



McLaren Health Plan Medicaid/Healthy Michigan  
 McLaren Health Advantage (PPO)  
 McLaren Health Plan Community

### MHP Service Codes Requiring Preauthorization - Effective July 1, 2022

Referral Category Name	Definitions
<b>NOC</b>	
Not Otherwise Classified (NOC), unlisted, unspecified codes, and manually priced codes.	Requires preauthorization
<b>Auditory and Oral Procedures</b>	
Auditory Procedures <b>Medicaid Only: Authorization is not required for codes for BAHA hearing devices and procedures if services are provided In-Network. Listed codes otherwise require authorization.</b> <b>Refer to the preauthorization grid located at the end of this document for additional information.</b>	69710, 69711, 69714, 69715, 69717, 69718, 69930, L8614, L8619, L8627, L8690
Oral Surgery/Mandibular Surgery/Orthognathic Surgery	21025, 21026, 21029, 21030, 21031, 21032, 21040, 21044, 21045, 21046, 21047, 21048, 21049, 21081, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21206, 21208, 21210, 21215, 21244, 21245, 21246, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21081, 21440, 21445, 21497, 30545, 30560, 40804, 40805, 40806, 40818, 40840, 40842, 40843, 40844, 40845, 41500, 41510, 41820, 41821, 41822, 41823, 41825, 41826, 41827, 41828, 41830, 41850, 41870, 41872, 41874, 42120, 42299, 42300, 42305, 42310, 42320, 42330, 42335, 42340, 42400, 42405, 42408, 42409
Procedures to Correct Obstructive Sleep Apnea	21193, 21194, 21195, 21196, 21198, 21199, 21685, 41512, 41530, 41599, 42145, 42299, S2080
Temporomandibular Joint Syndrome (TMJ) Treatment	21050, 21060, 21070, 21073, 21110, 21116, 21240, 21242, 21243, 21247, 21248, 21249, 21480, 21485, 21490, 29800, 29804

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Referral Category Name	Definitions
<b>Behavioral Health</b>	
Inpatient Behavioral Health Services Inpatient Substance Abuse Treatment (Rehabilitative Services only)	<b>Medicaid/Healthy Michigan</b> These benefits are managed by the Prepaid Inpatient Health Plan (PIHP) <b>Commercial/Community and Health Advantage:</b> McLaren preauthorization required
Electroconvulsive Therapy <i>Refer to the preauthorization grid located at the end of this document for additional information.</i>	90870
Mental Health Partial Hospitalization Programs - <i>Commercial/Community and Health Advantage Only</i>	Requires preauthorization
Mental Health Residential Treatment Programs - <i>Commercial/Community and Health Advantage Only</i>	Requires preauthorization
<b>Cosmetic Procedures - Medical Necessity review required to determine cosmetic vs reconstructive</b>	
Blepharoplasty	15820, 15821, 15822, 15823, 67904, 67912, 67916, 67917, 67923, 67924, 67904
Breast Reconstruction Procedures	19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396
Cosmetic Skin Procedures	11200, 11201, 11950, 11951, 11952, 11954, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 17106, 17107, 17108, 17340, 17360, 17380, 69090
Cosmetic Tattooing	11920, 11921, 11922

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Referral Category Name	Definitions
<b>Cosmetic Procedures - continued</b>	
Cosmetic Vein Procedures	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37760, 37765, 37766, 37780, 37785
Lipectomy	15876, 15877, 15878, 15879
Male Enhancement Procedures	All codes including but not limited to 53445, 54400, 54401, 54405, 54406, 54410, 54411, 54416, 54417, C1813, C2622
Otoplasty	69300
Panniculectomy	15830, 15847
Pectus / Carinatum Reconstructive Repair	21740, 21741, 21742, 21743
Reconstructive Face Procedures	21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21208, 21209, 21230, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21295, 21296, 21299, 40500, 40510, 40520, 40527, 40530, 67900, 67901, 67902, 67903, 67906, 67908, 67909
Rhinoplasty	30120, 30150, 30160, 30400, 30410, 30420, 30430, 30435, 30450, 30620, 30460, 30462, 30468, 30540
Septoplasty	30520, 30620
Surgical Treatment for Male Gynecomastia	19300

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Referral Category Name	Definitions
<b>Durable Medical Equipment (DME)</b> <b>Refer to the preauthorization grid located at the end of this document for additional information.</b>	
DME Purchase All products which require authorization regardless of fee	A4421, A4459, A4467, A4615, A4619, A4620, A5083, A6412, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6512, A6513, A6545, A6549, A7522, A9999, B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4102, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9004, B9006, B9998, B9999, E0236, E0240, E0241, E0243, E0244, E0245, E0248, E0265, E0277, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0457, E0482, E0625, E0635, E0637, E0638, E0639, E0641, E0642, E0652, E0656, E0657, E0670, E0953, E0954, E0983, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1012, E1017, E1018, E1161, E1230, E1231, E1232, E1233, E1234, E1235, E1225, E1229, E1239, E1356, E1357, E1399, E1639, E2230, E2291, E2292, E2293, E2294, E2295, E2300, E2301, E2311, E2312, E2313, E2324, E2327, E2328, E2330, E2331, E2358, E2378, E2506, E2508, E2510, E2511, E2512, E2599, E2609, E2617, E2622, E2623, E2624, E2625, K0005, K0009, K0108, K0607, K0608, K0609, K0802, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, S8422, S8423, S8425, S8426, S9379, T5001
DME Purchase Medicaid and Healthy Michigan Plan; Items >\$1,500	E0265, E0301, E0303, E0316, E0482, E0638, E0642, E0983, E0986, E1161, E1230, E1231, E1232, E1233, E1234, E1235, E2311, E2327, E2328, E2330, E2506, E2508, E2510, K0005, K0802, K0807, K0808, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0827, K0835, K0836, K0837, K0838, K0841, K0842, K0843, K0848, K0849, K0851, K0856, K0857, K0861
DME Purchase Commercial/Community HMO & POS; Items >\$3,000	E0193, E0350, E0675, E0694, E0782, E0986, E1035, E1231, E2328, E2510, K0010, K0011, K0014, K0822, K0823, K0824, K0825, K0827, K0835, K0836, K0837, K0838, K0841, K0842, K0843, K0848, K0849, K0851, K0856, K0857, K0861, Q0479, Q0480, Q0481, Q0483, Q0489
DME Purchase Health Advantage; Items >\$5,000	E0193, E0460, E0471, E0472, E0483, E0764, E0783, E0786, E1035, K0606, Q0479, Q0480, Q0481, Q0483, Q0489
DME Rental All products which require authorization regardless of fee	A9999, E0236, E0240, E0241, E0243, E0244, E0245, E0247, E0248, E0277, E0328, E0329, E0371, E0372, E0373, E0439, E0457, E0465, E0466, E0483, E0625, E0635, E0637, E0639, E0641, E0656, E0657, E0670, E0953, E0954, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1012, E1017, E1018, E1225, E1229, E1239, E1356, E1357, E1399, E1639, E2230, E2291, E2292, E2293, E2294, E2295, E2300, E2301, E2312, E2313, E2324, E2331, E2358, E2378, E2402, E2510, E2511, E2512, E2599, E2609, E2617, E2622, E2623, E2624, E2625, K0009, K0108, K0606, K0607, K0608, K0609, K0812, K0826, K0828, K0829, K0830, K0831, K0839, K0840, K0850, K0851, K0852, K0853, K0854, K0855, K0857, K0858, K0859, K0860, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, S8422, S8423, S8425, S8426, S9379, T5001

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Referral Category Name	Definitions
<i>DME - continued</i>	
DME Rental <b>Medicaid and Healthy Michigan Plan;</b> Items >\$500/month	E0747, E0748, E0760
DME Rental <b>Commercial/Community HMO &amp; POS;</b> Items >\$100/month	E0193, E0194, E0302, E0304, E0450, E0460, E0461, E0463, E0464, E0471, E0472, E0482, E0636, E0652, E0675, E0694, E0764, E0782, E0783, E0786, E0986, E0988, E1035, E1231, E1841, E2328, K0010, K0011, K0014, K0822, K0823, K0824, K0825, K0827, K0835, K0836, K0837, K0838, K0841, K0842, K0843, K0848, K0849, K0856, K0861
DME Rental <b>Health Advantage;</b> Items >\$500/month	E0193, E0194, E0302, E0304, E0450, E0460, E0461, E0463, E0464, E0471, E0472, E0636, E0764, E0783, E0786, E1035
Orthotics and Corrective Appliances Purchase <b>Medicaid and Healthy Michigan Plan:</b> items >\$500 <b>Medicaid and Health Advantage Only: Authorization is not required for L3649</b> <b>Medicaid Only: Authorization is not required for L1932</b> <i>Does not apply to Commercial/Community HMO &amp; POS or Health Advantage</i>	A8003, L0112, L0170, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0491, L0631, L0632, L0634, L0635, L0636, L0638, L0639, L0640, L0651, L0700, L0710, L0999, L1001, L1000, L1005, L1200, L1300, L1499, L1680, L1690, L1700, L1710, L1720, L1730, L1755, L1840, L1844, L1845, L1846, L1860, L1932, L1945, L1950, L2000, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2116, L2128, L2136, L2350, L2510, L2627, L2628, L2861, L2999, L3160, L3649, L3674, L3730, L3740, L3808, L3891, L3900, L3904, L3927, L3999, L4000, L4010, L4020, L4631, S1040
Prosthetics Purchase <b>Medicaid and Healthy Michigan Plan;</b> items >\$500	L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5590, L5595, L5600, L5610, L5611, L5613, L5616, L5639, L5640, L5673, L5681, L5683, L5700, L5701, L5702, L5703, L5705, L5706, L5707, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5816, L5818, L5822, L5824, L5828, L5830, L5840, L5845, L5964, L5966, L5979, L5980, L5981, L5990, L5999, L6000, L6010, L6020, L6050, L6100, L6110, L6120, L6130, L6200, L6250, L6300, L6350, L6400, L6450, L6500, L6550, L6570, L6646, L6693, L6694, L6695, L6696, L6697, L6698, L6706, L6707, L6708, L6709, L6712, L6713, L6714, L6721, L6722, L6881, L6883, L6884, L6885, L6935, L7186, L7499, L8499, L8510, V2629
Prosthetics Purchase <b>Commercial/Community HMO &amp; POS;</b> items >\$3,000	L5150, L5160, L5230, L5250, L5270, L5280, L5311, L5312, L5331, L5341, L5595, L5600, L5702, L5782, L5856, L5857, L5858, L5961, L5987, L6025, L6026, L6205, L6300, L6310, L6350, L6360, L6550, L6570, L6624, L6881, L6885, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7170, L7180, L7185, L7186, L7190, L7191, L7259, L7261, L7274, L8044, L8609, L8614, L8619, L8627, L8682, L8683, L8685, L8686, L8687, L8688, L8690
Prosthetics Purchase <b>Health Advantage;</b> items >\$5,000	L5270, L5856, L5857, L5858, L5961, L5973, L5987, L6025, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7180, L7181, L7185, L7186, L7190, L7191, L7274, L8609, L8685, L8686, L8687, L8688

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Referral Category Name	Definitions
<b>DME - continued</b>	
<p>Hearing Aids -  <i>Preauthorization for Hearing Aids is not required for CSHCS/Healthy Michigan/Medicaid members up to the benefit limit.  Refer to the preauthorization grid located at the end of this document for additional coverage information.</i></p> <p><i>Preauthorization for Hearing Aids is not required for Commercial/Community members up to the benefit limit.  Refer to the preauthorization grid located at the end of this document for additional coverage information.</i></p>	<p>V5030, V5040, V5050, V5060, V5100, V5120, V5130, V5140, V5170, V5180, V5200, V5210, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5274, V5298, V5299 <b>(Commercial requires rider)</b></p>
<p>Continuous Glucose Monitors and Insulin Pumps -  <i>All codes for continuous glucose monitors, insulin pumps, and associated supplies require preauthorization.</i></p>	<p>A9274, A9276, A9277, A9278, E0784, K0553, K0554</p>
<b>Gender Affirmation Procedures</b>	
<p>Gender Affirmation Procedures  <i>Codes that are <u>not</u> performed for gender reaffirmation purposes and do not require authorization for another category do not require authorization.</i></p>	<p>15771, 17380, 17999, 19303, 19318, 19325, 19350, 53400, 53405, 53410, 53415, 53420, 53425, 53430, 54125, 54130, 54135, 54400, 54401, 54405, 54520, 54690, 55175, 55180, 55899, 55970, 55980, 56805, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58700, 58720, 58953, 58956, 58999</p>

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Referral Category Name	Definitions
<b>Genetics</b>	
<p>Genetic Testing -  <b>All genetic testing codes, even if the code is not included in this list, require Medical Director review and preauthorization.</b>  <i>*Authorization is not required for pregnant women over the age of 40 and if services are provided In-Network.</i>  <b>Medicaid Only: Authorization is not required 81222 and 81223</b></p>	<p>81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81278, 81279, 81284, 81285, 81286, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81310, 81311, 81312, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81329, 81330, 81331, 81332, 81333, 81336, 81337, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81351, 81352, 81353, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81415, 81416, 81417, 81419, 81420, 81422, 81479, 81507, 81508, 81509, 81513, 81514, 81518, 81519, 81520, 81521, 81529, 81535, 81536, 81539, 81546, 81554, 81599, 83950, 83951, 84999, 86146*, 86147*, 86148*, 86849, 88230, 88233, 88235, 88237, 88239, 88240, 88241, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 88299, 88360, 88361, 88363, 88364, 88365, 88366, 88637, 88368, 88369, 88373, 88374, 88377, 88387, 89290, 89291, 96040, S0265</p>

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Referral Category Name	Definitions
<b>Home Care Services</b>	
<p>Home Care  <i>Refer to the preauthorization grid located at the end of this document for additional information.</i>  <b>Effective 1/1/20 for Medicaid only the first 24 billed home care visits per calendar year do not require prior authorization.</b>  <b>Home Health providers should call to verify how many annual visits have already been billed to prevent claims denial. All additional visits beyond the first 24 visits will require an authorization for claims processing.</b></p>	Billed on institutional claim and type of bill 311 to 389 and revenue code 0550, 0551, 0552, 0559
Hospice Care	Billed on institutional claim and type of bill 811 to 899 , revenue code 0651, 0652, 0655, 0656, 0658
<b>Inpatient Services</b>	
Bariatric Surgery	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999
<p>Inpatient Hospital Services -  <i>Preauthorization Exception - Routine delivery without sterilization requires notification only for all lines of business both contracted and non-contracted facilities. Non-contracted facilities reimbursed at member's OON benefit.</i></p>	<p>All inpatient stays require authorization EXCEPT deliveries which require notification only.  <b>Medicaid Only</b> - Professional medical services rendered during an inpatient psychiatric stay require preauthorization.  <b>Authorization is obtained by admitting facility.</b></p>
Inpatient Rehabilitative Services	Requires preauthorization
LTACH	Requires preauthorization
Skilled Nursing Facility Services	Billed on institutional claim and type of bill 211 to 289 and revenue code 0110, 0120, 0130



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Referral Category Name	Definitions
<b>Medical Respite</b>	
Medical Respite Special Program <i>Medicaid in-network only</i>	G9006, H0045
<b>Neurostimulators</b>	
Neurostimulator <b><i>Two separate authorizations are required; one for the trial and one for the permanent insertion of neurostimulators. Please ensure to submit authorizations for both procedures.</i></b>	43647, 43648, 43881, 43882, 61850, 61860, 61863, 61864, 61867, 61868, 61870, 61880, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64550, 64561, 64565, 64566, 64568, 64569, 64555, 64570, 64575, 64580, 64581, 64590, 64595
<b>Out-of-Network (OON) Services</b>	
Out-of-Network (OON) Ambulatory Surgery Center - <i>Health Advantage preauthorization is not required. Individual Plans on the Exchange. Please verify out of network benefits prior to receiving services.</i>	Type of bill '83X' and OON
OON Outpatient Facility Services - <i>Health Advantage preauthorization is not required. Individual Plans on the Exchange. Please verify out of network benefits prior to receiving services.</i>	Revenue code 0360, 0361, 0362, 0367, 0369, 0481, 0490, 0499, 0790, 0799, 0360 to 0362, 0367, 0369, 0481, 0490, 0499, 0790, 0799
OON Physician Services - <i>Health Advantage preauthorization is not required. Individual Plans on the Exchange. Please verify out of network benefits prior to receiving services.</i>	Billed on professional claim and OON
OON Dialysis - <i>Commercial/Community and Health Advantage only Medicaid preauthorization is <b>not</b> required</i>	all dialysis services provided by an out-of-network provider

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Referral Category Name	Definitions
<b>Pharmacy</b>	
<p>Specialty Medications/Injections -  <i>If diagnosis is cancer preauthorization is not required for listed codes as noted by an asterisk**</i>  <i>Any temporary, miscellaneous, or newly released C, J, S, and Q codes may require authorization.</i></p>	<p>C9046, C9047, C9062, C9065**, C9069**, C9070**, C9071, C9072, C9073, C9074, C9088, C9089, C9090, C9091**, C9092, C9093, C9122, C9132, C9293**, C9257**, C9399**, C9460, C9482, J0129, J0130, J0179, J0180, J0185**, J0202, J0215, J0220, J0221, J0222, J0223, J0224, J0256, J0257, J0270, J0172, J0275, J0490, J0517, J0567, J0570, J0585, J0586, J0587, J0588, J0596, J0597, J0598, J0599, J0638, J0641**, J0695, J0717, J0725, J0739, J0741, J0800, J0881**, J0882**, J0885**, J0887**, J0888**, J0897**, J0791, J1170, J1201, J1290, J1300, J1325, J1322, J1426, J1427, J1428, J1429, J1442, J1447**, J1458, J1459, J1460, J1554, J1555, J1556, J1557, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1572, J1575, J1599, J1602, J1628, J1632, J1640, J1675**, J1740, J1743, J1745, J1786, J1823, J1826, J1830, J1930**, J1931, J1943, J1944, J1950**, J1952**, J2182, J2278, J2323, J2326, J2350, J2353**, J2355**, J2357, J2502, J2505, J2506, J2507, J2786, J2796, J2941, J3031, J3032, J3060, J3110, J3241, J3245, J3285, J3262**, J3304, J3316, J3357, J3358, J3380, J3385, J3398, J3399, J3489**, J3490, J3535, J3590, J3591, J7168, J7169, J7210, J7308, J7312, J7318, J7328, J7330, J7352, J7402, J7599, J7686, J7699, J7799, J7999, J8498, J8499**, J8597, J8999**, J9035**, J9037**, J9144**, J9217**, J9218**, J9219**, J9223**, J9226, J9272**, J9281**, J9312**, J9314**, J9316**, J9317**, J9318**, J9319**, J9349**, J9999**, Q0181, Q2041, Q2042, Q2043**, Q2053, Q2054, Q2055, Q3027, Q4081**, Q5101**, Q5103, Q5104, Q5105**, Q5106**, Q5107**, Q5108**, Q5109, Q5110**, Q5111**, Q5118**, Q5119**, Q5120, Q5121, Q5122, Q5123**, Q9991, Q9992, S0013, S0189</p>
<p>Buy &amp; Bill <i>Medicaid Only: Physicians administering "Carved Out" C, J, S, and Q codes must bill Fee For Service.</i></p>	<p>C9071, C9073, J0739, J0741, J1322, J1426, J1427, J1428, J1429, J2326, J3398, J3399, Q2041, Q2042, Q2053, Q2054, Q2055</p>

## MHP Service Codes Requiring Preauthorization - Effective July 1, 2022

Referral Category Name	Definitions
<b>Radiation Services</b>	
Photochemotherapy	96573, 96574, 96910, 96912, 96913, 96920, 96921, 96922, E0691, E0692, E0693, E0694
Proton Beam Therapy	77520, 77522, 77523, 77525
<b>Rehabilitation Services</b>	
Medical Rehabilitation	93668
Procedures to Treat Asthma	31660, 31661
Occupational Therapy - <b>1 unit=15 minutes</b> <i>Medicaid visit limit - As of 10/1/18 the OT benefit will be calculated based on calendar year.</i> <i>A total of 36 annual visits of OT.</i> <i>Preauthorization is not required.</i> <i>Health Advantage preauthorization is not required up to the benefit limit.</i> <i>Commercial/Community preauthorization is required.</i>	97165, 97166, 97167, 97168 <b>Medicaid Only:</b> <b>Maximum of 144 billed units allowed per calendar year (Average of 4 billed units per visit X 36 visits=144 units).</b> <b>Please be aware the 144 billed unit maximum may be reached in less than 36 visits resulting in fewer visits.</b>

## MHP Service Codes Requiring Preauthorization - Effective July 1, 2022

Referral Category Name	Definitions
<b>Rehabilitation Services Cont.</b>	
<p>Physical Therapy -  <b>1 unit=15 minutes</b>  <i>Medicaid visit limit - As of 10/1/18 the PT benefit will be calculated based on calendar year.</i>  <i>A total of 36 annual visits of PT.</i>  <i>Preauthorization is not required.</i>  <i>Health Advantage preauthorization is not required up to the benefit limit.</i>  <i>Commercial/Community preauthorization is required.</i></p>	<p>97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97530, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97763, 97799</p> <p><b>Medicaid Only:</b>  <b>Maximum of 144 billed units allowed per calendar year (Average of 4 billed units per visit X 36 visits=144 units).</b>  <b>Please be aware the 144 billed unit maximum may be reached in less than 36 visits resulting in fewer visits.</b></p>
<p>Speech Therapy -  <i>Medicaid visit limit - As of 10/1/18 the ST benefit will be calculated based on calendar year.</i>  <i>A total of 36 annual visits of ST.</i>  <i>Preauthorization is not required.</i>  <i>Health Advantage preauthorization is not required up to the benefit limit.</i>  <i>Commercial/Community preauthorization is required.</i></p>	<p>92506, 92507, 92508</p> <p><b>Medicaid Only:</b>  <b>Speech therapy services are not calculated in units but in visits.</b></p>
<b>Reproductive Services</b>	
GYN Procedures	58353, 58356
Infertility Services	0058T, 0357T, 54692, 54900, 54901, 55200, 55300, 58321, 58322, 58323, 58350, 58578, 58752, 58760, 58970, 58974, 58976, 58999, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89300, 89210, 89320, 89321, 89322, 89323, 89324, 89325, 89326, 89327, 89328, 89329, 89330, 89331, 89325, 89329, 89330, 89331, 89353, 89335, 89337, 89342, 89344, 89346, 89352, 89353, 89354, 89356, 89398, S4011, S4012, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4026, S4027, S4028, S4030, S4031, S4026, S4027, S4028, S4030, S4031, S4035, S4037, S4040

## MHP Service Codes Requiring Preauthorization - Effective July 1, 2022

Referral Category Name	Definitions
<b>Reproductive Services - continued</b>	
Termination of Pregnancy - <i>Health Advantage preauthorization is not required.</i> <i>Commercial/Community preauthorization is required.</i>	59812, 59820, 59821, 59830, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, 59870, 59897, 59898, 59899
Voluntary Sterilization - <i>Medicaid requires preauthorization, a signed consent form, and a 30 day waiting period.</i> <i>Health Advantage preauthorization is not required.</i> <i>Commercial/Community preauthorization is required.</i>	55250, 55450, 58565, 58600, 58605, 58611, 58615, 58661, 58662, 58670, 58671, 58672, 58673, 58679, 58700, 58720, 58740, 58750, 58770, 58800, 58820, 58822, 58825, 58900, 58920, 58925, 58940, A4264
<b>Transitional Care</b>	
Transitional Care Program - <b>Health Advantage Only</b>	Requires preauthorization
<b>Transplant Services</b>	
Cornea Transplant	00144, 65710, 65730, 65750, 65755, 65756
Heart Transplant	33927, 33928, 33929, 33933, 33944, 33945
Intestine Transplant	44715, 44720, 44721, 44132 , 44133 , 44135 , 44136 , 44137
Islet Transplant	48160, G0341, G0342, G0343
Kidney Transplant	50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380
Liver Transplant	47135, 47136, 47143, 47144, 47145, 47146, 47147
Lung Transplant	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33933
Marrow Transplant	38240, 38241, 38242
Pancreas Transplant	48550, 48551, 48552, 48554, 48556
Stem Cell Transplant	38205, 38206, 38207, 39208, 38209, 38210, 38211, 38212, 38213, 38214, 38215 , 38240, 38241, 38242

## MHP Service Codes Requiring Preauthorization - Effective July 1, 2022

Referral Category Name	Definitions
<b>Transportation Services</b>	
Emergency Air Ambulance - Requires retro medical necessity review	A0430, A0431, A0435, A0436
Meals/Lodging Medicaid: Requires health plan notification. Health Advantage: Transplant Related Only. Refer to the preauthorization grid located at the end of this document for additional information.	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210
Non-emergency Ambulance - Land	A0021, A0426, A0428, A0380, A0382, A0384, A0390, A0392, A0394, A0396, A0398, A0420, A0422, A0424, A0425, A0432, A0433, A0434, A0888, A0999, A0021, A0426, A0428
<b>Urgent</b>	
Urgent Preauthorization Requests	Requests are considered urgent <b>only</b> when a delay in care could jeopardize the life/health of the member, jeopardize the member's ability to regain maximum function, or may subject the member to severe pain that cannot be adequately managed without the requested service.
<b>Urological Procedures</b>	
High Intensity Focused Ultrasound treatment (HIFU)	55880

## MHP Service Codes Requiring Preauthorization - Effective July 1, 2022

Referral Category Name	Definitions
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### Authorization Guidelines:

This is not a complete listing of services that may require preauthorization, and all services must be medically necessary. The Provider Referral and Preauthorization Form, Certificate of Coverage, Plan Document or Policy includes more detailed information on covered services, limitations and preauthorization requirements per line of business.

MHP reserves the right to perform ad hoc audits post-payment to determine medical necessity and/or industry standard treatment protocols for medical and pharmacy services. Any procedure or service cosmetic in nature will be subject to clinical review at any time.

Any medication (J-Code) prescribed against FDA/manufacture guidelines requires preauthorization.

This list is updated at least quarterly. The most current version is available on our website at [McLarenHealthPlan.org](http://McLarenHealthPlan.org). Please contact MHP Customer Service at (888) 327-0671 with any questions.

**This is not a complete listing of services that may require Preauthorization and all services rendered must be medically necessary.  
The Certificate of Coverage or Plan Document includes more detailed information.**

<b>X= Requires Pre-Authorization</b> <b>NC= Not covered by this product</b> <b>NR= Auth not required</b> <b>RN=Requires Notification</b>	Medicaid	Healthy Michigan Medicaid	Commercial/Community HMO/POS	Health Advantage (HA)
All Inpatient Services -obtained by admitting facility. Exception - Deliveries without sterilization only requires notification for all lines of business both contracted & non-contracted facilities. Community HMO/POS/HA - Non-contracted facilities are reimbursed at member's out-of-network benefit.	X	X	X	X
Inpatient Mental Health (MH)-obtained by admitting facility	NC	NC	X	X
All Out of Network Services (non-contracted providers)** <b>Individual Plans on the Exchange should verify out of network benefits prior to receiving services.</b>	X	X**	X**	X**
Ambulance: Non-Urgent Transportation	X	X	X	X
Ambulance: Air, Emergent (Requires post-service review)	X	X	X	X
Applied Behavioral Analysis (ABA Therapy)	NC	NC	X	NC
Autism Services	NC	NC	NR	<b>Screening Only</b>
BAHA (L8691, L8692, L8693, L8694) (Commercial requires rider)	NR	NR	<b>HMO=NC POS=X</b>	<b>NC</b>
Chiropractic (Medicaid up to 18 visits per calendar year. Additional visits require preauthorization)	NR	NR	NR	NR
Continuous Glucose Monitors/Supplies	X	X	X	X
Cosmetic Services	X	X	X	X
<b>MEDICAID</b> DME Purchase- (Durable Medical Equipment) - ( <u>allowable</u> line by line as per Medicaid fee schedule)	>\$1500	>\$1500		
<b>MEDICAID</b> DME Rental-(allowable line by line as per Medicaid fee schedule)	>\$500/Mth	>\$500/Mth		
DME Purchase -(billable charges line by line)			>\$3000	>\$5000
DME Rentals (billable charges line by line)			>\$100/Mth	>\$500/Mth
Electroconvulsive Therapy (ECT)	NC**	NC**	X	X
Emergency Medical Response System	NC	NC	NC	NC



Genetic Testing, Counseling, Diagnosis and Treatment	X	X	X	X
Gender Reaffirmation Procedures	X	X	X	X
Hearing Aids (Commercial requires rider)	NR	NR	HMO=NC POS=NR	NC
Home Health Care	X	X	X	X
Hospice	X	X	X	NR
Infertility Testing and Services	X	X	X	X
Injectables/IV Therapy (See J Code List)	X	X	X	X
In-Office Laboratory Procedure (Presumptive Drug Class Screening)	NC	NC	NC	NC
Insulin Pumps/Supplies	X	X	X	X
Maternity Services-Out of Network	NR	NR	X**	NR**
Meals and Lodging (Medicaid notification is required)	RN	RN	NC	<b>Transplant related only</b>
Medication non-formulary drug requests (see formulary)***	X	X	X	X
Mental Health <b>Outpatient</b> Services:	NR	NR	NR	NR
In Network Consultations and Management	NR	NR	NR	NR
In Network Eating Disorders	NR	NR	NR	NR
In Network Substance Abuse	NC	NC	NR	NR
Oral procedures including TMJ and orthognathic	X	X	X	X
Podiatry Office Visits	NR	NR	NR	NR
Private Duty Nursing Services	NC	NC	NC	NC
Procedures to Treat Asthma (Bronchial Thermoplasty)	X	X	X	X
Prosthetics and Orthotics	>\$500	>\$500	>\$3000	>\$5000
Proton Beam Therapy	X	X	X	X
Rehabilitative Outpatient Facility Services	X	X	X	NR
Routine Prenatal Care In and Out of Network	NR	NR	X**	X**
Skilled Nursing Home	X	X	X	X
Sterilization-Voluntary	X	X	X	NR
Termination of Pregnancy	X	X	X	NR
Therapies: Physical, Occupational and Speech <b>(10/1/18: The Medicaid visit limit of 36 visits each for PT/OT/ST will be calculated based on calendar year)</b>	NR up to benefit limit	NR	X	NR
Transplant Services (Organ and Tissue)	X	X	X	X
Transportation	X	X	NC	<b>Transplant related only</b>
Urological Procedures (55880)	X	X	X	X

***This is not a complete listing of services that may require Pre-Authorization and all services must be medically necessary. The Certificate of Coverage, Plan Document or Policy includes more detailed information.***

***\*\*Health Advantage/Community/Commercial: Not all Out of Network services require Pre-Authorization.***

***Member will have higher out of pocket costs associated with Out of Network providers.***

***\*\*Individual Plans on the Exchange should verify out of network benefits prior to receiving services.***

***\*\*Medicaid/Healthy Michigan - This benefit is managed by the Prepaid Inpatient Health Plan (PIHP) or the Community Mental Health Center (CMH)***

***Medicaid/Healthy Michigan - Some Services covered under the Medicaid Mental Health Benefit***

***Medicaid sterilization requests require informed consent and a 30-day waiting period. Copies must be submitted with pre-authorization request.***

***\*\*\*McLaren Health Plan does not pay for services, treatment or drugs, that are experimental, investigational or prescribed against FDA or manufacturer guidelines. Any service that may be classified as experimental or off-label should be prior authorized before the service is rendered\*\*\****

If you have any questions, please call (888) 327-0671 or visit our website for clarification - [McLarenHealthPlan.org](http://McLarenHealthPlan.org)