



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Laboratories, MEDS Providers

**RE: 1. New Clinical Guidelines: Coverage of Genetic Testing
 2. Update to Clinical Guidelines: Stab Phlebectomy and Sclerotherapy Procedures
 3. Update to Clinical Guidelines: Patient Lift Systems**

Effective November 1, 2018 and forward, the Department of Social Services (DSS) is implementing (1) new coverage guidelines for genetic testing, (2) revisions to the current coverage guidelines for the treatment of varicose veins of the lower extremities, and (3) updates to the current coverage guidelines for patient lift systems under the Connecticut Medical Assistance Program (CMAP).

Genetic Testing

Effective November 1, 2018, new coverage guidelines will be used, in conjunction with DSS’ definition of medical necessity (see section 17b-259b of the Connecticut General Statutes), to render determinations on prior authorization (PA) requests for coverage of genetic testing services (including panel testing) not currently addressed in McKesson’s InterQual® Molecular Diagnostics Criteria.

The current policy, *Genetic Cancer Susceptibility Panels using Next Generation Sequencing*, will be retired on November 1, 2018. Requests for genetic cancer susceptibility panels will be reviewed using the new Genetic Testing policy along with the DSS definition of medical necessity. The Whole Exome and Whole Genome Sequencing policy will remain in effect. Please refer to the Accessing HUSKY Health Policies section of this bulletin for instructions on locating the policies.

Treatment of Varicose Veins of the Lower Extremities: Stab Phlebectomy and Sclerotherapy Treatment

Effective November 1, 2018, requests for prior authorization of sclerotherapy services will be

reviewed using updated criteria (as outlined in the *Publication History* section of the *Treatment of Varicose Veins of the Lower Extremities: Stab Phlebectomy and Sclerotherapy Treatment* policy) in conjunction with DSS’ definition of medical necessity (see section 17b-259b of the Connecticut General Statutes) to render determinations on PA requests for sclerotherapy services.

Please note that PA will be added to the following services effective for dates of service January 1, 2019 and forward:

36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg

Patient Lift Systems

Effective November 1, 2018, requests for prior authorization of patient lift systems will be reviewed using updated criteria (as outlined in the *Publication History* section of the *Patient Lift Systems* policy) in conjunction with DSS’ definition of medical necessity (see section 17b-259b of the Connecticut General Statutes) to



render determinations on PA requests for patient lift systems.

NOTE: The criteria used for genetic testing, treatment of varicose veins of the lower extremities: stab phlebectomy and sclerotherapy treatment and patient lifts are guidelines only. Should the criteria ever conflict with the DSS definition of medical necessity, the definition of medical necessity shall prevail.

Accessing the HUSKY Health Policies

All the policies outlined above are available on the HUSKY Health Web site at: www.ct.gov/husky. To access the policy, click on *For Providers* followed by *Policies, Procedures and Guidelines* under the *Medical Management* menu item.

Prior Authorization Submission Process

There are no changes to the PA submission process. Providers must continue to submit requests using the prior authorization request forms available on the HUSKY Web site at www.ct.gov/husky. To access the form, click on *For Providers* followed by *Provider Bulletins and Forms*.

As a reminder, all Connecticut Medicaid-enrolled providers are required to submit requests for genetic testing using the newly created Genetic Testing Prior Authorization Request Form or the Whole Exome Sequencing and Whole Genome Sequencing Prior Authorization Request Form. Forms must be filled out and signed by the **ordering physician**.

All PA request forms (including the forms for Genetic Testing and Whole Exome and Genome Sequencing) are available on the HUSKY Health Web site at: www.ct.gov/husky. To access the forms, click on *For Providers*, followed by *Prior*

Authorization Forms and Manuals under the *Prior Authorization* menu item.

In addition to the PA request form, providers must submit clinical information supporting the medical necessity of the requested item or procedure. Prior authorization requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by Community Health Network of CT, Inc. (CHNCT). It is the responsibility of the provider initiating the PA submission to respond to requests for additional information in a timely manner. Prior authorization requests that pend for twenty (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.