



**TO: Physicians, Advanced Practice Registered Nurses (APRN), Physician Assistants (PA),  
Independent Laboratories and Outpatient Hospitals**

**RE: Changes to the Prior Authorization Process for Genetic Testing Services**

Effective April 1, 2017, all HUSKY Health medical policies currently in use by Community Health Network of Connecticut, Inc. (CHNCT) to review requests for genetic testing services will be retired. McKesson's InterQual® Molecular Diagnostics Criteria will instead be used, in conjunction with the Department of Social Services' (DSS) definition of medical necessity (see section 17b-259b of the Connecticut General Statutes). The Criteria provides evidence-based clinical decision support for molecular and genetic tests.

**NOTE: The Criteria will be used as guidelines only.** Should the criteria ever conflict with the DSS definition of medical necessity, the definition of medical necessity shall prevail.

A listing of the molecular pathology and molecular diagnostic procedures requiring prior authorization may be found on the laboratory fee schedule located on the DSS (CMAP) website at: [www.ctdssmap.com](http://www.ctdssmap.com). To access the fee schedule, click on "Provider" followed by "Provider Fee Schedule Download" from the drop down menu, click on "I Accept" at the bottom of the page and then "Lab" from the list of available fee schedules. Procedures requiring authorization are identified by a "Y" in the column labeled "PA".

#### **Prior Authorization Submission Process**

There are no changes to the PA submission process. Providers must continue to submit requests using the Outpatient Prior Authorization Request form available on the HUSKY website at [www.ct.gov/husky](http://www.ct.gov/husky). To access the form, click on "For Providers" followed by "Provider Bulletins and Forms".

In addition to the PA request form, providers must submit clinical information supporting the medical necessity of the requested service. This should include pertinent clinical and family history and information describing how test results will impact the member's plan of care. PA requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by CHNCT. It is the responsibility of the provider initiating the PA submission to respond to requests for additional information in a timely manner. PA requests that pend for 20 business days without receipt of all requested documentation are subject to denial.

For questions regarding the prior authorization process, please contact CHNCT at 1.800.440.5071, between the hours of 8:00 a.m. to 6:00 p.m.