

CRITERIA FOR MEDICAL AND SURGICAL PROCEDURES

Utah Medicaid conducts medical necessity and appropriateness reviews utilizing McKesson's InterQual or Utah Department of Health criteria with precedence given to department criteria. If either is silent, then Utah Medicaid's Utilization Review process is followed and requests will be evaluated by a Medicaid Staff Physician or the appropriate Utah Medicaid Utilization Review Committee to determine the medical appropriateness of the services requested. Medicaid's medical staff will review and identify the pertinent clinical, diagnostic, and related indicators in order to process a request for prior authorization, concurrent review or retrospective review. Utah Medicaid will use McKesson's InterQual evidenced-based medicine decision tool unless specified otherwise in the Medicaid provider manuals (e.g. "Dental Services Manual").

In the event there are no pediatric specific criteria, the default criteria for pediatrics are the adult or general criteria.

Prior Authorization does not guarantee reimbursement. All other Medicaid requirements must be met in order for a provider to receive reimbursement.

To obtain a copy of the current criteria, please see the '[Criteria](#)' section on the Utah Medicaid Website. For criteria that are not listed on the criteria page, please use the link to the Utah Medicaid Provider Manuals or the Utah Medicaid Transplant Criteria found at the bottom of the criteria page. For a copy of criteria that is not found on the website, please call the Prior Authorization Unit at (801) 538-6155, option 3, option 3, and then choose the appropriate program. You may also send an email, including the CPT/HCPCS codes, to medicaidcriteria@utah.gov. Please do not send any PHI through unsecured email and allow a 24 hour response time for criteria requests.

For transplant services, please see Utah Administrative Rule R414-10A