



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants, Certified Nurse Midwives (CNM), Clinics, Hospitals and Laboratories
RE: New Genetic Testing Prior Authorization Forms

Effective May 1, 2018, 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.

Both forms 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.

Prior Authorization Submission Process

There are no changes to the prior authorization (PA) submission process. Providers must fax the completed PA form to the Medicaid program's medical administrative service organization (ASO), Community Health Network of Connecticut, Inc. (CHNCT) at (203) 265-3994.

Along with the applicable, completed PA form, providers must submit clinical information supporting the medical necessity of the requested test as indicated on each form. 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 CHNCT. PA requests that pend for twenty (20) business days without receipt of all required documentation are subject to denial.

For questions regarding the PA 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.