



HEALTH PLAN OF MICHIGAN PRIOR-AUTHORIZATION PROCEDURES OVERVIEW

January 2009

No Prior Authorization (in or out of network)	PCP Notification to HPM (in or out of network)	Corporate Prior-Authorization (May Require Clinical Information)
<p>Life-Threatening Emergencies – ER Screening</p> <p>Urgent Care</p> <p>Routine Lab</p> <p>Routine X-Ray including CT Scan, MRI, MRA, PET Scan DEXA, HIDA Scans Sleep Studies</p> <p>Obstetrical Observations</p> <p>Gastroenterology Diagnostics</p> <p>Ultrasounds</p> <p>Annual Vision / Glasses</p> <p>Audiology Services and Testing (excluding hearing aids) Chiropractic Services (18 Visits per Year) Annual Mammogram and Pap</p> <p>Colposcopy after an Abnormal Pap Myoview Stress Test Cardiac Stress Test Neurology and Neuromuscular Diagnostic Testing, including EEGs, 24 Hour EEG's and EMGs Bronchoscopy</p> <p>DME / Prosthetics and Orthotics ≤ \$1000 (*In network only) EKG, Echocardiography Sigmoidoscopy or Colonoscopy Cardiograph Allergy Testing Bone Densitometry Studies</p> <p>Barium Enema Non-Invasive Vascular Diagnostic Studies IVP, Intravenous Pyelography SPECT Pulmonary Diagnostic Testing Voiding Cysto-Urethrogram</p>	<p>*Specialist Office Services Specialist services to: 1) University of Michigan, 2) Hurley Hospital or 3) Michigan State University for central referral Maternity Care / Maternal Support Services</p> <p>Complex Outpatient Treatment</p> <ul style="list-style-type: none"> • Dialysis • Outpatient Radiation Therapy • Chemotherapy <p>*Health Plan of Michigan requests notification to communicate services with all providers involved, provide additional reporting services and support Case and Disease Management efforts.</p> <p>PCP Notification is not necessary for claims payment. In-network or out-of-network practitioners will be reimbursed for consultations, evaluations and treatments provided within their offices, when the member is eligible and the service provided is a covered benefit under Michigan Medicaid and the Medicaid MCO Contract</p>	<p>Elective Inpatient Admissions/Surgeries/SNF admissions</p> <p>Elective Hospital Outpatient Surgery</p> <p>Elective Facility-Based Diagnostic Services DME / Prosthetics and Orthotics > \$1000 (*In Network Only) Home Health Care/Hospice/ Infusion Therapy Services Speech, Occupational and Physical Therapy</p> <p>Weight Management (prior to Bariatric Surgery)</p> <p>Bariatric Surgery Heredity blood testing, e.g., BRCA for Breast and Ovarian Cancer</p> <p>Any service request to an Out-of-State physician or facility</p> <p>Hearing Aids</p> <p>*All Emergency Inpatient Admissions, Surgeries and 23-Hour Observations require corporate authorization from Health Plan of Michigan. For emergency authorizations, HPM must be notified within the first 24 hours or the following business day.</p>
	<p>* All DME Supplies and Services should be provided by an in-network provider</p>	
	<p>All Outpatient Mental Health Services must be authorized through CompCare by calling 1-888-222-8041</p>	
	<p>NON-COVERED BENEFITS</p> <p><i>The following services are not covered benefits under Medicaid and will not be reimbursed by Health Plan of Michigan: Cosmetic Services, Cardiac/Pulmonary Rehab, Aqua Therapy, Children's Speech, Physical and Occupational Therapy covered under School Based Services, Erectile Dysfunction, Functional Capacity, Infertility Services, Community Mental Health Services, Convenience items and any other service otherwise not covered by Medicaid</i></p>	