Genetic Testing Prior Authorization Request Form

Instructions

- Complete this form fully and legibly. All fields with an asterisk (*) are required.
- For questions, call **(801) 538-6155** or toll free **(800) 662-9651** and select options **3, 3, 8**
- For policy related to genetic testing click here.
- Submit the completed form and all supporting documentation for requested service to one of the options below:

Fax: 801-536-0162
Email: fax_allotherauth_prior@utah.gov

Address: Utah Medicaid Prior Authorization
PO BOX 14311
Salt Lake City, UT 84114-3111

Member Information

1. Name (First, Middle Initial, Last):*	2. Medicaid ID#: *
3. Date of Birth:*	4. Gender: * ☐ Female ☐ Male

5. Has eligibility been verified? * https://medicaid.utah.gov/eligibility/ ☐ No ☐ Yes

6. Is the member enrolled in a managed care entity (MCE)? * ☐ No ☐ Yes, contact member's MCE

Provider Information

7. Requesting Provider:*	8. NPI:*
9. Address:*	
10. Contact person:*	11. Phone #:*
12. Contact information:* Fax #: Or Email address:	
13. Laboratory Name: *	14. NPI:*

Request Information

15. Does CPT code require a prior authorization?* ☐ No ☐ Yes https://health.utah.gov/stplan/lookup/CoverageLookup.php

16. Date of submission:*	17. Requested date(s) of service:* _____ - _____ OR ☐ TBD
18. Total pages:	19. Request a change to a previous PA? ☐ No ☐ Yes, Previous PA#:

20. Is this a retroactive request? ☐ No ☐ Yes, list reason (Required if "Yes"):

21. If the request requires expedited review for medically necessary circumstances and delay of services may result in harm to the patient, attach substantiating justification **AND** call us at (801) 538-6155 or (800) 662-9651 (options 3, 3, 9).

22. Primary ICD 10 CM Code(s) and/or Diagnosis Description:

23. Indication(s) for testing: ☐ Diagnostic ☐ Prognostic ☐ Therapeutic ☐ Other, list type:

24. CPT Code(s)*	25. Description*	26. Units*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12		
13.		
14.		

27. Patient's personal clinical history related to testing:*

28. Relevant family history:*

29. How will testing outcome(s) inform medical management:*

If the requested test does not have established criteria, submit publicly accessible data from peer-reviewed, scientific literature and/or national databases that address the clinical validity, predictive value, and/or medical benefit(s) of the specific genetic test(s).

30. Additional Information