



DEFINITIVE/PRESUMPTIVE DRUG TESTING PRIOR AUTHORIZATION FORM

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Provider: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_

Laboratory Completing Request: \_\_\_\_\_

Laboratory Tax ID#: \_\_\_\_\_

What phase of treatment is the patient currently in?

- Initiation (0 – 8 weeks)    
  Stabilization (9 – 16 weeks)    
  Maintenance (16 + weeks)

| Requested Code | Code Description | Presumptive Result and Date | Expected Result | Result Disputed by Patient                               | Treatment Impact |
|----------------|------------------|-----------------------------|-----------------|----------------------------------------------------------|------------------|
|                |                  |                             |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|                |                  |                             |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|                |                  |                             |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|                |                  |                             |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|                |                  |                             |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|                |                  |                             |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|                |                  |                             |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |

If requesting testing for more substances than patient disputed the results of, please provide specific substances that you wish to be tested and rationale for testing additional substances.

| Substance | Rationale |
|-----------|-----------|
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REVIEWED 08/23/2018