



**TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Certified Nurse Midwives (CNMs), Clinics, Hospitals and Laboratories**  
**RE: Updates to Genetic Testing Prior Authorization Form**

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Effective September 1, 2019 and forward, the Genetic Testing Prior Authorization (PA) Request Form has been updated. The updated form should be used **beginning September 1, 2019**.

The updated Genetic Testing Prior Authorization Request Form does not apply to *Whole Exome Sequencing and Whole Genome Sequencing or Non-invasive Prenatal Testing for Fetal Aneuploidy* service requests. Providers should continue to use the forms specific to *Whole Exome Sequencing and Whole Genome Sequencing Prior Authorization Form* and the *Non-invasive Prenatal Testing for Fetal Aneuploidy Prior Authorization Request Form* when submitting requests for those tests.

PA request forms are available on the HUSKY Health Web site at: [www.ct.gov/husky](http://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.

### **PA Submission Process**

There are no changes to the PA submission process. Providers must fax the completed PA form to CHNCT at (203) 265-3994.

Along with the completed PA form, providers must submit clinical information supporting the medical necessity of the requested test as indicated on the 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 the Medicaid program's medical administrative service

organization (ASO), 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.

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.