



HUSKY Health Benefits and Prior Authorization Grid

Radiology

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



HUSKY Health Benefits and Prior Authorization Requirements Grid*

Radiology

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
Radiology Services	<p>100% covered</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is only required for advanced imaging procedures (MRI, MRA, CT, CTA, PET, PET/CT) for members 19 and over (members 18 and under will no longer require prior authorization).</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is no longer required for nuclear cardiology procedures for members of all ages.</p>	<p>100% covered</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is only required for advanced imaging procedures (MRI, MRA, CT, CTA, PET, PET/CT) for members 19 and over (members 18 and under will no longer require prior authorization).</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is no longer required for nuclear cardiology procedures for members of all ages.</p>	<p>100% covered</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is only required for advanced imaging procedures (MRI, MRA, CT, CTA, PET, PET/CT) for members 19 and over (members 18 and under will no longer require prior authorization).</p> <p>Effective for dates of service July 1, 2016 and forward, prior authorization is no longer required for nuclear cardiology procedures for members of all ages.</p>
Out of Network Services	<p>Non-Covered</p> <p>Providers must be an enrolled CMAP provider to be reimbursed for services.</p>	<p>Non-Covered</p> <p>Providers must be an enrolled CMAP provider to be reimbursed for services.</p>	<p>Non-Covered</p> <p>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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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 radiology 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 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 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 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"> • 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 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

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