



TO: Physicians, Physician Assistants (PAs), Advanced Practice Registered Nurses (APRNs), Certified Nurse Midwives (CNMs), Ambulatory Surgical Centers (ASCs), Independent Labs, Outpatient Hospitals, Pharmacies and Transportation Providers
RE: HUSKY Limited Benefit (LB) – Family Planning Limited Coverage

This provider bulletin (PB) serves to refresh providers' awareness regarding the HUSKY Limited Benefit (LB) – Family Planning Limited Coverage program, which was implemented March 1, 2012, under the Connecticut Medical Assistance Program (CMAP). The HUSKY LB – Family Planning Limited Coverage program is a limited benefit coverage group for individuals seeking family planning and family planning – related services. Please refer to [PB 2012-07 New Family Planning Coverage Group: Family Planning Services - Limited Benefit](#) for further information.

The HUSKY LB program for Family Planning Services is available to U.S. citizens and qualified non-citizens of any age (including minors), who are not otherwise eligible for full Medicaid coverage, and have household incomes up to 263% federal poverty level (FPL). Individuals with third-party insurance are eligible to enroll in HUSKY LB – Family Planning Limited Coverage program.

Services covered must be part of a visit relating to the individual's desire to plan, space or prevent pregnancy, or related to preventive sexual and reproductive health services.

Family Planning is a HUSKY Health Limited Benefit Medicaid Program and beneficiaries are not subject to Community Engagement requirements.

Services Covered:

Providers must refer to their applicable fee schedules for the list of services eligible for reimbursement. Each fee schedule will contain a header or footer that identifies the services covered or excluded from coverage under the

HUSKY LB – Family Planning Limited Coverage program. Please see the section below titled "Example Fee Schedule Footer" for an example.

Coverage includes family planning services as well as family planning-related services sought or provided during annual preventive visits or evaluation and management (E/M) visits. Family planning and family planning-related services include, but are not limited to, the following:

- Comprehensive physical examinations
- Screening and treatment services for sexually transmitted disease/infections (STD/STI) consistent with latest guidelines from the Centers for Disease Control and Prevention (CDC)
- Screening for human immunodeficiency virus (HIV) and prevention of HIV (i.e., PEP/PrEP)
- Screening and treatment for cervical cancer (i.e., pap, colonoscopy, Loop Electrosurgical Excision Procedure (LEEP))
- Voluntary sterilization (i.e., vasectomy or tubal ligation) in accordance with federal guidelines
- Food & Drug Administration (FDA) approved contraception and supplies, including "over the counter" (OTC) contraception and supplies
- Family planning-related vaccinations (i.e., human papilloma virus, hepatitis B, monkey pox)
- Family planning-related procedures and surgical treatments (i.e., ultrasound for evaluation of uterine bleeding or

laparoscopic surgery for intrauterine device complication)

- Pregnancy tests
- family planning/preconception counseling

Physicians, PAs, APRNs, CNMs, ambulatory surgical centers (ASC), family planning clinics, medical clinics, independent labs, and outpatient hospitals may bill family planning and family planning - related services that are on their applicable fee schedules.

Example Fee Schedule Footer:

Ambulatory Surgical Center Fee Schedule Footer: 54060, 54065, 54111, 54112, 55250, 56515, 57065, 57513, 58600, 58615, 58670, and 58671 only codes covered for Family Planning Services Only clients.

The Ambulatory Surgical Center Fee Schedule footer identifies which procedure codes can be billed for individuals covered under the HUSKY LB – Family Planning Limited Coverage. All other procedure codes on the ASC fee schedule are considered non-covered. If a provider submits a claim for such individuals with a procedure code not listed as covered under the limited benefit, the claim will be denied.

Federally Qualified Health Centers (FQHCs):

FQHCs are eligible for reimbursement for services provided to individuals covered under the HUSKY LB – Family Planning Limited Coverage when the service is a family planning or family planning related service that is part of the FQHCs approved scope. Family planning and family planning related services that comply with the requirements for payment of FQHC services and any other applicable DSS policy will be reimbursed at the FQHC's applicable medical encounter rate. Claims must be submitted with an applicable family planning

or family-planning related diagnosis code. Refer to the Diagnosis Requirement section for more details.

Services Not Covered:

The following services are **not** covered under the HUSKY LB – Family Planning Limited Coverage program.

- Infertility services and related treatment
- Hysterectomies
- Pregnancy termination
- Pregnancy care
- Treatment for HIV/AIDS or hepatitis
- Services that are not provided as part of or as follow-up to a family planning visit
- Services not listed as covered under the HUSKY LB – Family Planning Limited Coverage on each applicable fee schedule

Pharmacy:

Limited pharmacy coverage is included for the HUSKY LB – Family Planning Limited Coverage. A select group of drugs that are relevant to the treatment of family planning and family planning - related services are covered when a qualifying family planning or family planning-related diagnosis code is present on the prescription and submitted on the pharmacy claim.

Covered pharmacy services include drugs in the following categories:

- Antibiotics
- Antibacterials
- Antimycotics
- Antiparasitics
- Analgesics
- Drugs Acting Principally on Joints
- Contraceptives-oral
- Contraceptives –topical
- Contraceptives-systemic-non oral

- PrEP and PEP*

*Specific to PrEP and PEP, a specific diagnosis code indicating the use of PrEP/PEP must be submitted on the pharmacy claim in addition to a family planning diagnosis code as specified below. For a list of the PrEP/PEP medications that are eligible for coverage and a comprehensive list of acceptable ICD-10 diagnosis codes specific to PrEP/PEP, refer to www.ctdssmap.com → Pharmacy Information → Pharmacy Program Publications.

Diagnosis Requirement:

All claims submitted under the HUSKY LB – Family Planning Limited Coverage program must include an applicable family planning or family planning-related diagnosis as the primary diagnosis code on the claim. Refer to the Fee Schedule Instructions [Table 3b](#) “Diagnosis Codes for Family Planning Services” for a list of diagnosis codes that qualify as family planning or family planning-related.

Billing Instructions:

For providers billing on the professional claim form (physicians, PAs, APRNs, CNMs, ambulatory surgical centers, clinics, and independent labs) the diagnosis code (see diagnosis pointer, box 24e) must be a family planning or family planning-related diagnosis code for each of the detail procedure codes billed.

Providers billing on the institutional claim form (outpatient hospitals) must indicate in the header that the **primary** diagnosis is one of the identified family planning or family planning-related diagnosis codes.

For pharmacy claims, a **primary** diagnosis code that qualifies as family planning or family planning-related is required to be submitted. If a particular NDC requires a specific diagnosis

code, that diagnosis code as well as a family planning diagnosis code **MUST** both be present for the claim to pay.

Transportation:

Transportation to and from scheduled medical appointments for family planning and family planning related services will be available for members eligible under HUSKY LB – Family Planning Limited Coverage. Call **1-855-478-7350**, available Monday through Friday from 7 a.m. to 6 p.m. EST. Please schedule at least two business days before the appointment and have member ID ready. For more information, see [Connecticut Non-Emergency Medical Transportation \(NEMT\)](#).

Presumptive Eligibility:

A HUSKY Health Certified Entity (HHCE) may grant confidential presumptive eligibility to qualified individuals, based on DSS criteria, who apply for HUSKY LB – Family Planning Limited Coverage. Only DSS may grant a provider HHCE status. Please refer to [PB 2012-06](#) for more information regarding presumptive eligibility.

Eligibility Verification:

Currently, eligible individuals may apply for Family Planning coverage through the Connect.ct.gov website by selecting “Family Planning” as the program they wish to apply for. In addition, individuals who apply through Access Health CT and are denied full Medicaid but meet the above specified eligibility criteria will be identified and may be enrolled in HUSKY Limited Benefit Family Planning coverage. Individuals who qualify will be notified separately by DSS.

Enrolled individuals will receive a HUSKY Health program Member ID card labeled HUSKY LB. The Gainwell Technologies Automated Eligibility Verification System will return individual’s information that identifies if

an individual is eligible for the family planning coverage group. The eligibility verification response for this population will be “Family Planning Services Only”.

Confidentiality:

Individuals, including minors, may apply for coverage on their own behalf and request confidentiality. If confidentiality is requested, Family Planning coverage information would not be shared with parents, guardians, other family members or third-party insurance carriers.

Accessing the Fee Schedule:

Fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web- site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

Accessing Table 3b Diagnosis Codes for Family Planning Services:

To access Table 3b from the www.ctdssmap.com Web site, go to “Provider” and then to “Provider Fee Schedule Download”. Click “I Accept” at the end of the Connecticut Provider Fee Schedule End User License Agreements and then click on “Fee Schedule Instructions” in the red text at the top of the page. Scroll down to Table 3b “Diagnosis Codes for Family Planning Services.”

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.