

# ATTENTION: Providers and Office Staff

Upper Peninsula Health Plan (UPHP)

Genetic and Molecular Testing Prior Authorization Requirements

**Effective July 1, 2018**

For UPHP Medicaid, Healthy Michigan Plan, and Children's Special Health Care Services

Starting July 1, 2018 UPHP will require prior authorization on the following Genetic and Molecular Tests:

- ❖ **Hereditary cancer testing**
- ❖ **Next generation sequencing panels**
- ❖ **Exome sequencing**
- ❖ **Pharmacogenomic testing**
- ❖ **Non-invasive prenatal testing**
- ❖ **Carrier testing**
- ❖ **Microarray analysis**
- ❖ **Unlisted or Unspecified Molecular Testing**

Using any of the following CPT codes:

81201-81203	81228	81321-81323	81535
81209	81229	81330	81536
81211	81251	81370-81383	81539
81214-81217	81255	81400-81408	81599
81225	81290	81479	
81226	81292-81301	81521	

Reminder: UPHP requires prior authorization for out-of-network services, including laboratory services. If using a laboratory that is not in the UPHP network, prior authorization is required.

If you have any questions, please contact the UPHP Utilization Management Department at 906-225-7774

