



TO: Physicians, Advanced Practice Registered Nurses (APRN), Physician Assistants (PA), Independent Radiology Providers, and Outpatient Hospitals
RE: Changes to the Prior Authorization of Radiology Services for HUSKY Health Members with Limited Benefit Coverage

Effective for dates of service, February 1, 2026, and forward, prior authorization requests for radiology services for members with limited benefit coverage (Family Planning limited benefit, Emergency Outpatient Dialysis limited benefit and Tuberculosis limited benefit) must be submitted to Community Health Network of Connecticut, Inc. (CHNCT) and NOT EviCore by Evernorth.

Prior authorization requests for **all other HUSKY Health members (HUSKY A, B, C, and D)** should continue to be sent directly to EviCore following the current process.

Eligibility Verification:

All eligible HUSKY Health members (including those with limited benefit coverage) receive a standard gray State of Connecticut CONNECT Card. Eligible members also receive a HUSKY Health card identified as LB (limited benefit) to specify that the member is eligible to receive only a limited number of benefits.

Benefit Grids and Fee Schedules:

Providers must review coverage information under the Limited Eligibility Benefit Grids for the limited benefit coverage for family planning and tuberculosis available on the HUSKY Health website at: <https://portal.ct.gov/husky>. To access the benefit grids, click on *Information for Providers* followed by *Benefit Grids* under the *Medical Management* menu item. For coverage information for emergency outpatient dialysis, providers should review provider bulletins, [PB 22-09 Coverage of Outpatient Dialysis Services under Emergency Medicaid for Non-Citizens](#) and [PB 21-62 Emergency](#)

Medicaid Coverage of Dialysis for End Stage Renal Disease.

Prior Authorization Submission Process:

Members with Limited Benefit Coverage:

Beginning February 1, 2026, CMAP providers must fax radiology requests that require prior authorization for members with limited benefit coverage to CHNCT at 203-265-3994 using the *HUSKY Health Outpatient Prior Authorization Form*.

To access the prior authorization form, go to <https://portal.ct.gov/husky>, click *Information for Providers*, followed by *Prior Authorization Forms and Manuals* under the *Prior Authorization* menu item.

CHNCT will review the request to determine if the requested service(s) fall within the member's limited benefit coverage.

If services fall within the member's limited benefit coverage, the request will be forwarded to EviCore for medical necessity review. Notifications of determination will be issued to the member and provider by EviCore following the current process.

If services fall outside of the member's limited benefit coverage, CHNCT will issue a notification of denial to the member and provider based on benefit non-coverage.

HUSKY A, B, C, and D Members:

There will be no changes to the prior authorization process for HUSKY A, B, C, and D members. All requests that require prior authorization should continue to be sent directly

to EviCore following the current process. EviCore will continue to issue all notifications of determination.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.