



HUSKY Health – Medical Authorization Portal
Prior Authorization (PA) Request – Quick Reference Guide
Genetic Testing



Table of Contents

Quick Reference	2
Genetic Testing Authorization Request Steps.....	3
Option to Save as Draft.....	4
View and Print Authorization Number and Authorization Summary	5
View and Print Determination Letters	6
Attach Additional Information	6
Cancel a Pending Authorization Request.....	7
Important Information.....	8
Genetic Testing - Authorization Request Entry Example.....	9



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Genetic Testing



GENETIC TESTING

Quick Reference

Field	Selection
Eligibility	Click in the eligibility information field.
Authorization Type	Genetic Testing
Auth Priority	Standard
Provider Details	
Referred by Provider	Search for the referred by /ordering MD and select the correct provider*. Enter phone and fax number.
Servicing Provider	Select "CMAP ID" from the dropdown selection and enter your billing provider ID*. Enter phone and fax number.
Diagnosis and Service Codes	
Diagnosis Description	Auto-populated when the diagnosis code is entered
Diagnosis Code	Enter the ICD-10 diagnosis code*.
Procedure Description	Auto-populated when the procedure code is entered.
Procedure Code	Type the appropriate code, then the down arrow*.
From Date	Start date of service
To Date	End date of service
Unit Type	Units or Negotiated Price
Req.	Number of units requested
<i>Note: Use + sign to add diagnosis and procedure codes as needed</i>	
Notes & Attachments	
Enter any notes or pertinent information.	
Attach all clinical documents needed to determine medical necessity. Include the applicable Genetic Testing Prior Authorization Request Form located on the Prior Authorization Forms & Manuals webpage .	

**Use the "down arrow" on keyboard to select.*



HUSKY Health – Medical Authorization Portal

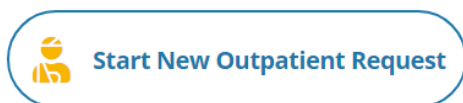
Prior Authorization (PA) Request – Quick Reference Guide

Genetic Testing



Genetic Testing Authorization Request Steps

1. Log in:
 - a. Users MUST log in with the correct billing **CMAP ID** for the provider they are requesting services for to be able to see authorizations submitted under that provider.
2. Click on the “Home” tab.
3. Click on the “Start New Outpatient Request” icon



4. Enter the member’s Date of Birth and Member ID number, and click on “Find Member.”

* First Name	* Last Name	* Date of Birth MM/DD/YYYY	* Member ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Find Member"/>			<input type="button" value="Clear"/>

5. Select member by clicking on member’s box.

Member ID	Member ID : HTESTMEMBERW, Medicaid No : TESTMEMBERW	First Name	TEST	Last Name	MEMBER HUSKY D	Date of Birth	01/01/1973
Phone Number	203-949-4000	Primary Insurance	N/A	Secondary Insurance	N/A	Address	4 FAIRFIELD BLVD, MERIDEN, CT, 064920000

6. **Eligibility:**

- a. Select Active.

Eligibility Select an eligibility

Filter by

☒ Active Eligibility ☐ Inactive Eligibility ☐ View Full Eligibility

- b. Click on the eligibility information box.

LOB	ASO- Medicaid	Status	Active
Code	0013	Start Date	11/1/2016 End Date 12/31/2999
Benefit Plan	HUSKY A	Coverage Code	HUSKY A FOR KIDS UP TO AGE 19
Code	1013	Code	3049

7. **Authorization Type:** Genetic Testing
8. **Auth Priority:** Standard
9. **Provider Details:**
 - a. *Referred by Provider (Surgeon/Ordering MD):*
 - i. Search for the referring provider, and use the “down arrow” on your keyboard to select the correct referring/ordering provider.
 - ii. Use the advanced search tool to look up the provider as needed.



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Genetic Testing



* Referred By Provider Name
(Surgeon/Ordering MD)

Provider Name ▼

Begin typing name or code to select

iii. Enter the **referring/ordering provider's phone and fax number**.

b. Servicing Provider:

- i. Select "CMAP ID" option from the dropdown selection.
- ii. Enter your billing CMAP ID and select the billing provider.
- iii. Enter **servicing/billing provider's phone and fax number**.

10. Diagnosis Code(s):

- a. Diagnosis Description: Auto-populated based on code selection.
- b. Diagnosis Code: Type ICD-10 code.
 - i. Use the "down arrow" to select code.
- c. Use the + sign to add codes as needed.

11. Procedure Code(s):

- a. Procedure Description: Auto-populated based on code selection.
- b. Procedure Code: Type the procedure code.
 - i. Use the "down arrow" to select code.
- c. From Date: Enter the start date of service.
- d. To Date: Enter the end date of service.
- e. Unit Type: Select units or negotiated price.
- f. Req.: Enter the number of units requested.
- g. Use the + sign to add codes as needed.

12. Click **Next to proceed with authorization:**

a. Option to Save as Draft

Please note: The option to **Save as Draft** can be used if the clinical information is not available at the time of the authorization creation.

The authorization will NOT be available to HUSKY Health staff until the user clicks on "Submit."

All authorizations must be submitted within 30 days of the testing – the option to **Save as Draft** does not override this requirement. Draft authorizations will only be available for up to seven days.

- i. To retrieve a list of authorizations "saved as draft":
 1. Go to the Home tab and scroll down to see Draft Authorizations.
 2. Click on "Outpatient Drafts."



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Genetic Testing



Draft Authorizations

0

1

3. Enter Member ID to search.
4. Reopen the authorization draft by clicking on the “draft” link under **Status**.
 - a. Note: You may click on “Download Results” to export an Excel spreadsheet with all authorizations saved as a draft, if needed.

Draft Authorization List

[Inpatient](#) [Outpatient](#)

Member ID

Draft ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
D02TYRCW	May 02, 2024	TEST MEMBER HUSKY A	ASO- Medicaid	N/A	Genetic Testing	Draft	N/A	PROVIDER DEFAULT

13. Add **Notes** and **Attachments**, then select **Submit**.
 - a. Note: Both fields are required to proceed.
 - b. Attach all clinical documents needed to determine medical necessity. Include the applicable **Genetic Testing Prior Authorization Request Form** located on the [Prior Authorization Forms & Manuals webpage](#).

View and Print Authorization Number and Authorization Summary

The option to view and print the authorization summary is available immediately after submitting a request. An informational message shows the authorization reference number and link to print the authorization summary.

Your request #0501WZ71H has been pended. [Click to print](#)

1. Scroll down to view the authorization details.
2. To view the Authorization Number (KG#), scroll down to the procedure codes section and refer to the **Alternate Service ID**.

Procedure Codes

Procedure Code 81458	Primary Procedure	Alternate Service ID KG00004886
Procedure Description SO NEO GSAP DNA ALY CPY NMBR&MICROSATELLITE INS		
Unit Type Units	Req. 1	Approved Units 0
From Date 02/17/2024	To Date 02/17/2024	Used Units
		Denied Units 0

3. To print the Authorization Summary, select “Click to print.”
 - a. Note: The Authorization Summary may open on a new tab in your browser.




HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Genetic Testing



 Your request #0501WZ71H has been pended. [Click to print](#)

View and Print Determination Letters

1. Click on “Authorization List” on the left-hand menu.
2. Select **Outpatient**.
3. Enter the **Member ID** and press enter, or click on the magnifying glass to search.



Authorization List

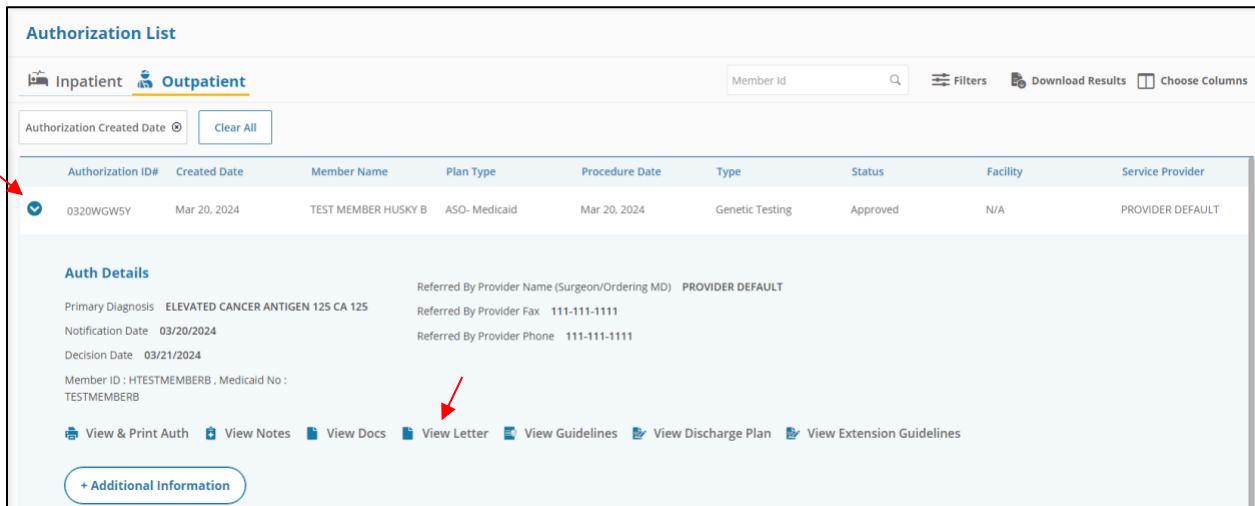
Inpatient **Outpatient**

Member ID

Authorization Created Date

Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
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4. Click on the caret symbol to expand the view.
5. Click on “View Letter.”



Authorization List

Inpatient **Outpatient**

Member ID

Authorization Created Date

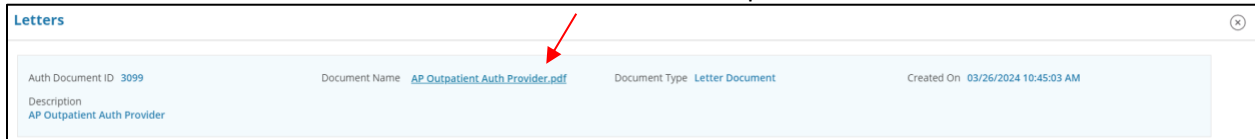
Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
0320WGWSY	Mar 20, 2024	TEST MEMBER HUSKY B	ASO- Medicaid	Mar 20, 2024	Genetic Testing	Approved	N/A	PROVIDER DEFAULT

Auth Details

Primary Diagnosis: ELEVATED CANCER ANTIGEN 125 CA 125
Notification Date: 03/20/2024
Decision Date: 03/21/2024
Member ID: HTESTMEMBERB, Medicaid No: TESTMEMBERB

Referred By Provider Name (Surgeon/Ordering MD): PROVIDER DEFAULT
Referred By Provider Fax: 111-111-1111
Referred By Provider Phone: 111-111-1111

6. Click on the link next to Document Name to download or print the letter.



Letters

Auth Document ID	Document Name	Document Type	Created On
3099	AP Outpatient Auth Provider.pdf	Letter Document	03/26/2024 10:45:03 AM

Description: AP Outpatient Auth Provider

Attach Additional Information

After the authorization is submitted, you may add notes and attachments to the authorization request while it is in **pending** status.

1. Click on “**Authorization List.**”
2. Select **Outpatient** icon.
3. Enter the **Member ID**, and click on the magnifying glass to search.



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Genetic Testing



- Click on the caret symbol to expand the view.
- Click on **+Additional Information**.

The screenshot shows the 'Outpatient' tab selected. The 'Authorization List' in the sidebar is expanded. The table below shows a single authorization request.

Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
0321TWSDS	Mar 21, 2024	TEST MEMBER HUSKY B	ASO- Medicaid	Feb 17, 2024	Genetic Testing	Pending	N/A	PROVIDER DEFAULT

Auth Details

Primary Diagnosis: ELEVATED CANCER ANTIGEN 125 CA 125
Notification Date: 03/21/2024
Decision Date: 03/21/2024
Member ID: HTESTMEMBERB, Medicaid No: TESTMEMBERB

Referred By Provider Name (Surgeon/Ordering MD): PROVIDER DEFAULT
Referred By Provider Fax: 111-111-1111
Referred By Provider Phone: 111-111-1111

View & Print Auth | View Notes | View Docs | View Letter | View Guidelines | View Discharge Plan

+ Additional Information

- Proceed to enter a note and add attachments (both sections are required).
- Click "Submit."

Enter Note

Enter additional notes here
Click below to add documents

Add Attachments

Submit [Cancel](#)

Cancel a Pending Authorization Request

You may cancel/withdraw an authorization when it's in **pending** status only. To make a modification, or to cancel a request with a determination on file, please contact the Prior Authorization unit.

- Select the link labeled "Request to withdraw a pending Authorization" at the bottom of the Home page.



- Enter the Authorization ID (reference number) or member ID to search, and click on "Find Authorization."
- Click the radio button on the left side to select the authorization.



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Genetic Testing



Withdraw Authorization Search

Authorization ID# Service Start Date Service End Date Member ID Member Name

[Find Authorization](#) [Clear](#)

Authorization ID#	Created Date	Member Name	Plan Type	Type	Status	Facility	Service Provider
Select 0321TW5D5	Mar 21, 2024	TEST MEMBER HUSKY B	ASO- Medicaid	Genetic Testing	Pending	N/A	PROVIDER DEFAULT

4. Check the box to select the service code(s) to be cancelled.
Add a note with the reason for cancellation.
5. Click "Submit."

Withdraw Request

TEST MEMBER HUSKY B Authorization ID #0321TW5D5

Service Code	Service Description	Unit Type	Requested Units	Start Date	End Date	Status
<input type="checkbox"/> 81458	SO NEO GSAP DNA ALY CPY NMBR&MICROSATELLITE INS	Units	1	02/17/2024	02/17/2024	Pending


Add Note [?](#)

Begin typing

Add Attachments [?](#)

[Submit](#) [Cancel](#)

6. To print the details, select the "click to print" link available in the confirmation message.

 Withdraw request has successfully submitted on authorization #0320WDHW8. [Click to print](#)

Important Information

The following features are not operational in the authorization portal at this time:

- Messages
- Extensions
- Appeals
- Peer to Peer Reviews

Please contact the Prior Authorization unit for additional information, modification requests, or questions at **1.800.440.5071**.



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Genetic Testing



Genetic Testing - Authorization Request Entry Example

* Authorization Type Genetic Testing	* Auth Priority Standard		
* Referred By Provider Name (Surgeon/Ordering MD) Provider Name	PROVIDER DEFAULT	* Referred By Provider Phone 999-888-7777	* Referred By Provider Fax 999-777-6666
<input checked="" type="checkbox"/> Referred By Provider Name (Surgeon/Ordering MD) & Servicing Provider are same			
* Servicing Provider Provider Name	PROVIDER DEFAULT	* Servicing Phone 999-888-7777	* Servicing Fax 999-777-6666
* Diagnosis Description GENETIC SUSCEPTIBILITY MALIGNANT NEOPLASM BREAST	* Diagnosis Code Z15.01	+ Primary Diagnosis	
* Procedure Description BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	* Procedure Code 81165	* From Date 04/01/2024	* To Date 04/30/2024
* Unit Type Units	* Req. 1	+ Primary Procedure	
<input type="checkbox"/>			
<div>Save as Draft Next Reset Delete Draft</div>			

Providers/Facilities must submit medical records with authorization requests.

Add Note

Test note

Add Attachments

Test_doc (2).pdf

Submit Cancel

Asterisk (*) denotes a mandatory field.