



**HEALTH PLAN OF MICHIGAN  
PRIOR-AUTHORIZATION PROCEDURES OVERVIEW**

January 2010

**To verify Member Eligibility use MCS Provider Login or call 1-888-437-0606 for Assistance**

<b>No Prior Authorization</b> (in or out of network)	<b>PCP/Specialist Notification to HPM</b> (in or out of network)	<b>Corporate Prior-Authorization</b> (May Require Clinical Information)
<p>Life-Threatening Emergencies – ER Screening            Urgent Care            Routine Lab            Routine X-Ray including CT Scan, MRI, MRA, PET Scan            DEXA, HIDA Scans            Sleep Studies            Obstetrical Observations            Gastroenterology Diagnostics            Ultrasounds            Vision / Glasses (Members age 21 and over are eligible for 1 eye exam and 1 pair of glasses every 2 years)            Annual Vision / Glasses (Members under age 21)            Audiology Services and Testing (excluding hearing aids)            Chiropractic Services (Members under age 21)            Annual Mammogram and Pap            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            DME / Prosthetics and Orthotics ≤ \$1000 (*In network only)            EKG, Echocardiography            Sigmoidoscopy or Colonoscopy            Cardiograph            Allergy Testing            Bone Densitometry Studies            Barium Enema            Non-Invasive Vascular Diagnostic Studies            IVP, Intravenous Pyelography            SPECT Pulmonary Diagnostic Testing            Voiding Cysto-Urethrogram</p>	<p><b>**Specialist Office Services</b>  <b>***Specialist services to:</b> University of Michigan, Hurley Hospital or Michigan State University (see SNAF below)            Maternity Care / Delivery  <b>Complex Outpatient Treatment</b></p> <ul style="list-style-type: none"> <li>• Dialysis</li> <li>• Outpatient Radiation Therapy</li> <li>• Chemotherapy</li> </ul> <p><b>**Health Plan of Michigan requests notification to communicate services with all providers involved, provide additional reporting services and support Case and Disease Management efforts.</b></p> <p>PCP/Specialist 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            Elective Hospital Outpatient Surgery (most outpatient service requests receive auto approval if submitted via MCS)            Elective Facility-Based Diagnostic Services            DME / Prosthetics and Orthotics &gt; \$1000 (*In Network Only)            Home Health Care/Hospice/ Infusion Therapy Services            Speech, Occupational and Physical Therapy            Weight Management (prior to Bariatric Surgery)            Bariatric Surgery            Heredity blood testing, e.g., BRCA for Breast and Ovarian Cancer            Any service request to an Out-of-State physician or facility            Hearing Aids</p> <p><b>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.</b></p>
<p align="center"><b>***All referrals for Specialty Care at University of Michigan, Hurley Hospital and Michigan State University must follow the SNAF process.</b></p>		
<p>Please contact the HPM Care Management Department directly for referrals to specialists at these three entities. HPM is required to complete the specific referral form on behalf of the primary care practitioner.</p>		
<p align="center"><b>* All DME Supplies and Services should be provided by an in-network provider</b></p>		
<p align="center"><b>Outpatient Mental Health Services:</b></p> <p>No prior authorization is required for the first 10 visits but notification from the Behavioral Health Provider is requested for the second 10 visits. The PCP does not have to be involved with the coordination of Behavioral Health Care.</p>		
<p align="center"><b>NON-COVERED BENEFITS</b></p> <p><i>The following services are not covered benefits under Medicaid and will not be reimbursed by Health Plan of Michigan:</i>            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.</p>		