



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Medical Equipment Devices and Supplies (MEDS) Providers, Hospitals, and Laboratories

RE: New Clinical Guidelines – Prior Authorization (PA) of Compressive Orthoses for Correction of Pectus Carinatum and Excavatum, Genetic Cancer Susceptibility Panels Using Next Generation Sequencing, Orthognathic Surgery, Intrapulmonary Percussive Ventilation Systems for Home Use

Effective August 1, 2017, new clinical guidelines will be used in conjunction with the Department of Social Services' (DSS) definition of medical necessity to render determinations on prior authorization (PA) requests for the following:

- Compressive orthoses for correction of pectus carinatum and excavatum
- Genetic cancer susceptibility panels using next generation sequencing
- Orthognathic surgery
- Intrapulmonary percussive ventilation systems for home use

The new policies will be made available on the HUSKY Health Web site at: www.ct.gov/husky. To access the policies, providers should click on "*For Providers*" followed by "*Policies, Procedures and Guidelines*" under the "*Medical Management*" menu item.

NOTE: The criteria are guidelines only. Should the criteria ever conflict with the DSS' definition of medical necessity, as specified under Section 17b-259b of the Connecticut General Statutes, the medical necessity definition shall prevail.

Providers must submit clinical information supporting the medical necessity of the requested service or item. PA requests submitted without sufficient clinical information to support the decision-making process will be held in a pended status until all

required information is received by DSS' medical administrative services organization, Community Health Network of Connecticut, Inc. (CHNCT). PA requests that pend for twenty (20) business days without receipt of all required documentation are subject to denial.

Prior Authorization Submission Process

There are no changes to the PA submission process. Providers may continue to fax the completed Outpatient PA Request Form or submit the request via the medical prior authorization Web portal.

The Outpatient PA Request Form is available on the HUSKY Health web site at www.ct.gov/husky. To access the form, providers should click on "*For Providers*", followed by "*Prior Authorization Forms and Manuals*" under the "*Prior Authorization*" menu item.

The Web portal may be accessed via the HUSKY Health Web site at www.ct.gov/husky. To access the portal, providers should click on "*For Providers*", followed by "*Medical Prior Authorizations*" under the "*Prior Authorization*" menu item. Once on the "*Prior Authorization*" landing page, click on the "*Medical Authorization Portal*" button.

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