podiatrist

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



HUSKY Health Benefits and Prior Authorization Requirements Grid*
Podiatrist
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
Podiatrists Services provided by a licensed podiatrist that conform to accepted methods of diagnosis and treatment within the scope of podiatric practice	100% covered in either independent or clinic setting. Routine foot care is not a covered benefit except when Medically Necessary in the treatment of neuro-circulatory conditions Non-covered: simple foot hygiene	Covered \$10 co-pay Routine foot care is not a covered benefit except when Medically Necessary in the treatment of neuro-circulatory conditions Non-covered: simple foot hygiene	100% covered in either independent or clinic setting. Routine foot care is not a covered benefit except when Medically Necessary in the treatment of neuro-circulatory conditions Non-covered: simple foot hygiene
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).
Procedures requiring Prior Authorization	Refer to DSS Physician Fee Schedules for list of services requiring Prior Authorization. Navigate to www.ctdssmap.com , select provider tab followed by physician fee schedule download.	Refer to DSS Physician Fee Schedules for list of services requiring Prior Authorization. Navigate to www.ctdssmap.com , select provider tab followed by physician fee schedule download.	Refer to DSS Physician Fee Schedules for list of services requiring Prior Authorization. Navigate to www.ctdssmap.com , select provider tab followed by physician fee schedule download.

*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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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 • Routine foot care • 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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