



TO: Independent Laboratories, General Hospitals, Physicians, Advanced Practice Registered Nurses (APRN), Certified Nurse Midwives (CNM), Podiatrists, Optometrists, and Physician Assistants (PA)
RE: Prior Authorization of Genetic Testing

This bulletin serves as a reminder of the **minimum** documentation required when submitting authorization requests for genetic testing. This bulletin will supplement guidance found in [PB 2024-62: Submission of Prior Authorization \(PA\) Requests for Medical Goods and Services](#).

The following documentation MUST be included with all submissions:

- A completed *Genetic Testing Prior Authorization Form* or *Whole Exome and Whole Genome Sequencing Prior Authorization Request Form*.

Note: The prior authorization form is considered a *Certificate of Medical Necessity*. The form should not be submitted unless **all fields have been fully completed and signed by the ordering physician, APRN or PA.**

- Medical records from the ordering physician, APRN, or PA that support the medical necessity of the requested testing as outlined in the *HUSKY Health Genetic Testing Policy*.

Note: Clinical information, including the rationale for the requested testing, must be HUSKY **member-specific** and include how the testing will impact medical decision-making.

- Test information including the specific test name and exact genes/mutations to be tested.

Effective July 1, 2025, prior authorization requests received without a fully completed PA form, signed by the ordering physician, APRN, or PA, documentation from the ordering physician, APRN, or PA supporting medical necessity, and specific test information will be considered an incomplete request and will be cancelled and returned to the laboratory provider.

The laboratory provider must then submit a NEW request with all required documentation.

Policies are available on the HUSKY Health web site at: <https://portal.ct.gov/husky>. To access the policies, click on *Information for Providers* followed by *Policies, Procedures and Guidelines* under the *Medical Management* menu item.

Prior Authorization Submission Process

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