

Community Health Network of CT, Inc
HUSKY A, HUSKY B, CHARTER OAK Benefits and Prior Authorization Requirements Grid*
Updated: March 8, 2011

Member Services: 800-859-9889
Authorizations: 800-440-5071 option #2
Authorization Fax: 203-265-3994

BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
Allergy	100% covered	Office visit \$10 copay <ul style="list-style-type: none"> Allergy injections – no copay Immunotherapy or other therapy -no copay 	\$35 copay
Ambulance	100% covered	100% covered if determined to be an emergency in accordance with state law	100% covered for emergencies
Ambulance (Air transport)	<u>Prior Authorization Required only for billing code: A0430</u> 100% covered if authorized	<u>Prior Authorization Required only for billing code: A0430</u> 100% covered if authorized	<u>Prior Authorization Required only for billing code: A0430</u> 100% covered if authorized
Ambulatory Blood Pressure Monitoring	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Audiology	<u>Prior Authorization Required if the provider is out of network</u> <u>In order to dispense Hearing Aids:</u> CHNCT will allow only audiologists who are Certified by the State of Connecticut as a Hearing Aid Dealer and have both an executed Physician and DME agreement with CHNCT <u>** See Hearing Aid section for Limitations for HUSKY A hearing aid benefit****</u> Billing Information: <ul style="list-style-type: none"> Audiologists dispensing hearing aids will be reimbursed off of the HAF (Hearing Aid Fee Schedule). A copy of the fee schedule will be attached to their contract agreement. Audiologists will not be able to bill code 92506 off of 	<u>Prior Authorization Required if the provider is out of network</u> <u>In order to dispense Hearing Aids:</u> CHNCT will allow only audiologists who are Certified by the State of Connecticut as a Hearing Aid Dealer and have both an executed Physician and DME agreement with CHNCT <u>** See Hearing Aid section for Limitations for HUSKY B hearing aid benefit****</u> Billing Information: <ul style="list-style-type: none"> Audiologists dispensing hearing aids will be reimbursed off of the HAF (Hearing Aid Fee Schedule). A copy of the fee schedule will be attached to their contract agreement. Audiologists will not be able to bill code 92506 off of the audiology fee 	<u>Prior Authorization Required if the provider is out of network</u> <u>In order to dispense Hearing Aids:</u> CHNCT will allow only audiologists who are Certified by the State of Connecticut as a Hearing Aid Dealer and have both an executed Physician and DME agreement with CHNCT <u>** See Hearing Aid section for Limitations for Charter Oak hearing aid benefit****</u> Billing Information: <ul style="list-style-type: none"> Audiologists dispensing hearing aids will be reimbursed off of the HAF (Hearing Aid Fee Schedule). A copy of the fee schedule will be attached to their contract agreement. Audiologists will not be able to bill code 92506 off of

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	<p>the audiology fee schedule when dispensing a hearing aid. They must bill only the codes identified within the HAF fee schedule. This is for HEARING AIDS ONLY. The audiology fee schedule will still apply for audiology services rendered per their physician agreement with CHN.</p> <ul style="list-style-type: none"> Hospitals are EXCLUDED from this policy. If the hospital has an approved RCC for DME they are allowed to dispense hearing aids to CHN members. Authorization rules would apply only if the item being dispensed is over \$1000.00 	<p>schedule when dispensing a hearing aid. They must bill only the codes identified within the HAF fee schedule. This is for HEARING AIDS ONLY. The audiology fee schedule will still apply for audiology services rendered per their physician agreement with CHN.</p> <ul style="list-style-type: none"> Hospitals are EXCLUDED from this policy. If the hospital has an approved RCC for DME they are allowed to dispense hearing aids to CHN members. Authorization rules would apply only if the item being dispensed is over \$1000.00 	<p>the audiology fee schedule when dispensing a hearing aid. They must bill only the codes identified within the HAF fee schedule. This is for HEARING AIDS ONLY. The audiology fee schedule will still apply for audiology services rendered per their physician agreement with CHN.</p> <ul style="list-style-type: none"> Hospitals are EXCLUDED from this policy. If the hospital has an approved RCC for DME they are allowed to dispense hearing aids to CHN members. Authorization rules would apply only if the item being dispensed is over \$1000.00
Autopsy	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Benefit Exclusions	Listed at end	Listed at end	Listed at end
Cardiac Rehab	<u>Prior Authorization Required</u> 100% covered	<u>Prior Authorization Required</u> 100% covered	<u>Prior Authorization Required</u> 100% covered- no copays
Chiropractors Manual manipulation of	<u>Prior Authorization Required regardless of member age and place of service:</u>	<u>Prior Authorization Required regardless of member age and place of service:</u>	Benefit Exclusion- not covered

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the spine performed by a licensed chiropractor	*Members under age 21, chiropractor services can be rendered by an independently enrolled provider *Age 21 years of age and over, care is covered only from clinic associated providers and not covered from independent enrolled providers. And reimbursement is limited to the hospital clinic	Chiropractor services can be rendered by an independently enrolled provider \$10 copay per visit	
Chemobration	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Contraceptives	Covered 100%	Oral Contraceptives: pharmacy copays apply Other contraceptive limits: Intrauterine Devices (IUD) and insertion of the IUD - \$50 allowance per member; internally implantable time-release devices and their insertion – \$50 allowance per member; and time-released contraceptive injections - \$15 allowance per member per injection	Covered Injectables given in provider office covered under Medical benefit Copays apply
Cosmetic or reconstructive surgery, including facelifts and skin treatments	<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.	<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	<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.
Court ordered testing	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Dental	CT Dental Health Partnership for benefits information – no copay Members call: 1-866-420-2924 Providers call: 1-888-445-6665	CT Dental Health Partnership for benefits- copays apply Members call: 1-866-420-2924 Providers call: 1-888-445-6665	Benefit Exclusion <u>except</u> covered under medical benefit for services related to: <ul style="list-style-type: none"> • dental emergency medical conditions or facial trauma provided in a hospital or other emergency setting. • Oral surgery performed by an oral and maxillofacial surgeon <u>except</u> for services

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			<p>related to and including implant placement and tooth extraction</p> <ul style="list-style-type: none"> • Tooth extraction covered under medical benefit when performed in conjunction with disease states or trauma that require procedures to be performed in the OR, or is for an impacted third molar or a third molar causing pathological conditions. Deductibles and copays apply
Dermabrasion	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Diapers and Incontinence Supplies	<p><u>Prior Authorization Required:</u> Covered over the age of 3 with medical necessity</p>	Benefit Exclusion- not covered- Band 1 and 2 members can be referred to HUSKY PLUS	<p><u>Prior Authorization Required:</u> 100% covered if deemed medically necessary. Counts toward the \$4,000 DME and Medical Supplies maximum</p>
Dialysis	<p><u>Prior Authorization Required if the provider is out of network</u> 100% covered</p>	<p><u>Prior Authorization Required if the provider is out of network</u> 100% covered</p>	<p><u>Prior Authorization Required for all providers regardless of status:</u> No copay when done outside of an office visit</p>
<p>DME</p> <p>DME means equipment that is furnished by a supplier or home health agency that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to an individual in the absence of an illness or injury and is appropriate for use in the</p>	<p>100% covered</p> <p><u>Prior Authorization Required for:</u></p> <ul style="list-style-type: none"> • any rent to purchase items when purchase prices is over \$1000 • any repair of DME when repair costs exceed \$199.99 • hospital beds • integral pumps • CPAP including humidifier • Custom wheelchairs- power and manual • mattresses over \$1000 • compression vests • oxygen 	<p>100% covered- no copay</p> <p><u>Prior Authorization Required for:</u></p> <ul style="list-style-type: none"> • any rent to purchase items when purchase prices is over \$1000 • any repair of DME when repair costs exceed \$199.99 • hospital beds • integral pumps • CPAP including humidifier • Custom wheelchairs- manual • mattresses over \$1000 • compression vests 	<p>DME and Medical supplies 100% covered up to \$4000 annual limit. This limit does not apply for diabetic and Ostomy supplies, orthotics and prosthetics</p> <p><u>Prior Authorization Required for:</u></p> <ul style="list-style-type: none"> • any rent to purchase items when purchase prices is over \$1000 • any repair of DME when repair costs exceed \$199.99 • hospital beds • integral pumps • CPAP including humidifier

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home	<ul style="list-style-type: none"> any miscellaneous DME code (e.g. E1399) <p><u>Diabetic Supplies for members under age 21</u> can be obtained either from a pharmacy and billed to pharmacy benefit or from a DME provider and billed to Medical Benefit</p> <p><u>Diabetic Supplies for members age 21 and over</u> covered under medical DME benefit for the following: E0607 home blood glucose monitor A4253 blood glucose test strips per 50 strips A4259 lancets per box of 100</p>	<ul style="list-style-type: none"> oxygen any miscellaneous DME code (e.g. E1399) <p>Not covered- Power wheelchairs or repair of Power Wheelchairs. Band 1 and 2 members can be referred to HUSKY PLUS</p> <p><u>Diabetic Supplies for members under age 21</u> can be obtained either from a pharmacy and billed to pharmacy benefit or from a DME provider and billed to Medical Benefit</p>	<ul style="list-style-type: none"> Custom wheelchairs-manual mattresses over \$1000 compression vests oxygen any miscellaneous DME code (e.g. E1399) <p>Not covered: power wheelchairs</p> <p><u>Diabetic Supplies</u>- covered via medical DME benefit for the following: E0607 home blood glucose monitor A4253 blood glucose test strips per 50 strips A4259 lancets per box of 100</p>
Educational services	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Electrolysis	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Emergency Care	<p>Covered – no copays for Emergency Room visits</p> <ul style="list-style-type: none"> Emergent admissions must be called in or faxed by the admitting facility to CHNCT within 2 business days Notifications greater than 10 calendar days from the admission date are subject to denial of services Out of state emergency care in at an ER facility does not require an authorization. If out of state emergency room care is required, the member should call their PCP within 24 hrs of the emergency room visit 	<p>Covered – no copays for Emergency Room visits</p> <ul style="list-style-type: none"> Emergent admissions must be called in or faxed by the admitting facility to CHNCT within 2 business days Notifications greater than 10 calendar days from the admission date are subject to denial of services Out of state emergency care in at an ER facility does not require an authorization. If out of state emergency room care is required, the member should call their PCP within 24 hrs of the emergency room visit 	<p>\$100 co-pay, waived if an emergency or if admitted to hospital.</p> <ul style="list-style-type: none"> Urgent care-\$35 co-pay Emergency care provided while the member is out of the state of Connecticut, and emergency care received while outside the Country is covered Emergent admissions must be called in or faxed by the admitting facility to CHNCT within 2 business days Notifications greater than 10 calendar days from the admission date are subject to denial of services

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	<ul style="list-style-type: none"> Out of state emergency care at a provider's office requires a call to Member Services to authorize the out-of-network visit Out of the country care is <u>not</u> a covered benefit including emergency care (with the exception of Puerto Rico and other USA territories- where emergency care is covered) 	<ul style="list-style-type: none"> Out of state emergency care at a provider's office requires a call to Member Services to authorize the out-of-network visit Out of country emergency room visit is a covered benefit 	
Experimental	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Family Planning	<p>100% covered No authorization required regardless of provider participation status. Services can be performed by PCP or Specialist</p> <p>Benefit includes coverage for: birth control, reproductive health exams, patient counseling, patient education, lab tests to detect the presence of conditions affecting reproductive health., abortions, screening, testing and treatment and pre and post test counseling for sexually transmitted disease and HIV. Sterilization (covered for HUSKY A only). Sterilization requires submission of a completed W612 Consent to Sterilization form. Sterilization is covered only for members 21 or older</p> <p>Exclusions – not covered:</p> <ul style="list-style-type: none"> sterilizations for patients who are under age twenty-one (21), mentally incompetent, or institutionalized 	<p><u>Prior Authorization Required if the provider is out of network</u> 100 % covered for office visit. Services can be performed by PCP or Specialist.</p> <p>Benefit includes coverage for: Birth control, reproductive health exams, patient counseling, patient education, lab test to detect the presence of conditions affecting reproductive health, screening, testing and treatment of pre and post test counseling of sexually transmitted disease and HIV, abortions</p> <p><u>Copays apply for:</u> Intrauterine Devices (IUD) and insertion of the IUD - \$50 allowance per member; internally implantable time-release devices and their insertion - \$50 allowance per member; and time-released contraceptive injections - \$15 allowance per member per injection</p> <p>Exclusions – not covered</p> <ul style="list-style-type: none"> Fertility drugs are not 	<p><u>Prior Authorization Required if the provider is out of network</u> 100 % covered for office visit. Services can be performed by PCP or Specialist.</p> <p>Benefit includes coverage for: birth control, reproductive health exams, patient counseling, patient education, lab tests to detect the presence of conditions affecting reproductive health, abortions, screening, testing and treatment and pre and post test counseling for sexually transmitted disease and HIV.</p> <p>Exclusions- not covered: infertility treatment including reversal of sterilization, tuboplasty, artificial insemination, invitro fertilization, fertility drugs.</p>

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	<ul style="list-style-type: none"> hysterectomies performed solely for the purpose of rendering an individual permanently incapable of reproducing services for infertility treatment including-reversal sterilization, tuboplasty, artificial insemination, invitro fertilization, fertility drugs 	<p>covered</p> <ul style="list-style-type: none"> Sterilization is not a covered benefit 	
Genetic Testing	<u>Prior Authorization Required</u>	<u>Prior Authorization Required</u>	<u>Prior Authorization Required</u>
Health and Behavior Assessments (CPT 96150-96155) When Performed by Psychologists	<p>100% covered by CHNCT for members under the age of 21yo with diagnoses <i>outside</i> the range of ICD-9 codes 291-316</p> <ul style="list-style-type: none"> Service must be requested via physician order Prior Authorization NOT needed in or out of network <p>For benefit coverage and authorization requirements for diagnoses <i>within</i> the range of ICD-9 codes 291-316. Contact: Connecticut Behavioral Health Partnership: 1-877-552-8247</p>	<p>Contact: Connecticut Behavioral Health Partnership: 1-877-552-8247</p> <p>for benefit coverage, authorization requirements and co-pays that apply</p>	<p>Contact Charter Oak Behavioral Health: 1-877-286-2524</p> <p>for benefit coverage, authorization requirements and co-pays that apply</p>
Hearing Aids	<p><u>Prior Authorization Required if the hearing aid provider is out of network</u></p> <p>100% covered Procedure codes V5090, V5256, V5257, V5260 and V5261 are only billable for clients <u>under age 21</u></p>	<p><u>Prior Authorization Required if the hearing aid provider is out of network</u></p> <p>Benefit limits as follow: Covered for children ages 0-12 years old only Coverage limited to \$1000 in a 24 month period</p> <p>Supplemental coverage available under HUSKY Plus for medically eligible children in Bands 1 or 2</p>	<p><u>Prior Authorization Required if the hearing aid provider is out of network</u></p> <p>Non digital Hearing aids are covered.</p> <p>Benefit Exclusion: digital hearing aids</p>

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Hearing Exam	Covered 100%	Routine Hearing Screen \$15 copay	Covered with \$35 Copay
Home Health Care Services that medically necessary ordered by a licensed practitioner and provide by a licensed home health agency on a part-time or intermittent basis to members who reside at home, as defined by DSS policy for the purpose of enabling the patient to remain at home or to provide a less costly alternative to institution care	<p><u>Prior Authorization Required:</u></p> <p>Skilled Nursing Visits, PT/OT/ST, Home Health Aide</p> <p>Private duty nursing coverage requires prior authorization.</p> <p>Custodial or homemaker services are not a covered benefit.</p> <p><u>Maternity Home Health Care- No authorization is required for visits for Mother:</u> 2 prenatal and 2 postpartum visits within a 12 month period and does not need to be first delivery or live birth.</p> <p><u>Prior Authorization required for sick newborn home care visits</u></p>	<p><u>Prior Authorization Required:</u></p> <p>Skilled Nursing Visits, PT/OT/ST, Home Health Aide</p> <p><u>Benefit Exclusions- not covered:</u> Custodial or homemaker services are not a covered benefit. Private duty nursing is not a covered benefit Supplemental coverage may be available under HUSKY Plus for medically eligible children in Band 1 or Band 2</p> <p><u>Maternity Home Health Care- No authorization is required for visits for Mother:</u> 2 prenatal and 2 postpartum visits within a 12 month period and does not need to be first delivery or live birth.</p> <p><u>Prior Authorization required for sick newborn home care visits</u></p>	<p><u>Prior Authorization Required:</u></p> <p>Skilled Nursing Visits, PT/OT/ST, Home Health Aide, private duty nursing</p> <p>Member must be homebound</p> <p>Custodial care and homemaker services excluded from coverage</p> <p><u>Maternity Home Health Care- No authorization is required for Mother:</u> 2 prenatal and 2 postpartum visits within a 12 month period and does not need to be first delivery or live birth.</p> <p><u>Prior Authorization required for sick newborn home care visits</u></p>
Home Infusion Services	<u>Prior Authorization Required</u>	<u>Prior Authorization Required</u>	<u>Prior Authorization Required</u>
Hospice Provided to members who are diagnosed as having a terminal illness with a life expectancy of six months or less	<p><u>Prior Authorization Required along with the completed Hospice Election Form:</u></p> <p>Covered 100%</p> <p>Covered care includes nursing care, physical therapy, speech therapy, and occupational therapy, medical social services. Home health aides and homemakers, medical supplies, drugs, appliances, DME, physician services, short term inpatient care, including respite care and care for pain control</p>	<p><u>Prior Authorization Required along with the completed Hospice Election Form:</u></p> <p>Covered 100% - no copays</p> <p>Covered care includes nursing care, physical therapy, speech therapy, and occupational therapy, medical social services. Home health aides and homemakers, medical supplies, drugs, appliances, DME, physician services, short term inpatient care, including respite</p>	<p><u>Prior Authorization Required along with the completed Hospice Election Form:</u></p> <p>Covered 100%-no copays.</p> <p>Covered services includes nursing care, PT/ST/OT (no limits) Medical social work, HHA and homemakers, Medical supplies, drugs, appliances, DME, MD services. short-term inpatient care (but not limited to respite care) pain control and acute chronic symptom</p>

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	<p>and acute and chronic symptoms management and other benefits when ordered by a physician.</p> <p>Coverage includes both inpatient and outpatient hospice.</p> <p><u>HUSKY A members under age 21 do not need to waive their rights for treatment of the terminal condition when electing hospice.</u></p>	<p>care and care for pain control and acute and chronic symptoms management and other benefits when ordered by a physician. Limitations on short term therapies do not apply.</p> <p>Coverage includes both inpatient and outpatient hospice.</p> <p><u>HUSKY B members do not need to waive their rights for treatment of the terminal condition when electing hospice</u></p>	<p>management and other benefits when ordered by an MD.</p> <p>Coverage includes both inpatient and outpatient hospice.</p>
Hypnosis	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Inpatient Hospital	<p><u>Prior Authorization Required</u></p> <p>100% covered for Prior Approved Elective admissions</p> <p>Elective inpatient admissions must be prior authorized at least 48 hrs prior to admission except for maternity admits</p> <p><u>Emergency Admits:</u> CHNCT requests the provider to notify us within 2 business days. Notifications greater than 10 calendar days from the admission date are subject to denial of services.</p> <p><u>Maternity Admits-</u> see Maternity</p>	<p><u>Prior Authorization Required</u></p> <p>100% covered for Prior Approved Elective admissions</p> <p>Elective inpatient admissions must be prior authorized at least 48 hrs prior to admission except for maternity admits</p> <p><u>Emergency Admits:</u> CHNCT requests the provider to notify us within 2 business days. Notifications greater than 10 calendar days from the admission date are subject to denial of services.</p> <p><u>Maternity Admits-</u> see Maternity</p>	<p><u>Prior Authorization Required</u></p> <p>Deductible and coinsurance maximums apply prior to 100% coverage. <u>This includes maternity admissions.</u></p> <p>Elective inpatient admissions must be prior authorized at least 48 hrs prior to admission except for maternity admits.</p> <p><u>Emergency Admits:</u> CHNCT requests the provider to notify us within 2 business days. Notifications greater than 10 calendar days from the admission date are subject to denial of services</p> <p><u>Maternity Admits-</u> see Maternity</p>
Inpatient MD (professional charges)	100% covered	100% covered, no copays	100% covered, no copays
Labs	<p>Lab services covered only with the following providers:</p> <p><u>QUEST DIAGNOSTICS is</u></p>	<p>Lab services covered only with the following providers:</p>	<p>Lab services covered only with the following providers:</p> <p><u>QUEST DIAGNOSTICS is</u></p>

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	<p><u>Community Health Network's PREFERRED LAB provider</u> Services provided by Quest covered at 100% and do not require prior auth if performed by Quest</p> <p>In network provider affiliated labs covered 100%</p> <p>In network hospital outpatient labs covered 100%</p>	<p><u>QUEST DIAGNOSTICS is Community Health Network's PREFERRED LAB provider</u> Services provided by Quest covered at 100% and do not require prior auth if performed by Quest</p> <p>In network provider affiliated labs covered 100%</p> <p>In network hospital outpatient labs covered 100%</p>	<p><u>Community Health Network's PREFERRED LAB provider</u> Services provided by Quest covered at 100% and do not require prior auth if performed by Quest</p> <p>In network provider affiliated labs covered 100%</p> <p>Lab services performed at an in-network Hospital Lab are subject to 20% deductible and co-insurance. 100% covered after deductible and coinsurance maximum met</p>
Maternity	<p>100% covered for prenatal and postpartum visits</p> <p><u>Authorization Required for non par OB providers</u></p> <p><u>Authorization Required</u> for Maternity inpatient stay that goes beyond 2 days for vaginal delivery and 4 days for a caesarian section. Hospital must notify CHNCT Auth unit and request authorization</p>	<p>100% covered for prenatal and postpartum visits</p> <p><u>Authorization Required for non par OB providers</u></p> <p><u>Authorization Required</u> for Maternity inpatient stay that goes beyond 2 days for vaginal delivery and 4 days for a caesarian section. Hospital must notify CHNCT Auth unit and request authorization</p>	<p>Prenatal/ postpartum visit covered at 100%, no copay</p> <p><u>Authorization Required for non par OB providers</u></p> <p><u>Authorization Required</u> for Maternity inpatient stay that goes beyond 2 days for vaginal delivery and 4 days for a caesarian section. Hospital must notify CHNCT Auth unit and request authorization</p>
Mental health Inpatient	<p>Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements</p>	<p>Contact the Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements</p>	<p>Contact Charter Oak Behavioral Health : 1-877-286-2524 for benefit coverage, authorization requirements and member deductible and coinsurance information</p>
Mental Health Outpatient	<p>Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage and authorization requirements</p>	<p>Contact: Connecticut Behavioral Health Partnership 1-877-552-8247 for benefit coverage, authorization requirements and copays that apply</p>	<p>Contact Charter Oak Behavioral Health : 1-877-286-2524 for coverage and authorization requirements. Copays apply</p>

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Naturopaths Services provided by a licensed naturopath that conform to accepted methods of diagnosis and treatment and that are within the scope of naturopathic practice	<u>Prior Authorization Required if the provider is out of network</u> *Age 21 years of age and over, care is covered only from clinic associated providers and not covered from independently enrolled providers. Reimbursement is limited to the hospital clinic	<u>Prior Authorization Required if the provider is out of network</u> \$ 10 copay	Benefit Exclusion- not covered
Not medically necessary services	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Nuclear powered pacemaker and it's implantation	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Nurse Midwives Services provided by a licensed, certified nurse-midwife that are related to the care, and to the management of the care, of essentially normal mothers and newborns, (only throughout the maternity cycle) and well woman GYN care including family planning services	Covered 100%	\$10 copay Except no copay for preventive services	Covered No copays for prenatal, postnatal care and family planning visits Copays apply for any other type of care
Nurse Practitioners- Services provided by a licensed Advanced Practice RN and are within his or her scope of practice as defined by State law	Covered 100%	\$10 copay Except no copay for preventive care	Copay applies

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Community Health Network of CT, Inc
HUSKY A, HUSKY B, CHARTER OAK Benefits and Prior Authorization Requirements Grid*
Updated: March 8, 2011

Member Services: 800-859-9889
Authorizations: 800-440-5071 option #2
Authorization Fax: 203-265-3994

BENEFIT	HUSKY A	HUSKY B	CHARTER OAK														
Nutritional Counseling	100% covered when performed in an In-Network Clinic setting	100% covered when performed in an In-Network Clinic setting	Covered when performed in an In-Network Clinic setting Copoly applies														
Nutritional Formulas	<p>COVERED UNDER PHARMACY BENEFIT For coverage specifics call: 1-866-409-8430:</p> <p><u>Nutritional Formulas for HUSKY A member under age 21 years old</u></p> <p>100% covered under Pharmacy with one of following specific International Classification of Diseases (ICD-9-CM) diagnosis code on the original prescription:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 150px;">536.3</td> <td>gastroparesis</td> </tr> <tr> <td>783.3</td> <td>feeding problem</td> </tr> <tr> <td>787.2</td> <td>dysphagia</td> </tr> <tr> <td>787.20-787.29</td> <td>dysphagia (various)</td> </tr> <tr> <td>V41.6</td> <td>problems with swallowing and mastication</td> </tr> <tr> <td>V44.1</td> <td>gastrostomy</td> </tr> <tr> <td>V44.4</td> <td>artificial opening, GI tract</td> </tr> </table> <hr/> <p>COVERAGE UNDER MEDICAL BENEFIT (CHNCT)</p> <p><u>Nutritional Formulas for HUSKY A members age 21 or older:</u></p> <p>100% covered through CHNCT medical benefit with one of following specific International Classification of Diseases (ICD-9-CM) diagnosis code on the original prescription:</p>	536.3	gastroparesis	783.3	feeding problem	787.2	dysphagia	787.20-787.29	dysphagia (various)	V41.6	problems with swallowing and mastication	V44.1	gastrostomy	V44.4	artificial opening, GI tract	<p>COVERED UNDER PHARMACY BENEFIT For coverage specifics call: 1-866-409-8430:</p> <p>100% covered, no copay, Benefit <u>limited</u> to medically necessary amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic disease when ordered by a participating physician.</p> <hr/> <p>COVERAGE UNDER MEDICAL BENEFIT (CHNCT)</p> <p><u>Prior Authorization from CHNCT Required for: specialized foods for inherited metabolic disease (e.g. PKU)</u></p> <p>HUSKY PLUS Supplemental coverage may be available for nutritional supplements of <u>any</u></p>	<p>COVERED UNDER PHARMACY BENEFIT For coverage specifics call: 1-866-409-8430:</p> <p>Modified food products and nutritional formulas, limited to medically necessary amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic diseases when ordered by a participating physician.</p> <p>Pharmacy copays apply and there is a \$7,500 annual pharmacy benefit maximum</p> <hr/> <p>COVERAGE UNDER MEDICAL BENEFIT (CHNCT)</p> <p><u>Prior Authorization from CHNCT Required for: specialized foods for inherited metabolic disease (e.g. PKU)</u></p>
536.3	gastroparesis																
783.3	feeding problem																
787.2	dysphagia																
787.20-787.29	dysphagia (various)																
V41.6	problems with swallowing and mastication																
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BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
	536.4 gastroparesis 783.4 feeding problem 787.3 dysphagia 787.20-787.30 dysphagia (various) V41.6 problems with swallowing and mastication V44.1 gastrostomy V44.4 artificial opening, GI tract <u>Prior Authorization from CHNCT Required for: specialized foods formulas for inherited metabolic disease (e.g. PKU)</u>	<u>type</u> for medically eligible children in Band 1 or Band 2	
Obesity	<u>Treatment for obesity is not a covered benefit</u> unless caused by an illness or is aggravating an illness (cardiac, respiratory, diabetes or hypertension) <u>and then requires prior authorization for Medical Necessity</u>	<u>Treatment for obesity is not a covered benefit</u> unless caused by an illness or is aggravating an illness (cardiac, respiratory, diabetes or hypertension) <u>and then requires prior authorization for Medical Necessity</u>	Unless Prior Authorized as Medically Necessary the following are not covered: <ul style="list-style-type: none"> • Evaluation for morbid Obesity • Treatment for morbid obesity • Procedures for treatment of morbid obesity
Oral Contraceptives	Covered through pharmacy benefit- 100%	Covered through pharmacy benefit- copays apply	Covered through pharmacy benefit- pharmacy copays apply
Orthotics	Refer to Prosthetic and Orthotic section below	Refer to Prosthetic and Orthotic section below	Refer to Prosthetic and Orthotic section below
Out of Network services	<u>Prior Authorization Required</u>	<u>Prior Authorization Required</u>	<u>Prior Authorization Required</u>
Out of State Care	Refer to Emergency Care section for Emergency Care specifics <u>Non Emergent Care Requires Prior Authorization</u>	Refer to Emergency Care section for Emergency Care specifics <u>Non Emergent Care Requires Prior Authorization</u>	<u>See Emergency Care section for Emergency Care specifics. Out of State Emergency Room visit is covered</u> <u>Non-emergent Out of State care is Not included in the Charter</u>

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BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
			<u>Oak benefit package.</u> These services are excluded unless prior approved by the (DSS) Charter Oak program
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)	<u>Benefit Exclusion- not covered</u> with the exception of Puerto Rico and other USA territories	Out of country Emergency Room visit is covered	Out of country Emergency Room visit is covered <u>Non-emergent out of county care is Not included in the Charter Oak benefit package and is a benefit exclusion</u>
Outpatient Surgical Facility (Hospital or Ambulatory Surgical Center)	100% covered Not all procedures require Prior Authorization. Refer to the list under <u>Procedures requiring Prior Authorization regardless of where procedure is performed</u> <u>Authorization Required for:</u> Outpatient procedure turned inpatient. Hospital must notify CHNCT Auth unit and request authorization within 2 business days	100% covered, no copay Not all procedures require Prior Authorization. Refer to the list under <u>Procedures requiring Prior Authorization regardless of where procedure is performed</u> <u>Authorization Required for:</u> Outpatient procedure turned inpatient. Hospital must notify CHNCT Auth unit and request authorization within 2 business days	Subject to deductible/ co-insurance. This also applies to colonoscopy procedures that are not for preventive screening Member has 20% coinsurance after deductible met. Once the annual deductible and co-insurance maximum is met, Charter Oak will cover outpatient surgical procedures at 100% during the eligibility year. Co-insurance maximum is based on income bands C1-C5 Not all procedures require Prior Authorization. Refer to the list under <u>Procedures requiring Prior Authorization regardless of where procedure is performed</u> <u>Authorization Required for:</u> Outpatient procedure turned inpatient. Hospital must notify CHNCT Auth unit and request authorization within 2 business days

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BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
Pain Management Clinic	<u>Prior Authorization Required if the provider is out of network</u>	Benefit exclusion – except if deemed to be Medically Necessary <u>with a Prior Authorization regardless of provider status</u> \$ 10 copay	Benefit exclusion – except if deemed to be Medically Necessary <u>with a Prior Authorization regardless of provider status</u> \$35 copay
Physical exams required for employment, insurance, school, summer camp etc.	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Physician office visits	100% covered	Non-preventive office visits \$10 copay	PCP \$25 copay, Specialist \$35 co pay, Urgent Care \$35 copay
Podiatrists- Services provided by a licensed podiatrist that conform to accepted methods of diagnosis and treatment within the scope of podiatric practice	<u>Prior Authorization Required if the provider is out of network</u> 100% covered for members under age 21 in either independent or clinic setting. Members over age 21 have coverage for podiatry only in clinic or hospital settings Reimbursement is limited to the hospital clinic	<u>Prior Authorization Required if the provider is out of network</u> \$10 co-pay Routine foot care is not a covered benefit <u>except</u> when Medically Necessary in the treatment of neuro-circulatory conditions <u>and</u> requires a <u>Prior Authorization</u>	<u>Prior Authorization Required if the provider is out of network</u> \$35 copay Routine Foot Care excluded <u>except</u> when medically necessary for neuro-circulatory conditions <u>and</u> requires a <u>Prior Authorization</u>
Preadmission testing	100% covered	100% covered	Covered Deductible, co-insurance or copays apply
Prescription Drug Coverage (retail pharmacy)	Covered through DSS (EDS) Providers call: 1-800-842-8440 Or 1-860-269-2028. Members call: 1-866-409-8430 or 1-860-269-2031 www.ctdssmap.com No copays Members must use their CONNECT card at the pharmacy to acquire prescriptions	Covered through DSS (EDS) Providers call: 1-800-842-8440 Or 1-860-269-2028. Members call: 1-866-409-8430 or 1-860-269-2031. www.ctdssmap.com \$5 copay for generic meds \$10 copay on brand name meds Members must use their CONNECT card at the pharmacy	Covered through DSS (EDS) Providers call: 1-800-842-8440 Or 1-860-269-2028. Members call: 1-866-409-8430 or 1-860-269-2031. www.ctdssmap.com Three-tiered co-pay: \$10, \$25, \$35 \$7,500 annual pharmacy benefit limit

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BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
		to acquire prescriptions	Members must use their CONNECT card at the pharmacy to acquire prescriptions
Preventive care	100% covered including well child care or EPSDT visits and Immunizations	<p>The following Preventive Services require no copay:</p> <ul style="list-style-type: none"> • Immunizations and the office visit for the immunization • WIC evaluations • Prenatal and postpartum care for women under age 19 • regular newborn screening exam in the hospital or office • annual physical exams and lab tests related to those exams 	<p>PCP office visit for adult preventive care is 100% covered and does not require a co-pay</p> <p>Services include well-care visits: Prenatal & Postnatal visits* Family Planning visits* Immunizations* (*Member can see a PCP or a specialist for those* visits and not have to pay copay)</p> <ul style="list-style-type: none"> • Visits for Health Screenings (including Pap Smear, Chlamydia screening, Mammogram screening, Osteoporosis Screening, PSA test) • Screenings for colorectal cancer: sigmoidoscopy every 5 years or screening colonoscopy at intervals of 10 years.) • Routine Lab test in an office setting
Procedures requiring Prior Authorization Regardless of where the procedure is	Lipectomy Otoplasty Keloid excisions Rhinoplasty Silicone Implants Abdominoplasty Mammoplasty	Lipectomy Otoplasty Keloid excisions Rhinoplasty Silicone Implants Abdominoplasty Mammoplasty	Lipectomy Otoplasty Keloid excisions Rhinoplasty Silicone Implants Abdominoplasty Mammoplasty

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BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
performed	Geniotplasty Reconstructive surgery (excluding breast reconstruction following mastectomy) Carpal tunnel release Varicose vein injection treatment or stab phlebotomy injection treatment TMJ related procedures/treatments Surgical treatment of Obesity Genetic testing	Geniotplasty Reconstructive surgery (excluding breast reconstruction following mastectomy) Carpal tunnel release Varicose vein injection treatment or stab phlebotomy injection treatment TMJ related procedures/treatments Surgical treatment of Obesity Genetic testing	Geniotplasty Reconstructive surgery (excluding breast reconstruction following mastectomy) Carpal tunnel release Varicose vein injection treatment or stab phlebotomy injection treatment TMJ related procedures/treatments Surgical treatment of Obesity Genetic testing
Prosthetic and Orthotic Devices <i>(Provider must be contracted with CHNCT as a DME provider or have a <u>Prior Authorization</u> in order to be reimbursed for any Prosthetic or Orthotic Device)</i>	100% covered <u>Prior Authorization Required</u> <ul style="list-style-type: none"> If purchase price of item is over \$1,000 Any miscellaneous billing codes <u>Benefit Limitations:</u> Orthotic and/or corrective arch supports are <u>NOT</u> covered if child is younger than 5 years old Metatarsus Adductus Shoes are limited to a congenital Metatarsus Adductus condition and <u>covered only for children 4 years of age or younger</u>	100% covered <u>Prior Authorization Required</u> <ul style="list-style-type: none"> If purchase price of item is over \$1,000 Any miscellaneous billing codes <u>Prosthetics</u> 100% covered, whether worn anatomically or surgically implanted. <u>Benefit Limitations- Excludes</u> orthopedic shoes, foot orthotics, wigs or hairpieces. Supplemental coverage available under HUSKY Plus Physical for medically eligible children in Bands 1 or 2	No co-pay <u>Prior Authorization Required</u> <ul style="list-style-type: none"> If purchase price of item is over \$1,000 For any miscellaneous billing codes Orthotics and prosthetics do <i>not</i> count towards the \$4,000 annual DME maximum <u>Benefit Exclusion and Not Covered Regardless of Member Diagnosis</u> <ul style="list-style-type: none"> Digital hearing aids Orthopedic shoes Foot orthotics Wigs or hairpieces
PT/OT/ST	<u>Prior Authorization Required</u> Covered 100% <u>Limitations:</u> Covered only in a clinic setting for Members 21 years of age or older Reimbursement is limited to the hospital clinic	<u>Prior Authorization Required</u> Covered 100% and requires that significant improvement expected within 60 days Bands 1 & 2 eligible for Husky Plus referral for supplemental coverage	<u>Prior Authorization Required</u> Limited to 30 visits combined services per eligibility year \$35 Co-pay per visit

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BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
Punch Graft hair Transplant	Benefit Exclusion- not covered including all hair transplant procedures	Benefit Exclusion- not covered including all hair transplant procedures	Benefit Exclusion- not covered including all hair transplant procedures
Radiology Services (Xrays)	<p><u>Prior Authorization Required if the radiology provider is out of network</u></p> <p>100% covered</p>	<p><u>Prior Authorization Required if the radiology provider is out of network</u></p> <p>100% covered</p>	<p><u>Prior Authorization Required if the radiology provider is out of network</u></p> <p>Independently owned radiology center covered at 100%</p> <p>Radiology services performed at a Hospital outpatient center subject to 20% co-insurance after deductible met. 100% covered after co-insurance maximum met</p> <p><u>Cost Share Exception for Mammogram done at a hospital affiliated radiology center (place of service 22):</u> deductible/coinsurance does not apply when diagnosis is: V03-V07.59 or V70-V72.32. The deductible and co-insurance will apply with any other diagnosis.</p> <p>Mammogram performed at an independently owned radiology center is covered at 100% regardless of diagnosis</p>
Recreational	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Rhinoplasty	Benefit Exclusion- not covered Requires Prior Authorization to determine medical necessity	Benefit Exclusion- not covered Requires Prior Authorization to determine medical necessity	Benefit Exclusion- not covered Requires Prior Authorization to determine medical necessity
Short & Long Term Rehabilitation	<p><u>Prior Authorization Required at least 48 hours prior to admission</u></p> <p>100% Covered if authorized</p>	<p><u>Prior Authorization Required</u></p> <p><u>For home and community based rehabilitation services</u> Covered at 100% for conditions where significant improvement is expected within 60 days</p> <p>HUSKY PLUS Supplemental coverage may be available for</p>	<p><u>Prior Authorization Required at least 48 hours prior to admission to SNF or Rehab facility</u></p> <p>Limited benefit combined of 14 days per eligibility year</p> <p>Covered at 80% after deductible met, 100% covered after co-insurance has been met</p>

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BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
		<p>medically eligible children in Band 1 or Band 2</p> <p>HUSKY B allows coverage of 60 days of short term rehab within an inpatient facility providing sub-acute level of care</p> <p><u>Long Term Rehabilitation is not a covered benefit</u></p>	
<p>Smoking and Tobacco Cessation Counseling</p>	<p>Covered Codes: 99406 and 99407</p> <p>Covered 100% when done in physician office and other outpatient settings</p> <p>Covered 100% at Family Planning or Medical Clinic only for pregnant members. Benefit expanded for coverage for pregnant women when performed in physician office, outpatient clinic setting, family planning clinic and medical clinic Claim must include tobacco related diagnostic code and a secondary pregnancy related diagnosis code</p> <p>Smoking Cessation Counseling for pregnant women done by psychologist or in a mental health clinic is covered under and billed to the behavioral health benefit</p>	<p>Covered Codes: 99406 and 99407</p> <p>Covered 100% when done in physician office and other outpatient settings</p> <p>Covered 100% at Family Planning or Medical Clinic only for pregnant members.</p> <p>Benefit expanded for coverage for pregnant women when performed in physician office, outpatient clinic setting, family planning clinic and medical clinic Claim must include tobacco related diagnostic code and a secondary pregnancy related diagnosis code</p> <p>Smoking Cessation Counseling for pregnant women done by psychologist or in a mental health clinic is covered under and billed to the behavioral health benefit</p>	<p>Covered Codes: 99406 and 99407</p> <p>Subject to office visit co-pay when done in physician office or other outpatient settings</p>

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Specialist	100% coverage <u>Prior Authorization Required Only</u> for out of network and requires a referral from PCP if out of network In network Specialist visits do not require PCP referral	\$10 copay applies No copay for Allergy Injections <u>Prior Authorization Required Only</u> for out of network and requires a referral from PCP In network Specialist visits do not require PCP referral	PCP visit \$25 copay Specialist visits \$35 copay <u>Prior Authorization Required Only</u> for out of network and requires a referral from PCP In network Specialist visits do not require PCP referral
Substance Abuse Inpatient	Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 For coverage information	Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 For coverage information	Charter Oak Behavioral Health 1-877-286-2524. for hearing impaired assistance cal TTY 1-866-218-0525 For coverage information
Substance Abuse Outpatient	Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525	Connecticut Behavioral Health Partnership 1-877-552-8247, TTY 1-866-218-0525 For coverage information	Charter Oak Behavioral Health 1-877-286-2524. for hearing impaired assistance cal TTY 1-866-218-0525 for coverage information. Copays apply
Synagis®	<u>Prior Authorization Required</u> Contact CHNCT's Pharmacy Program at 1-866-615-9475 to obtain the required Palivizumab Request form, prior authorization , and arrange for delivery of Synagis® Fax completed Palivizumab Request form to: (860) 563-1650	<u>Prior Authorization Required</u> Contact CHNCT's Pharmacy Program at 1-866-615-9475 to obtain the required Palivizumab Request form, prior authorization , and arrange for delivery of Synagis® Fax completed Palivizumab Request form to: (860) 563-1650	Medication Not Applicable for Membership Age
Tattooing or tattoo removal	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Telephone consultations	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
TMJ Related procedures/ treatment	<u>Require Prior Authorization</u> regardless of where they are performed	<u>Require Prior Authorization</u> regardless of where they are performed	<u>Require Prior Authorization</u> regardless of where they are performed
Translation services via Phone: Language line	1-800-874-9426	1-800-874-9426	1-800-874-9426

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Transsexual surgery and services	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Transportation (non emergency ground: livery, taxi, bus)	Coordinated Transportation Services provides free transportation for medical/ dental/ behavioral health appointments Call at least 2 business days in advance of scheduled appointment Call 1-800-818-6781. Hearing impaired call 711 or 1-800-842-9710	Benefit Exclusion- not covered May be eligible for HUSKY Plus for limited transportation coverage of 2 round trips/year	Benefit Exclusion- not covered
Tuboplasty or sterilization reversal	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Vision	Contact Block Vision for benefits: 1-800-243-1401	Contact Block Vision for benefits: 1-800-243-1401 Some Limits Apply	Benefit Exclusion- not covered
Vocational	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Weight reduction programs	Benefit Exclusion- not covered	Benefit Exclusion- not covered	Benefit Exclusion- not covered
Benefit EXCLUSIONS	<u>Exclusions: this is a general listing and includes but is not limited to the following:</u> <ul style="list-style-type: none"> • Infertility treatment (i.e. reversal sterilization; tuboplasty, artificial insemination; invitro fertilization; fertility drugs) • Drugs used to treat sexual or erectile dysfunction • Weight reduction programs • Transsexual surgery • All services of a plastic 	<u>Exclusions: this is a general listing and includes but is not limited to the following:</u> <ul style="list-style-type: none"> • Infertility treatment (i.e. reversal sterilization; tuboplasty, 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 	<u>Exclusions: this is a general listing and includes but is not limited to the following:</u> <ul style="list-style-type: none"> • Routine foot care • Power wheel chairs • Custodial and homemaker care • Non emergency out of state care • Services for which prior authorization is required and is not obtained • Treatment of infertility • Services that are considered to be of an unproven,

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BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
Benefit EXCLUSIONS (continued)	<ul style="list-style-type: none"> or cosmetic nature performed for reconstructive purposes, including but not limited to lipectomy, hair transplant, rhinoplasty, dermabrasion, chemabrasion. • 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 • Implantation of nuclear powered pacemakers • Inpatient charges related to autopsy • Electrolysis • Punch graft hair transplants • For members over age 21: PT, OT, ST, Podiatry, Audiology, Chiropractic & Naturopathic Services <p style="text-align: center;">WHEN PERFORMED</p>	<ul style="list-style-type: none"> 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 • Transsexual surgery • All services of a plastic or cosmetic nature performed for reconstructive purposes, including but not limited to lipectomy, hair transplant, rhinoplasty, dermabrasion, chemabrasion. • 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 • Acupuncture, biofeedback, hypnosis • Nuclear powered pacemakers • Implantation of nuclear powered pacemakers • Inpatient charges related 	<ul style="list-style-type: none"> 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 ,employers, etc. • Cosmetic and reconstructive surgery except with malignancy or destructive pathology • Any services related to sexual reassignment surgery • Treatment for morbid obesity • Surgery or hospitalization for morbid obesity, unless it is medically necessary and prior authorized by CHNCT • Weight reduction programs • Acupuncture, biofeedback, hypnosis • Treatment at pain clinics unless considered medically necessary and prior authorized • Ambulatory blood pressure monitoring • Court ordered testing, diagnostics, care or treatment not deemed medically necessary • Dental Care • Vision Care • Chiropractic Care • Naturopathic Care

*Not a Legal Document. Contents provide a general description of HUSKY A, HUSKY B and Charter Oak Benefits. Coverage subject to change per Department of Social Services

Community Health Network of CT, Inc
HUSKY A, HUSKY B, CHARTER OAK Benefits and Prior Authorization Requirements Grid*
Updated: March 8, 2011

Member Services: 800-859-9889
Authorizations: 800-440-5071 option #2
Authorization Fax: 203-265-3994

BENEFIT	HUSKY A	HUSKY B	CHARTER OAK
Benefit EXCLUSIONS (continued)	<p style="text-align: center;">BY INDEPENDENT PRACTITIONERS</p> <ul style="list-style-type: none"> • Digital hearing aids for over age 21: Procedure codes V5090, V5256, V5257, V5260 and V5261 are only billable for clients <u>under age 21</u> • Drugs used to quit smoking cessation. As of 10/01/10 covered for pregnant women • 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"> to autopsy • Electrolysis • Punch graft hair transplants • 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. <p><u>HUSKY B Plus provides supplemental coverage</u> of children with intensive physical health needs for services not covered under the HUSKY B plan, only Band 1 and 2 children may qualify. Call 1-877-743-5516 for more information</p>	<ul style="list-style-type: none"> • Tattooing and removal • Tuboplasty • Sterilization reversal • Nuclear powered pacemakers • Implantation of nuclear powered pacemakers • Inpatient charges related to autopsy • Electrolysis • Dermabrasion • Chemabrasion • Punch graft hair transplants • Drugs used to quit smoking • Digital hearing aids <p>\$100,000 Annual maximum benefit coverage \$1,000,000 Lifetime maximum benefit coverage</p>

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