

McLaren Health Plan Medicaid/Healthy Michigan McLaren Health Advantage McLaren Health Plan Community (Marketplace/Exchange)

Referral Category Name	Definitions
	NOC
Not Otherwise Classified (NOC), unlisted, unspecified codes, and manually priced codes.	Requires preauthorization
	Autism Services and ABA Therapy
Autism services and ABA Therapy do not require authorization up to the benefit limit for Community/Commercial and Health Advantage. <i>Autism and ABA services are not covered by the plan for Medicaid.</i> <i>Refer to your local mental health center.</i>	all codes
	Auditory and Oral Procedures
Auditory Procedures 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. Refer to the preauthorization grid located at the end of this document for additional information.	69710, 69711, 69714, 69715, 69717, 69718, 69728, 69729, 69730, 69930, L8614, L8619, L8627, L8690

Referral Category Name	Definitions
٩	uditory and Oral Procedures cont
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	0466T, 0467T, 0468T, 21193, 21194, 21195, 21196, 21198, 21199, 21685, 41512, 41530, 41599, 42145, 42299, 61886, 61888, 64569, 64570, 64568, 64582, 64583, 64584, 64585, S2080
Temporomandibular Joint Syndrome (TMJ) Treatment	21050, 21060, 21070, 21073, 21110, 21116, 21240, 21242, 21243, 21247, 21248, 21249, 21480, 21485, 21490, 29800, 29804
	Behavioral Health
Inpatient Behavioral Health Services Inpatient Substance Abuse Treatment (Rehabilitative Services only)	Medicaid/Healthy Michigan These benefits are managed by the Prepaid Inpatient Health Plan (PIHP) Commercial/Community and Health Advantage: McLaren preauthorization required
Electroconvulsive Therapy Refer to the preauthorization grid located at the end of this document for additional information.	90870
Mental Health Partial Hospitalization Programs - Commercial/Community and Health Advantage Only	Requires preauthorization
Mental Health Residential Treatment Programs - Commercial/Community and Health Advantage Only	Requires preauthorization

Referral Category Name	Definitions
	Cardiac Procedures and Imaging
Cardiac procedures and imaging Authorization Requirements effective 8/1/2024 Authorization requirements apply to Medicaid and Healthy Michigan Plan only.	33249, 33264, 33270, 78452, 93303, 93306, 93458
Cosmetic Procedures - Medical N	ecessity review required to determine cosmetic vs reconstructive
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, 11960, 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
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, 30469, 30540
Septoplasty	30520, 30620
Surgical Treatment for Male Gynecomastia	19300

Referral Category Name	Definitions
2	Durable Medical Equipment (DME)
Refer to the preauthorization gri	d located at the end of this document for additional information.
DME Purchase All products which require authorization regardless of fee **E0483 Medicaid only - Authorization is not required for the diagnosis of Cystic Fibrosis.	A4421, A4459, A4467, A4615, A4619, A4620, A5083, A6412, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6512, A6513, A6545, A6549, A6576, A6577, A6579, A6580, A7522, A9999, B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4102, B4103, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9004, B9006, B9998, B9999, E0236, E0241, E0243, E0244, E0245, E0265, E0277, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0457, E0482, E0483**, E0625, E0635, E0637, E0638, E0639, E0641, E0642, E0652, E0656, E0657, E0670, E0678, E0679, E0681, E0682, 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,
DME Purchase Medicaid and Healthy Michigan Plan; Items >\$1,500	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, S9379, T5001
Commercial/Community HMO & POS; Items >\$3,000 Health Advantage; Items >\$5,000	E0766, E0782, E0783, E0786, E0983, E0986, E1035, E1161, E1230, E1231, E1232, E1233, E1234, E1235, E2311, E2327, E2328, E2330, E2506, E2508, E2510, K0005, K0802, K0807, K0808, K0010, K0011, K0606, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0827, K0835, K0836, K0837, K0838, K0841, K0842, K0843, K0848, K0849, K0851, K0856, K0857, K0861, Q0479, Q0480, Q0481, Q0483, Q0489

Referral Category Name	Definitions
	DME - continued
DME Rental	A9999, E0236, E0241, E0243, E0244, E0245, E0277, E0328, E0329, E0371, E0372, E0373, E0439, E0457, E0465,
All products which require authoriztion regardless of fee	E0466, E0483**, E0625, E0635, E0637, E0639, E0641, E0656, E0657, E0670, E0678, E0679, E0681, E0682,E0953,
	E0954, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1012, E1017, E1018, E1225, E1229, E1239, E1356,
**E0483 Medicaid only - Authorization is not required for the diagnosis of	E1357, E1399, E1639, E2230, E2291, E2292, E2293, E2294, E2295, E2300, E2301, E2312, E2313, E2324, E2331, E2358,
Cystic Fibrosis.	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, S9379, T5001
DME Rental	E0193, E0194, E0302, E0304, E0450, E0460, E0461, E0463, E0464, E0471, E0472, E0482, E0636, E0652, E0675,
	E0694, E0747, E0748, E0760, E0764, E0766, E0782, E0783, E0786, E0986, E0988, E1035, E1231, E1841, E2328, K0010,
Medicaid and Healthy Michigan Plan; Items >\$500/month	K0011, K0014, K0822, K0823, K0824, K0825, K0827, K0835, K0836, K0837, K0838, K0841, K0842, K0843, K0848,
Commercial/Community HMO & POS; Items >\$100/month	K0849, K0856, K0861
Health Advantage; Items >\$500/month	
Outbating and Coursetting Application Durchase	
Orthotics and Corrective Appliances Purchase	A8003, L0112, L0170, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0491, L0631,
Mandianid and Unables Michigan Dians items 5 6500	L0632, L0634, L0635, L0636, L0638, L0639, L0640, L0651, L0655, L0700, L0710, L0999, L1001, L1000, L1005, L1007*,
Medicaid and Healthy Michigan Plan: items >\$500	L1200, L1300, L1320, L1499, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1840, L1844, L1845,
Commercial/Community HMO & POS: Items >\$3,000	L1846, L1860, L1932, L1945, L1950, L2000, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2116,
Health Advantage: Items >\$5,000	L2128, L2136, L2350, L2510, L2627, L2628, L2861, L2999, L3160, L3649, L3674, L3730, L3740, L3763, L3808, L3891,
Medicaid and Health Advantage Only: Authorization is not required for	L3900, L3904, L3915, L3916, L3923, L3924, L3927, L3999, L4000, L4010, L4020, L4631, S1040
L3649	
Medicaid Only: Authorization is not required for L1932	
*Prior auth for L1007 effective 3/1/2025	

Referral Category Name	Definitions
	DME - continued
Prosthetics Purchase	L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5311, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5590,
Medicaid and Healthy Michigan Plan; items >\$500	L5595, L5600, L5610, L5611, L5613, L5616, L5639, L5640, L5673, L5681, L5683, L5700, L5701, L5702, L5703, L5705,
Commercial/Community HMO & POS; items >\$3,000 Health Advantage; items >\$5,000	L5706, L5707, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5782, L5816, L5818, L5822, L5824, L5828, L5830, L5840, L5845, L5848, L5856, L5857, L5858, L5859, L5926, L5985, L5961, L5985, L5986, L5987, L5988, L5989, L5964, L5966, L5973, L5979, L5980, L5981, L5985, L5956, L5987, L5988, L5989, L5990, L5999, L6000, L6010, L6020, L6025, L6026, L6050, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6350, L6360, L6400, L6450, L6500, L6550, L6570, L6624, L6628, L6629, L6632, L6637, L6641, L6642 L6646, L6686, L6687, L6688, L6689, L6690, L6693, L6694, L6695, L6696, L6697, L6698, L6706, L6707, L6708, L6709, L6712, L6713, L6714, L6721, L6722, L6881, L6883, L6884, L6885, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7261, L7274, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L8044, L8499, L8510, L8609, L8614, L8619, L8627, L8682, L8683, L8685, L8686, L8687, L8688, L8690, V2629
Hearing Aids- 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. 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.	V5030, V5040, V5050, V5060, V5100, V5120, V5130, V5140, V5170, V5181, 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 (Commercial requires rider)

Referral Category Name	Definitions	
	DME - continued	
Vision Services <i>Authorization requirements are for CSHCS, Medicaid and Healthy</i> <i>Michigan plans only</i> . Consult the plan documents for coverage availability for Community and Health Advantage plans.	Photochromic, tinted, and dyed lenses: V2744-V2745 More than one pair of glasses simultaneously Contact lenses (except under age 6 with diagnosis of aphakia - H270): V2500-V2599 Orthoptics and pleoptics training (age 21 and over): 92065-92066	
Continuous Glucose Monitors (CGMs) and Insulin Pumps - <i>All codes for continuous glucose monitors, insulin pumps, and</i> <i>associated supplies require preauthorization.</i> #Effective May 1, 2023, for <i>Medicaid only</i> , prior authorization is <i>not</i> required for Continuous Glucose Monitors and Supplies members with type I diabetes or diabetes in pregnancy, childbirth, and the puerperium period (insulin or non-insulin treated). Insulin pumps and supplies do require prior authorization.	A4238#, A4239#, A9274, A9276#, A9277#, E0784, E2102#, E2103# Effective 1/1/25 A9278 - As indicated in the MDHHS Medicaid Provider Manual, smart devices (e.g., smart phones, iPads, tablets, personal computers) used with a CGMS are not classified as durable medical equipment and are not covered by Medicaid.	
	Gender Affirmation Procedures	
Gender Affirmation Procedures The codes listed in this category pertain ONLY to gender affirmation procedures and require preauthorization. However, codes used for these procedures may be listed elsewhere within this document. Please search the entire document to determine whether a code requires an auth.	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	
Genetic Testing		
Genetic Testing - All genetic testing codes, even if the code is not included in this list, may require Medical Director review and preauthorization.	See Genetic Testing Code List on the following pages	

Referral Category Name	Definitions		
	Home Care Services		
 Home Care Refer to the preauthorization grid located at the end of this document for additional information. Effective 1/1/20 for Medicaid only the first 24 billed home care visits per calendar year do not require prior authorization. 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. 	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		
Imaging			
Imaging Authorization Requirements effective 8/1/2024 Authorization requirements apply to Medicaid and Healthy Michigan Plan only.	72148, 74177, 74176, 78452, 93303		
	Inpatient Services		
Bariatric Surgery	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999		
Inpatient Hospital Services - 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.	All inpatient stays require authorization EXCEPT deliveries which require notification only. Medicaid Only - Professional medical services rendered during an inpatient psychiatric stay require preauthorization. Authorization is obtained by admitting facility.		
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		

Referral Category Name	Definitions		
	Laboratory Testing		
Definitive drug testing Effective 10/1/2024 for Medicaid/Healthy Michigan, Community, Marketplace, and Health Advantage	G0482, G0483		
Medical Respite			
Medical Respite Special Program Medicaid in-network only	G9006, H0045		
Neurostimulators			
Neurostimulator 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.	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		

Referral Category Name	Definitions		
	Out-of-Network (OON) Services		
Out-of-Network (OON) Ambulatory Surgery Center - Health Advantage preauthorization is not required. Individual Plans on the Exchange. Please verify out of network benefits prior to receiving services.	Type of bill '83X' and OON		
OON Outpatient Facility Services - Health Advantage preauthorization is not require. Individual Plans on the Exchange. Please verify out of network benefits prior to receiving services.	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 - Health Advantage preauthorization is not required. Individual Plans on the Exchange. Please verify out of network benefits prior to receiving services.	Billed on professional claim and OON		
OON Dialysis - Commercial/Community and Health Advantage only Medicaid preauthorization is not required	all dialysis services provided by an out-of-network provider		
Pharmacy			
Specialty Medications/Injections -	See Medical Pharmacy Code List on the following pages		

Referral Category Name	Definitions	
	Radiation Services	
Photochemotherapy	96573, 96574, 96910, 96912, 96913, 96920, 96921, 96922, E0691, E0692, E0693, E0694	
Proton Beam Therapy	77520, 77522, 77523, 77525	
Rehabilitation Services		
Medical Rehabilitation	93668	
Procedures to Treat Asthma	31660, 31661	
Occupational Therapy -		
Medicaid: Preauthorization is not required up to the benefit limit. Health Advantage: Preauthorization is not required up to the benefit limit. Please refer to the summary plan document for benefit limits. Community: Preauthorization is not required up to the benefit limit. Please refer to the Certificate of Coverage for benefit limits. Individual on the Exchange Plan: All therapies must be provided by an in-network provider. Preauthorization is not required up to the benefit limit. Please refer to the Certificate of Coverage for benefit limits.	All lines of business: Preauthorization is required for requests over the benefit limit. Medicaid Only: Maximum of 144 billed units allowed per calendar year. Please call Customer Service to confirm number of available units.	

Referral Category Name	Definitions
	Rehabilitation Services Cont.
Physical Therapy - Medicaid: Preauthorization is not required up to the benefit limit. Health Advantage: Preauthorization is not required up to the benefit limit. Please refer to the summary plan document for benefit limits. Community: Preauthorization is not required up to the benefit limit. Please refer to the Certificate of Coverage for benefit limits. Individual on the Exchange Plan: All therapies must be provided by an in-network provider. Preauthorization is not required up to the benefit limit. Please refer to the Certificate of Coverage for benefit limits.	All lines of business: Preauthorization is required for requests over the benefit limit. Medicaid Only: Maximum of 144 billed units allowed per calendar year. Please call customer service to confirm number of available units.
Speech Therapy - <i>Medicaid:</i> Preauthorization is not required up to the benefit limit of 36 visits per calendar year. <i>Health Advantage:</i> Preauthorization is not required up to the benefit limit. Please refer to the summary plan document for benefit limits. <i>Community:</i> Preauthorization is not required up to the benefit limit. Please refer to the Certificate of Coverage for benefit limits. <i>Individual on the Exchange Plan:</i> All therapies must be provided by an in-network provider. Preauthorization is not required up to the benefit limit. Please refer to the Certificate of Coverage for benefit limits.	All lines of business: Preauthorization is required for requests over the benefit limit. Please call customer service to confirm number of available visits.

Referral Category Name	Definitions	
	Reproductive Services	
GYN Procedures	58353, 58356	
nfertility 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, 89264, 89268, 89272, 89280, 89281, 89290, 89300, 89210, 89320, 89321, 89322, 89323, 89324, 89325, 89326, 89327, 89328, 89329, 89330, 89331, 89325, 89330, 89331, 89353, 89335, 89337, 89342, 89344, 89346, 89352, 89353, 89354, 89356, 89398, 54011, 54012, 54013, 54014, 54015, 54016, 54017, 54018, 54020, 54021, 54022, 54023, 54026, 54027, 54028, 54030, 54031, 54026, 54027, 54034, 54031, 54035, 54037, 54040		
	Reproductive Services - continued	
Termination of Pregnancy - Health Advantage preauthorization is not required. Commercial/Community preauthorization is required.	<i>Health Advantage preauthorization is not required.</i>	
Voluntary Sterilization - Medicaid requires preauthorization, a signed consent form, and a 30 day waiting period. Health Advantage preauthorization is not required. Commercial/Community preauthorization is required.	55250, 55450, 58565, 58600, 58605, 58611, 58615, 58670, 58671, 58672, 58673, 58679, 58700, 58720, 58740, 58750, 58770, 58800, 58820, 58822, 58825, 58900, 58920, 58925, 58940, A4264	
Transitional Case Management for Recuperative Care		
<i>This is a Medicaid Program only</i> Transitional Case Management for Recuperative Care	169002 - Request must include MDHHS recuperative care authorization	
Transitional Care		
Transitional Care Program - Health Advantage Only	Requires preauthorization	

Referral Category Name	Definitions
	Transplant Services
Cornea Transplant <i>Medicaid only</i> - auth is not require for cornea transplant. If performed during a hospital stay, an inpatient authorization is required.	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 <i>Medicaid only</i> - auth is not require for a kidney transplant. If performed during a hospital stay, an inpatient authorization is required.	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

Referral Category Name	Definitions	
	Transportation Services	
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	
	Urgent	
Urgent Preauthorization Requests	Requests are considered urgent only 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.	
Urological Procedures		
High Intensity Focused Ultrasound treatment (HIFU)	55880	

Referral Category Name

Definitions

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/manufacturer guidelines requires preauthorization.

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



HEALTH PLAN

McLaren Health Plan Medicaid/Healthy Michigan McLaren Health Advantage McLaren Health Plan Community (Marketplace/Exchange)

Genetic and MolecularTesting Codes

All genetic testing codes, even if the code is not included in this list, require Medical Director review and preauthorization.

Exceptions:

*Authorization is not required for pregnant women over the age of 40 and if services are provided In-Network.

Medicaid Only : Authorization is not required 81222 and 81223

Medicaid, Community, and Health Advantage lines of business effective 12/1/2022 : authorization is NOT required for 81220, 81329, 81420

Procedure Code	Notes
81105	
81106	
81107 81108 81109	
81108	
81109	
81110	

81172 Image: Marcine State	Procedure Code	Notes
8111281120811218116181162811638116481164811658116681166811678116881170811718117281172811738117481175811758117681176811768117781178811788118081180811818118181181811828118481185811868118681186811878118881188811888118881188811888118881188811888118881188811888118881188811888118881189811898118981189811898118981189811898118981189811898118981180811808118181182811838118481185811868118681188811898118981180811808118081180811808118081180811808118081180<	81111	
8112081121811518116281163811648116481165811668116681167811688117081171811728117281173811748117481175811758117681176811778117881179811798117081170811738117481174811758117581176811778117881178811808118181182811838118481184811848118581186811878118881188811898118981189811808118381184811848118581186811868118881189811898118981189811898118981180811808118181182811838118481185811858118681189811898118981180811808118081181811818118281183811848118581185<		
81121Image: style		
81161Image: style		
81162Image: style		
81163 81164 81165 81166 81167 81168 81170 81171 81172 81173 81174 81175 81176 81177 81178 81179 81178 81180 81181 81182 81183 81184 81185 81186 81187 81188 81188 81188 81189 81189		
81164811658116681167811688117081171811728117381174811758117581176811778117881179811808118181182811838118481185811868118781188811888118981189811898118081181811838118481185811868118781188811898118981180811808118181182811838118481185811868118981180811818118281183811848118581185811868118981180811808118081180811808118181181		
81166 81167 81168 81170 81171 81172 81173 81174 81175 81176 81177 81178 81179 81179 81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81189 81189		
81167 81168 81170 81171 81172 81173 81174 81175 81176 81177 81178 81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81189 81189 81189 81189	81165	
81168 81170 81171 81172 81173 81174 81175 81176 81177 81176 81177 81178 81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81189 81189 81189	81166	
81170 81171 81171 81172 81172 9 81173 9 81174 9 81175 9 81176 9 81177 9 81178 9 81179 9 81180 9 81182 9 81184 9 81185 9 81186 9 81189 9 81189 9	81167	
81171 81172 81172 81173 81173 81174 81174 9 81175 9 81176 9 81177 9 81178 9 81179 9 81180 9 81181 9 81183 9 81184 9 81185 9 81186 9 81187 9 81188 9 81189 9 81189 9		
81172 81173 81174 81175 81176 81177 81178 81179 81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81189 81189	81170	
81173	81171	
81174 81175 81176 81176 81177 81178 81178 81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81189 81189	81172	
81175 81176 81176 81177 81177 81178 81178 81179 81180 81180 81181 9 81182 9 81183 9 81185 9 81187 9 81188 9 81189 9	81173	
81176 81177 81177 81178 81178 81179 81180 81180 81181 9 81182 9 81183 9 81184 9 81185 9 81186 9 81187 9 81188 9 81189 9	81174	
81177 81178 81178 81179 81179 81180 81180 81181 81182 81182 81183 81183 81184 81185 81185 81186 81186 81187 81188 81189 81189 81189 81190 9	81175	
81178 Image: Marcine State 81179 Image: State 81180 Image: State 81181 Image: State 81182 Image: State 81183 Image: State 81184 Image: State 81185 Image: State 81186 Image: State 81187 Image: State 81188 Image: State 81189 Image: State 81190 Image: State	81176	
81179 Image: Marcine State 81180 Image: State 81181 Image: State 81182 Image: State 81183 Image: State 81184 Image: State 81185 Image: State 81186 Image: State 81187 Image: State 81188 Image: State 81189 Image: State 81190 Image: State	81177	
81180 Image: Marcine State 81181 Image: State 81182 Image: State 81183 Image: State 81184 Image: State 81185 Image: State 81186 Image: State 81187 Image: State 81188 Image: State 81189 Image: State 81190 Image: State	81178	
81181 81182 81182 81183 81183 81184 81184 81185 81185 81186 81186 81187 81187 81188 81188 81189 81189 9 81190 9	81179	
81182 81183 81183 81184 81184 9 81185 9 81189 9 81190 9	81180	
81183 81184 81184 81185 81185 81186 81186 81187 81188 81188 81189 81190	81181	
81184 81185 81186 81187 81188 81189 81190	81182	
81185 81186 81186 81187 81187 81188 81188 9 81189 9 81190 9	81183	
81186 81187 81187 81188 81188 9 81189 9 81190 9	81184	
81187 81187 81188 81189 81190 9	81185	
81188 81189 81190 9	81186	
81189 81190	81187	
81190	81188	
	81189	
81191	81190	
	81191	

Procedure Code	Notes
81192	
81193	
81194	
81200	
81201	
81202	
81203	
81204	
81205	
81206	
81207	
81208	
81209	
81210	
81211	
81212	
81213	
81214	
81215	
81216	
81217	
81218	
81219	
81220	no auth required, Medicaid, Community, and Health Advantage
81221	
81222	Medicaid only - no auth required
81223	Medicaid only - no auth required
81224	
81225	
81226	
81227	
81228	
81229	
81230	

81238123812348123581236812368123781238812398124081241812428124381243812448124481245812458124681246812478124881248812498124981249812498124981249812508125181251812528125381254812548125481255812568125681257812588125981259812508125081251812518125481254812558125681256812578125881259812598125081250812518125181252812548125581256812568125781258812598125081250812508125181251812518125181251812518125181251812518125181251812518125181251812518125181251 <th>Procedure Code</th> <th>Notes</th>	Procedure Code	Notes
81238123812348123581236812368123781238812398124081241812428124381243812448124481245812458124681246812478124881248812498124981249812498124981249812508125181251812528125381254812548125481255812568125681257812588125981259812508125081251812518125481254812558125681256812578125881259812598125081250812518125181252812548125581256812568125781258812598125081250812508125181251812518125181251812518125181251812518125181251812518125181251812518125181251 <td>81231</td> <td></td>	81231	
81234Image: Part of the state of	81232	
81234Image: Part of the state of		
81235Image: style	81234	
81236Image: style	81235	
81237Image: Part of the system of	81236	
81238Image: Part of the system of	81237	
81240Image: style	81238	
81240Image: style	81239	
81242Interfact of the second seco	81240	
81242Interfact of the second seco	81241	
81244Interfact of the second seco	81242	
81244Interfact of the second seco	81243	
81245Interfact of the second seco	81244	
81247Interfact of the sector of t	81245	
81248Image: method state stat	81246	
81249Image: state	81247	
81249Image: state	81248	
81251Image: method state stat	81249	
81252Image: matrix state stat	81250	
81253Image: matrix state stat	81251	
81254Image: Marcine State Sta	81252	
81255Image: State	81253	
81256 81257 81257 9 81258 9 81259 9 81260 9 81261 9 81262 9 81263 9	81254	
81257 81258 81258 Image: Constraint of the second	81255	
81258 81259 81260 9 81261 9 81262 9 81263 9	81256	
81259 81260 81260 9 81261 9 81262 9 81263 9	81257	
81260 81261 81262 91263 81263 91263	81258	
81260 81261 81262 91263 81263 91263	81259	
81261 81262 81263 91263	81260	
81262 81263	81261	
81263	81262	
81264	81263	
	81264	

81266 81267 81268 81269 81270 81271 81272 81273 81274 81275 81276 81277 81276 81277 81276 81277 81276 81277 81278 81281 81282 81283 81284 81285 81286 81287 81288 81289 81290 81291 81291 81294 81295 81296	Procedure Code	Notes
81266 81267 81268 81269 81270 81271 81272 81273 81274 81275 81276 81277 81276 81277 81276 81277 81276 81277 81278 81281 81282 81283 81284 81285 81286 81287 81288 81289 81290 81291 81291 81294 81295 81296	81265	
81267 81268 81269 81270 81271 81272 81273 81274 81275 81276 81277 81278 81278 81283 81284 81285 81286 81287 81286 81287 81286 81286 81287 81286 81287 81286 81287 81286 81286 81287 81289 81290 81291 81292 81293 81294 81295 81295 81296 81296 81297 81298 81296 81296 81297 81298 81298 81299 81296 81296 81296 81296 81296 81296 81296 81297 81298 81299 81299 81290 <t< td=""><td>81266</td><td></td></t<>	81266	
81268 8129 81270 81271 81272 81273 81274 81275 81276 81277 81276 81277 81276 81277 81278 81279 81281 81282 81283 81284 81285 81286 81286 81286 81289 81289 81290 81291 81292 81293 81294 81295 81296 81295 <	81267	
81269812708127181272812738127481275812768127781278812798128381284812868128981290812918129281293812948129381294812948129581295812968129381294812958129581295812968129381294812958129581296812978129881299812998129081291812958129581296812978129881299812998129081291812958129681297812988129981290812908129181292812938129481295	81268	
812708127181272812738127481274812758127681276812778127881278812838128481284812858128681287812878128981289812908129181291812928129381293812948129481295812958129581291812928129381294812958129581295812968129681297812978129881299812998129981299812998129981299812908129981290812908129181295812958129681296812998129981290812008120081200<		
8127181272812738127481274812758127681276812778127881279812838128481285812858128681287812898129081290812918129281292812938129481294812958129581295812968129681297812968129681296812958129681296812968129681297812968129681297812968129781298812998129981290812908129181295812968129681297812988129981290812908129081290812908129081290812908129081291812918129281293812948129481295812958129681290812908129081290812908129081291812918129181291812918129181291<	81270	
81272812738127481274812758127681276812778127881278812848128481285812868128781288812898129081291812928129281293812948129481295812958129581294812948129581295812958129681296812968129681297812968129781297812988129981299812908129081291812958129581296812968129781298812998129981290812008120081200<	81271	
81274 81275 81276 81277 81277 81278 81279 81283 81284 81285 81286 81287 81286 81287 81288 81289 81290 81291 81292 81293 81294 81295 81295 81296 81295 81296 81295 81296 81296 81296 81296 81298 81299 81299	81272	
81274 81275 81276 81277 81277 81278 81279 81283 81284 81285 81286 81287 81286 81287 81288 81289 81290 81291 81292 81293 81294 81295 81295 81296 81295 81296 81295 81296 81296 81296 81296 81298 81299 81299	81273	
81276 81277 81278 81279 81283 81284 81285 81286 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81294 81295 81296 81297 81296 81297 81298 81299 81299 81299 81299 81299 81300	81274	
81276 81277 81278 81279 81283 81284 81285 81286 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81294 81295 81296 81297 81296 81297 81298 81299 81299 81299 81299 81299 81300	81275	
81278 81279 81283 81284 81285 81286 81287 81288 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81295 81296 81297 81298 81299 81299 81299 81299 81299 81300	81276	
81278 81279 81283 81284 81285 81286 81287 81288 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81295 81296 81297 81298 81299 81299 81299 81299 81299 81300	81277	
81279 81283 81284 81285 81286 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81294 81295 81296 81297 81298 81299 81296 81297 81298 81299 81299 81299 81300	81278	
81284 81285 81286 81287 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81296 81297 81298 81299 81299 81299 81300	81279	
81285 81286 81287 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81299 81299 81300	81283	
81286 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81299 81299 81299 81299 81299 81300	81284	
81286 81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81299 81299 81299 81299 81299 81300	81285	
81287 81288 81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81299 81299 81300	81286	
81289 81290 81291 81292 81293 81294 81295 81296 81297 81298 81299 81299 81300	81287	
81290Image: style	81288	
81290Image: style	81289	
81292 81293 81293 9 81294 9 81295 9 81296 9 81297 9 81298 9 81299 9 81300 9	81290	
81293 81294 81294 81295 81295 9 81296 9 81297 9 81299 9 81300 9	81291	
81294 81295 81296 81297 81298 81299 81300	81292	
81295 81296 81296 81297 81298 91299 81299 91300	81293	
81296 81297 81297 9 81298 9 81299 9 81300 9	81294	
81297 81298 81298 81299 81300 91000000000000000000000000000000000000	81295	
81298 81299 81300 9	81296	
81298 81299 81300 9	81297	
81299 81300	81298	
81300	81299	
81301	81300	
	81301	

Procedure Code	Notes
81302	
81303	
81304	
81305	
81306	
81307	
81308	
81309	
81310	
81311	
81312	
81313	
81314	
81315	
81316	
81317	
81318	
81319	
81320	
81321	
81322	
81323	
81324	
81325	
81326	
81327	
81328	
81329	no auth required, Medicaid, Community, and Health Advantage
81330	
81331	
81332	
81333	
81334	
81335	

Procedure Code	Notes
81336	
81337	
81338	
81339	
81340	
81341	
81342	
81343	
81344	
81345	
81346	
81347	
81348	
81349	
81350	
81351	
81352	
81353	
81355	
81357	
81360	
81361	
81362	
81363	
81364	
81370	
81371	
81373	
81374	
81375	
81376	
81377	
81378	
81379	

Procedure Code	Notes
81380	
81381	
81382	
81383	
81400	
81401	
81402	
81403	
81404	
81405	
81406	
81407	
81408	
81410	
81411	
81412	
81413	
81414	
81415	
81416	
81417	
81418	
81419	
81420	no auth required, Medicaid, Community, and Health Advantage
81422	
81425	
81426	
81427	
81430	
81431	
81432	
81433	
81434	
81435	
NULD20170205	

81437 81438 81438 81439 81440 81441 81441 81442 81442 81442 81443 81443 81444 81445 81445 81445 81446 81445 81447 81445 81448 81445 81449 81450 81451 81451 81455 81451 81456 81451 81457 81456 81458 81459 81459 81450 81450 81450 81452 81451 81453 81452 81454 81452 81455 81453 81464 81465 81470 81470 81470 81471 81471 81471 81472 81471 81473 81471 81474 81471 81475 81471 81471 <th>Procedure Code</th> <th>Notes</th>	Procedure Code	Notes
81437 81438 81438 81439 81440 81441 81441 81442 81442 81442 81443 81443 81444 81445 81445 81445 81446 81445 81447 81445 81448 81445 81449 81450 81451 81451 81455 81451 81456 81451 81457 81456 81458 81459 81459 81450 81450 81450 81452 81451 81453 81452 81454 81452 81455 81453 81464 81465 81470 81470 81470 81471 81471 81471 81472 81471 81473 81471 81474 81471 81475 81471 81471 <td>81436</td> <td></td>	81436	
81438 81439 81440 81441 81442 81443 81443 81443 81444 81445 81448 81449 81449 81450 81451 81452 81455 81456 81457 81458 81459 81462 81462 81463 81464 81465 81465 81462 81463 81464 81465 81465 81464 81465 81465 81466 81467 81468 81469 81469 81461 81462 81462 81463 81464 81465 81470 81471 81471 81472 81473 81474 81470 81470 81481 81493 81493 81493 81493 81493 <t< td=""><td></td><td></td></t<>		
81439 81440 81441 81441 81442 81443 81445 81445 81448 81449 81449 81450 81451 81455 81456 81457 81458 81459 81459 81450 81451 81456 81457 81458 81459 81450 81451 81452 81460 81453 81454 81455 81456 81462 81463 81470 81470 81471 81472 81471 81472 81471 81472 81473 81474 81475 81471 81472 81472 81473 81474 81475 81475 81470 81471 81472 81472 81473 81474 81474 <t< td=""><td></td><td></td></t<>		
8144081441814428144281443814458144581446814478145081451814558145581456814578145881459814598145081451814518145281452814608146381463814648146581470814718147081472814718147381470814708147181470814718147081471814718147281473814738147481474814758147581475814708147081471814718147281473814738147481474814758147581475814758147581475814758147581475814758147681476814778147881478814798147981479814708147081470814708147081470814708147081470814708147081470<	81439	
81441 81442 81442 81443 81443 81445 81445 81448 81448 81450 81450 81450 81451 81451 81455 81456 81456 81455 81457 81456 81458 81450 81459 81450 81450 81450 81452 81450 81462 81461 81453 81450 81454 81451 81455 81451 81462 81451 81470 81471 81471 81471 81472 81471 81473 81472 81474 81473 81475 81474 81475 81475 81470 81470 81471 81471 81472 81471 81473 81471 81482 81483 81493 <td></td> <td></td>		
81442 81443 81445 81445 81446 81447 81448 81449 81450 81451 81455 81456 81457 81458 81459 81459 81459 81459 81450 81450 81451 81452 81463 81464 81465 81470 81471 81472 81473 81474 81475 81470 81471 81482		
81443 81445 81448 81449 81449 81440 81450 81451 81455 81456 81457 81458 81459 81460 81462 81463 81464 81470 81471 81472 81473 81474 81475 81465 81470 81471 81472 81473 81474 81475 81470 81471 81472 81482	81442	
81448 81449 81450 81451 81452 81455 81456 81457 81458 81459 81460 81461 81462 81463 81464 81465 81470 81471 81472 81473 81474 81465 81470 81471 81472 81473 81474 81475 81470 81471 81472 81473 81474 81475 81470 81479 <td< td=""><td>81443</td><td></td></td<>	81443	
81448 81449 81450 81451 81452 81455 81456 81457 81458 81459 81460 81461 81462 81463 81464 81465 81470 81471 81472 81473 81474 81465 81470 81471 81472 81473 81474 81475 81470 81471 81472 81473 81474 81475 81470 81479 <td< td=""><td>81445</td><td></td></td<>	81445	
814508145181455814568145681457814578145881459814608146281463814638146481465814708147181472814798147081470814708147181470814728147381474814748147581475814758147081470814718147181472814738147381474814748147581475814758147581506815068150781508<	81448	
814508145181455814568145681457814578145881459814608146281463814638146481465814708147181472814798147081470814708147181470814728147381474814748147581475814758147081470814718147181472814738147381474814748147581475814758147581506815068150781508<	81449	
81451814558145681457814578145881459814608146181462814638146481465814708147181472814738147481474814758147581470814708147181472814738148281506815068150781508	81450	
81455 81456 81457 81457 81458 81458 81459 81460 81462 81463 81464 81465 81470 81471 81472 81473 81474 81475 81470 81471 81472 81473 81474 81475 81470 81471 81472 81473 81474 81475 81476 81477 81482 81506	81451	
81456 81457 81457 81458 81459 81460 81462 81463 81464 81465 81470 81471 81482 81482 81483 81484 81485 81470 81471 81482 81483 81484 81493 81504 81505 81506 81507 81508	81455	
81457 81458 81459 81459 81460 81462 81463 81464 81465 81470 81471 81482 81482 81493 81493 81493 81493 81493 81493 81493 81493 81500 81504 81505 81506 81507 81508	81456	
81459 81460 81461 81463 81464 81465 81470 81471 81472 81482 81493 81500 81504 81505 81506 81507 81508	81457	
81460 81462 81463 81464 81465 81470 81471 81472 81473 81474 81475 81470 81471 81472 81473 81474 81475 81479 81482 81493 81500 81504 81505 81506 81507 81508	81458	
81460 81462 81463 81464 81465 81470 81471 81472 81473 81474 81475 81470 81471 81472 81473 81474 81475 81479 81482 81493 81500 81504 81505 81506 81507 81508	81459	
81462 81463 81464 81465 81470 81471 81479 81482 81493 81500 81504 81505 81506 81507 81508	81460	
81464Image: state	81462	
81464Image: state	81463	
81465Image: state	81464	
81471 81479 81479 81482 81482 9 81493 9 81500 9 81504 9 81505 9 81506 9 81507 81508	81465	
81479 81482 81482 81493 81500 81500 81504 91506 81506 91507 81508 91508	81470	
81482 81493 81493 9 81500 9 81504 9 81506 9 81507 9 81508 9	81471	
81493 81493 81500 81504 81506 81506 81507 81508	81479	
81500 81504 81506 81506 81507 81508	81482	
81504 81506 81507 81508	81493	
81506 81507 81508 91508	81500	
81506 81507 81508 91508	81504	
81507 81508	81506	
81508	81507	
81509	81508	
	81509	

81511	Procedure Code	Notes
81511	81510	
8151281514815148151981519815208152181522815238152381524815258152681527815388154081541815428155381554815548155581554815548155581554815548155581554815558155681556815568155681556815568156081554815558155681560		
81514 81519 81519 81510 81520 81521 81522 81523 81524 81525 81526 81527 81528 81529 81538 81540 81541 81542 81542 81554 81552 81552 81554 81552 81554 81555 81556 81557 8158 81595 81536 81537 81538 81539 81536 81536 81537 81538 81539 81546 81554 81554 81554 81554 81554 81554 81554 81554 81554 81554 81554 <	81512	
81518 81519 81520 81521 81522 81523 81524 81525 81526 81527 81528 81529 81529 81540 81541 81542 81543 81544 81552 81554 81555 81556 81557 81586 81595 81536 81536 81536 81536 81599 83407 83516 83516	81514	
8151981520815218152281523815258152681538815408154181542815458155181552815538155481554815558155681579815898153981539815468155981536815398154681559815368153681546		
81520 81521 81522 81523 81524 81525 81526 81527 81528 81529 81538 81540 81541 81542 81542 81543 81554 81554 81554 81554 81555 81556 81557 81586 81595 81536 81536 81536 81536 81546 81536 81536 81546 81536 81536 81536 81546 81554 81536 81546 81554 81554 81546 81554 81554 81546 81554 81554 81546 81554 81554 81555 8156 8156 8156 8156 8156 8157 8158 8159 <	81519	
81521 81522 81523 81524 81525 81529 81538 81540 81541 81542 81542 81554 81552 81554 81554 81555 81556 81553 81536 81536 81537 81538 81559 81536 81536 81536 81536 81536 81536 81546 81536 81536 81546 81536 81536 81546 81554 81554 81555 81546 81546 81554 81546 81554 81554 81554 81555 81560 81560 81560 81560 81561 81561 81561 81561 81561 81561 81561 81561 81561 <t< td=""><td>81520</td><td></td></t<>	81520	
81523 81525 81529 81538 81538 81540 81541 81542 81546 81551 81552 81554 81555 81556 81557 8158 81595 81536 81537 81538 81539 81536 81539 81534 81535 81536 81539 81399 81399 813916 813516 813516	81521	
81523 81525 81529 81538 81538 81540 81541 81542 81546 81551 81552 81554 81555 81556 81557 8158 81595 81536 81537 81538 81539 81536 81539 81534 81535 81536 81539 81399 81399 813916 813516 813516	81522	
81529 81538 81538 81540 81541 81542 81544 81545 81554 81552 81554 81555 81556 81553 81554 81555 81556 81557 81586 81595 81535 81536 81537 81538 81539 81546 81559 81548 81599 83497 83516 83516	81523	
81529 81538 81538 81540 81541 81542 81544 81545 81554 81552 81554 81555 81556 81553 81554 81555 81556 81557 81586 81595 81535 81536 81537 81538 81539 81546 81559 81548 81599 83497 83516 83516	81525	
81538 81540 81541 81542 81546 81551 81552 81554 81554 81550 81551 81552 81554 81555 81556 81535 81535 81536 81537 81536 81536 81536 81546 81554 81554 8159 83497 83497 83516 83516 83516	81529	
81540 81541 81542 81544 81546 81551 81552 81554 81554 81554 81554 81554 81556 81560 81535 81536 81537 81538 81539 8154 81554 81554 81554 81554 81554 81554 81599 83497 83516 83516 83516	81538	
81541 81542 81546 81551 81552 81554 81555 81560 81557 81595 81595 81536 81537 81538 81539 81546 81554 81554 81554 81554 81554 81559 81599 81599 83497 83516 83516 83516	81540	
81546 81551 81552 81554 81554 81550 81595 82533 81535 81536 81539 81546 81554 81539 81546 81554 81554 81554 81554 81554 81554 81554 81554 81599 83497 83516 83516 83516	81541	
81551 81552 81554 81554 81550 81595 82533 81535 81536 81537 81538 81539 81546 81554 81554 81599 83497 83516 83516 83516	81542	
81552 81554 81550 81595 82533 81535 81535 81536 81537 81538 81539 81546 81554 81599 83497 83516 83516 83516	81546	
81552 81554 81550 81595 82533 81535 81535 81536 81537 81538 81539 81546 81554 81599 83497 83516 83516 83516	81551	
81554 81560 81595 82533 81535 81536 81537 81538 81539 81546 81554 81599 83497 83516 83516	81552	
81595 82533 81535 81536 81537 81536 81537 81538 81539 81546 81554 81599 83497 83516 83516 83516	81554	
81595 82533 81535 81536 81537 81536 81537 81538 81539 81546 81554 81599 83497 83516 83516 83516	81560	
82533Image: constraint of the second sec	81595	
81536 81539 81539 81540 81554 9 81599 9 83497 9 83516 9 83516 9 83516 9 83516 9	82533	
81539 81539 81546 81554 81559 9 83497 9 83516 9 83516 9 83516 9 83516 9 83516 9	81535	
81546 81554 81559 9 83497 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9 83516 9	81536	
81554 81554 81599 83497 83516 83516 83516 83516 83516 9	81539	
81599 83497 83516 83516 83516 83516 83516 9 83516 9 83516 9 83516 9 83516 9	81546	
83497 83516 83516 83516 83516 83516	81554	
83497 83516 83516 83516 83516 83516	81599	
83516 83516 83516	83497	
83516 83516 83516	83516	
83516	83516	
83516	83516	
	83516	

Procedure Code	Notes
83519	
83950	No auth required if billed with a cancer diagnosis
83951	No auth required if billed with a cancer diagnosis
83986	
84157	
84182	
84182	
84182	
84182	
84999	
85291	
	No auth required for pregnant women over the age of 40 and services are provided in-network for
86146*	Medicaid, Community, and Health Advantage
	No auth required for pregnant women over the age of 40 and services are provided in-network for
86147*	Medicaid, Community, and Health Advantage
	No auth required for pregnant women over the age of 40 and services are provided in-network for
86148*	Medicaid, Community, and Health Advantage
86200	
86255	
86255	
86255	
86256	
86256	
86258	
86321	
86341	
86341	
86362	
86364	
86431	
86617	No auth required if billed with a cancer diagnosis
86618	No auth required if billed with a cancer diagnosis
86619	No auth required if billed with a cancer diagnosis
86666	

Procedure Code	Notes
86753	
86849	
87177	
87624	
87625	
87798	
88121	
88187	
88188	
88189	
88230	
88233	
88235	
88237	
88239	
88240	
88241	
88245	
88248	
88249	
88261	
88262	
88263	
88264	
88267	
88269	
88271	
88272	
88273	
88274	
88275	
88280	
88283	
88285	
NUR20170205	

Procedure Code	Notes
88289	
88291	
88299	
88346	
88350	
88360	No auth required if billed with a cancer diagnosis
88361	No auth required if billed with a cancer diagnosis
88363	
88364	
88365	
88366	
88367	
88368	
88369	
88373	
88374	
88377	
88387	
88388	
88399	
88749	
89290	
89291	
0004M	
0006M	
0007M	
0011M	
0012M	
0013M	
0017M	
0001U	
0003U	
0005U	
0007U	
NUD20170205	

Procedure Code	Notes
008U	
0090	
0010U	
0016U	
0017U	
0018U	
0019U	
0022U	
0023U	
0026U	
0027U	
0029U	
0030U	
0031U	
0032U	
0033U	
0034U	
0036U	
0037U	
0040U	
0045U	
0046U	
0047U	
D048U	
0049U	
0050U	
0053U	
0055U	
0060U	
0068U	
0069U	
0070U	
0071U	
0072U	

Procedure Code	Notes
0073U	
0074U	
0075U	
0076U	
0078U	
0079U	
0084U	
0086U	
0087U	
0088U	
0089U	
0090U	
0094U	
0094U	
0096U	
0101U	
0102U	
0103U	
0105U	
0109U	
0111U	
0112U	
0113U	
0114U	
0118U	
0120U	
0129U	
0130U	
0131U	
0132U	
0133U	
0134U	
0135U	
0136U	

0138U 0140U 0141U 0 0142U 0 0152U 0 0153U 0 0154U 0 0155U 0 0157U 0 0158U 0 0159U 0 0160U 0 0160U 0 0161U 0 0162U 0 0169U 0 0170U 0 0171U 0 0172U 0 0172U 0 0172U 0 0173U 0 0175U 0 0177U 0 0179U 0 0179U 0 0180U 0 0181U 0	Procedure Code	Notes
01400Image: constant of the system of the syste	0137U	
01400Image: constant of the system of the syste	0138U	
0141U		
0152UI0153UI0154UI0155UI0156UI0157UI0158UI0159UI0159UI0160UI0161UI0162UI0162UI0170UI0170UI0171UI0172UI0172UI0173UI0173UI0174UI0174UI0175UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0184UI0184UI0184UI0184UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI </td <td>0141U</td> <td></td>	0141U	
0152UI0153UI0154UI0155UI0156UI0157UI0158UI0159UI0159UI0160UI0161UI0162UI0162UI0170UI0170UI0171UI0172UI0172UI0173UI0173UI0174UI0174UI0175UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0174UI0184UI0184UI0184UI0184UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI0186UI </td <td>0142U</td> <td></td>	0142U	
0154U 0155U 0156U 0157U 0158U 0158U 0159U 0160U 0161U 0162U 0170U 0170U 0172U 0179U 0179U 0180U 0181U 0182U 0183U 0183U 0184U 0185U		
0155U 0 0156U 0 0157U 0 0158U 0 0159U 0 0160U 0 0161U 0 0162U 0 0169U 0 0170U 0 0171U 0 0172U 0 0173U 0 0173U 0 0175U 0 0173U 0 0173U 0 0174U 0 0175U 0 0173U 0 0174U 0 0175U 0 0174U 0 0175U 0 0174U 0 0175U 0 0174U 0 0175U 0 0176U 0 0178U 0 0180U 0 0181U 0 0183U 0 0184U	0153U	
0156U 0157U 0158U 0159U 0160U 0161U 0162U 0169U 0170U 0171U 0172U 0172U 0173U 0173U 0175U 0172U 0173U 0174U 0175U 0175U 0179U 0179U 0180U 0180U 0181U 0182U 0183U 0183U 0183U 0183U 0183U 0183U 0183U 0184U	0154U	
0157U 0158U 0158U 0159U 0160U 0160U 0161U 0160U 0162U 0160U 0169U 0170U 0170U 0170U 0172U 0170U 0172U 0172U 0172U 0173U 0175U 0175U 0175U 0175U 0179U 0175U 0179U 0175U 0179U 0179U 0180U 0180U 0181U 0182U 0182U 0182U 0183U 0183U 0184U 0185U 0185U 0185U 0185U 0186U 0185U 0186U 0185U 0186U 0186U 0186U 0186U 0186U	0155U	
0158U 0159U 0160U 0161U 0162U 0169U 0170U 0171U 0172U 0172U 0173U 0175U 0172U 0173U 0175U 0180U 0180U 0181U 0182U 0184U 0185U 0186U 0186U 0187U <td>0156U</td> <td></td>	0156U	
0159U 0160U 0161U 0162U 0169U 0170U 0171U 0172U 0172U 0173U 0175U 0175U 0177U 0175U 0177U 0177U 0175U 0177U 0179U 0180U 0180U 0181U 0182U 0184U 0184U 0185U 0185U 0186U 0187U	0157U	
0160U 0161U 0162U 0169U 0170U 0171U 0172U 0172U 0172U 0173U 0173U 0175U 0175U 0177U 0179U 0179U 0179U 0180U 0181U 0182U 0183U 0184U 0184U 0184U 0185U 0184U 0185U 0186U 0187U	0158U	
0161U 0162U 0169U 0169U 0170U 0170U 0171U 0171U 0172U 0172U 0173U 0173U 0175U 0173U 0175U 0173U 0175U 0173U 0177U 0173U 0179U 0173U 0179U 0173U 0179U 0173U 0180U 0180U 0181U 0181U 0182U 0183U 0184U 0184U 0184U 0184U 0185U 0185U 0185U 0186U 0185U 0187U	0159U	
0162U 0169U 0170U 0171U 0172U 0172U 0173U 0175U 0175U 0175U 0175U 0175U 0175U 0177U 0179U 0180U 0181U 0182U 0183U 0184U 0184U 0185U 0184U 0185U 0186U 0187U	0160U	
0169U 0170U 0171U 0171U 0172U 0172U 0172U 0173U 0173U 0175U 0175U 0175U 0177U 0170U 0179U 0170U 0179U 0170U 0180U 0180U 0181U 0182U 0183U 0183U 0184U 0184U 0184U 0184U 0185U 0185U 0184U 0185U 0185U 0185U 0186U 0186U 0187U 0187U	0161U	
0170U 0171U 0171U 0172U 0172U 0172U 0173U 0173U 0175U 0175U 0177U 0177U 0179U 0179U 0180U 0181U 0182U 0183U 0183U 0184U 0184U 0184U 0184U 0184U 0185U 0185U 0185U 0185U 0186U 0185U 0186U 0186U 0187U 0187U	0162U	
0171U 0 0172U 0 0172U 0 0173U 0 0173U 0 0175U 0 0177U 0 0179U 0 0179U 0 0179U 0 0180U 0 0181U 0 0182U 0 0183U 0 0184U 0 0184U 0 0185U 0 0185U 0 0185U 0 0185U 0 0186U 0 0187U 0	0169U	
0172U 0 0172U 0 0173U 0 0175U 0 0177U 0 0179U 0 0179U 0 0180U 0 0181U 0 0182U 0 0183U 0 0184U 0 0185U 0 0186U 0 0187U 0	0170U	
0172U 0173U 0173U 0175U 0175U 0177U 0177U 0179U 0180U 0180U 0181U 0181U 0182U 0183U 0183U 0184U 0184U 0184U 0185U 0185U 0185U 0185U 0186U 0186U 0187U 0187U	0171U	
0173U 0175U 0177U 0177U 0179U 0179U 0180U 0180U 0181U 0181U 0182U 0183U 0183U 0183U 0184U 0184U 0185U 0185U 0185U 0185U 0185U 0186U 0187U 0187U	0172U	
0175U 0177U 0179U 0179U 0180U 0180U 0181U 0182U 0182U 0183U 0183U 0183U 0184U 0184U 0185U 0185U 0185U 0185U 0185U 0185U 0185U 0186U 0187U 0187U	0172U	
0177U 0179U 0179U 0180U 0180U 0181U 0181U 0182U 0182U 0183U 0183U 0184U 0184U 0185U 0185U 0185U 0185U 0186U 0187U 0187U	0173U	
0179U 0180U 0180U 0181U 0181U 0182U 0182U 0183U 0183U 0184U 0184U 0185U 0185U 0185U 0185U 0186U 0187U 0187U	0175U	
0180U 0181U 0181U 0182U 0183U 0183U 0184U 0185U 0185U 0186U 0187U 0187U	0177U	
0181U 0182U 0182U 0183U 0183U 0184U 0185U 0185U 0186U 0186U 0187U 0187U	0179U	
0182U 0183U 0183U 0184U 0185U 0185U 0186U 0187U	0180U	
0183U 0184U 0185U 0185U 0186U 0187U	0181U	
0184U 0185U 0186U 0187U	0182U	
0185U 0186U 0187U	0183U	
0186U 0187U	0184U	
0187U	0185U	
	0186U	
0188U	0187U	
	0188U	

Procedure Code	Notes
0189U	
0190U	
0192U	
0193U	
0194U	
0195U	
0196U	
0197U	
0198U	
0199U	
0200U	
0201U	
0203U	
0204U	
0205U	
0209U	
0211U	
0212U	
0213U	
0214U	
0215U	
0216U	
0217U	
0218U	
0219U	
0221U	
0222U	
0227U	
0228U	
0229U	
0230U	
0231U	
0232U	
0233U	

Procedure Code	Notes
0234U	
0235U	
0236U	
0237U	
0238U	
0239U	
0242U	
0244U	
0245U	
0246U	
0250U	
0252U	
0253U	
0254U	
0258U	
0260U	
0262U	
0264U	
0265U	
0266U	
0267U	
0268U	
0269U	
0270U	
0271U	
0272U	
0273U	
0274U	
0276U	
0277U	
0278U	
0279u	
0282U	
0285U	
AUD20170205	Tama

Procedure Code	Notes
0286U	
0287U	
0288U	
0289U	
0290U	
0291U	
0292U	
0293U	
0294U	
0296U	
0297U	
0298U	
0299U	
0300U	
0301U	
0302U	
0306U	
0307U	
0313U	
0314U	
0315U	
0317U	
0318U	
0319U	
0320U	
0326U	
0327U	
0329U	
0331U	
0332U	
0333U	
0335U	
0336U	
0339U	

Procedure Code	Notes
0340U	
0341U	
0343U	
0345U	
0347U	
0348U	
0349U	
0350U	
0355U	
0356U	
0362U	
0363U	
0364U	
0368U	
0378U	
0379U	
0380U	
0388U	
0389U	
0391U	
0392U	
0396U	
0400U	
0401U	
0403U	
0405U	
0409U	
0410U	
0411U	
0413U	
0414U	
0417U	
0419U	
0420U	
NUD20170205	

Procedure Code	Notes
0422U	
0423U	
0424U	
0425U	
0426U	
0428U	
0433U	
0434U	
0437U	
0438U	
G9143	
G9840	
G9841	
\$3800	
\$3840	
53841	
\$3842	
53844	
S3845	
S3846	
S3849	
\$3850	
\$3852	
\$3853	
\$3844	
\$3845	
S3846	
S3849	
\$3850	
\$3852	
S3853	
S3854	
S3861	
\$3865	
	· · ·

Procedure Code	Notes
S3866	
S3870	

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 prescribed against FDA/manufacturer guidelines requires preauthorization.

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



McLaren Health Plan Medicaid/Healthy Michigan McLaren Health Advantage McLaren Health Plan Community (Marketplace/Exchange)

Medical Pharmacy

Procedure Code	Notes
0217	Added 7/1/2024
0739	······································
0741	
1322	
1411	added 4/1/2024
1413	added 4/1/2024
1426	
1427	
1428	
1429	
1746	
1961	
2326	
3393	Added 10/1/2024
3394	Added 10/1/2024
3398	
3399	
22041	
22042	
22053	
22054	
Q2054 Q2055	
Q2054 Q2055	Specialty Medications/Injections -
Q2054 Q2055 Q2056	Specialty Medications/Injections -
22054 22055 22056 f diagnosis is cancer p	preauthorization is not required for listed codes as noted by an asterisk*
22054 22055 22056 f diagnosis is cancer p	preauthorization is not required for listed codes as noted by an asterisk* , miscellaneous, or newly released C, J, S, and Q codes may require
22054 22055 22056 f diagnosis is cancer p	preauthorization is not required for listed codes as noted by an asterisk*
22054 22055 22056 f diagnosis is cancer µ Any temporary	preauthorization is not required for listed codes as noted by an asterisk* , miscellaneous, or newly released C, J, S, and Q codes may require
22054 22055 22056 f diagnosis is cancer µ Any temporary Procedure Code	preauthorization is not required for listed codes as noted by an asterisk* , miscellaneous, or newly released C, J, S, and Q codes may require authorization.
22054 22055 22056 f diagnosis is cancer µ Any temporary Procedure Code 29046 29047	preauthorization is not required for listed codes as noted by an asterisk* , miscellaneous, or newly released C, J, S, and Q codes may require authorization.
22054 22055 22056 f diagnosis is cancer µ Any temporary Procedure Code C9046 C9047 C9101	preauthorization is not required for listed codes as noted by an asterisk* a, miscellaneous, or newly released C, J, S, and Q codes may require authorization. Notes
22054 22055 22056 f diagnosis is cancer µ Any temporary Procedure Code 29046 29047 29101 29101	preauthorization is not required for listed codes as noted by an asterisk* , miscellaneous, or newly released C, J, S, and Q codes may require authorization.
22054 22055 22056 f diagnosis is cancer µ Any temporary Procedure Code 29046 29047 29101 29142** 29143	oreauthorization is not required for listed codes as noted by an asterisk* a, miscellaneous, or newly released C, J, S, and Q codes may require authorization. Notes If diagnosis is cancer preauthorization is not required
22054 22055 22056 f diagnosis is cancer p Any temporary Procedure Code 29046 29047 29101 29142** 29143 29166	oreauthorization is not required for listed codes as noted by an asterisk* o, miscellaneous, or newly released C, J, S, and Q codes may require authorization. Notes If diagnosis is cancer preauthorization is not required Added 7/1/2024
22054 22055 22056 f diagnosis is cancer µ Any temporary Procedure Code 29046 29047 29101 29142** 29143 29166 29168	oreauthorization is not required for listed codes as noted by an asterisk* a, miscellaneous, or newly released C, J, S, and Q codes may require authorization. Notes If diagnosis is cancer preauthorization is not required Added 7/1/2024 Added 7/1/2024
22054 22055 22056 f diagnosis is cancer p Any temporary Procedure Code C9046 C9047 C9101 C9142** C9166 C9168 C9168 C9169	oreauthorization is not required for listed codes as noted by an asterisk* , miscellaneous, or newly released C, J, S, and Q codes may require authorization. Notes If diagnosis is cancer preauthorization is not required Added 7/1/2024 Added 7/1/2024 Added 10/1/2024
Q2054 Q2055 Q2056 If diagnosis is cancer p Any temporary Procedure Code C9046 C9047 C9101 C9142** C9143 C9166 C9168 C9168 C9169 C9172	oreauthorization is not required for listed codes as noted by an asterisk* , miscellaneous, or newly released C, J, S, and Q codes may require authorization. Notes If diagnosis is cancer preauthorization is not required Added 7/1/2024 Added 10/1/2024 Added 10/1/2024
Q2054 Q2055 Q2056 If diagnosis is cancer p Any temporary Procedure Code C9046 C9047 C9101 C9142** C9143 C9143 C9146 C9168 C9168 C9169 C9172 C9257**	oreauthorization is not required for listed codes as noted by an asterisk* and antipological provided for listed codes as noted by an asterisk* authorization. Notes If diagnosis is cancer preauthorization is not required Added 7/1/2024 Added 7/1/2024 Added 10/1/2024 Added 10/1/2024 If diagnosis is cancer preauthorization is not required
Q2054 Q2055 Q2056 If diagnosis is cancer p Any temporary Procedure Code C9046 C9047 C9101 C9142** C9143 C9166 C9168 C9168 C9169 C9172	oreauthorization is not required for listed codes as noted by an asterisk* , miscellaneous, or newly released C, J, S, and Q codes may require authorization. Notes If diagnosis is cancer preauthorization is not required Added 7/1/2024 Added 7/1/2024 Added 10/1/2024 Added 10/1/2024

C9482	
J0129	
J0172	
J0175	Added 10/1/2024
J0177	Added 7/1/2024
J0178	
J0179	
J0180	
J0185**	If diagnosis is cancer preauthorization is not required
J0202	
J0217	Added 1/1/2024
J0218	huucu 1/1/2024
J0219	
J0220	
J0221	
J0222	
J0223	
J0224	
J0225	
J0256	
J0257	
J0391	Added 1/1/2024
J0402	Added 1/1/2024
J0402 J0490	
J0517	
J0567	
J0570	
J0577	Added 7/1/2024
J0578	Added 7/1/2024
J0584	Added 7/1/2024
J0585	
J0586	
J0587	
J0588	
J0589	Added 7/1/2024
J0593	Added 7/1/2024
J0596	
J0597	
J0598	
J0599	
J0638	
J0641**	If diagnosis is cancer preauthorization is not required
J0695	
J0717	
J0725	
J0739	
J0741	
J0791	
J0800	
J0801	Added 1/1/2024
J0802	Added 1/1/2024
J0881**	If diagnosis is cancer preauthorization is not required
J0882**	If diagnosis is cancer preauthorization is not required
J0885**	If diagnosis is cancer preauthorization is not required
J0885 J0887**	If diagnosis is cancer preauthorization is not required
	in anglissis is called predationization is not required

J0888**	If diagnosis is cancer preputherization is not required
J0887**	If diagnosis is cancer preauthorization is not required If diagnosis is cancer preauthorization is not required
J1170	in diagnosis is cancer predutionzation is not required
J1170	Added 10/1/2024
J1201	
J1203	Added 7/1/2024
J1200	Aucu 7/1/2024
J1300	
J1302	Added 7/1/2024
J1303	Added 7/1/2024
J1304	Added 1/1/2024
J1322	
J1325	
J1411	
J1412	Added 1/1/2024
J1413	Added 1/1/2024
J1415 J1426	
J1427	
J1428	
J1428 J1429	
J1429 J1442	
J1442 J1447**	If diagnosis is cancer preauthorization is not required
J1449	in diagnosis is cancer predutionzation is not required
J1449 J1458	
J1458 J1459	
J1455 J1460	
J1460 J1551	
J1551 J1554	
J1555	
J1556	
J1557	
J1559	
J1559 J1560	
J1561	
J1562	
J1566	
J1568	
J1569	
J1572	
J1575	
J1576	
J1599	
J1602	
J1628	
J1632	
J1640	
J1675**	If diagnosis is cancer preauthorization is not required
J1740	
J1743	
J1745 J1744	added 4/1/2024
J1745	
J1745 J1746	
J1740 J1747	
J1747 J1748	Added 10/1/2024
J1748 J1786	Auteu 10/1/2024
11,00	

J1823	
J1826	
J1830	
J1930**	If diagnosis is cancer preauthorization is not required
J1931	
J1932**	If diagnosis is cancer preauthorization is not required
J1941	Added 1/1/2024
J1943	······································
J1944	
J1950**	If diagnosis is cancer preauthorization is not required
J1952**	If diagnosis is cancer preauthorization is not required
J1954**	If diagnosis is cancer preauthorization is not required
J1961	in diagnosis is cancer preadthorization is not required
J2182	
J2182 J2267	Added 10/1/2024
J2207 J2277	
	Added 7/1/2024
J2278	
J2323	
J2326	
J2327	
J2329	
J2350	
J2353**	If diagnosis is cancer preauthorization is not required
J2355**	If diagnosis is cancer preauthorization is not required
J2356	
J2357	
J2427	
	Added 10/1/2024; If diagnosis is cancer preauthorization is not required
J2468**	Added 10/1/2024; If diagnosis is cancer preauthorization is not required
J2502	Added 10/1/2024; If diagnosis is cancer preauthorization is not required
J2502 J2506	Added 10/1/2024; If diagnosis is cancer preauthorization is not required
J2502 J2506 J2507	
J2502 J2506 J2507 J2508	Added 10/1/2024; If diagnosis is cancer preauthorization is not required Added 1/1/2024
J2502 J2506 J2507 J2508 J2777	
J2502 J2506 J2507 J2508 J2777 J2779	Added 1/1/2024
J2502 J2506 J2507 J2508 J2777	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782	Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2786 J2796	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2786 J2796	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2786 J2796 J2941	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2796 J2941 J2998	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2786 J2796 J2941 J2998 J3031	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2786 J2796 J2941 J2998 J3031 J3032	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060 J3110	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060 J3110 J3111	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060 J3110 J3111 J3241	Added 1/1/2024 Added 1/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060 J3110 J3111 J3241 J3245	Added 1/1/2024 Added 1/1/2024 Added 7/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060 J3110 J3111 J3241 J3245 J3247	Added 1/1/2024 Added 1/1/2024 Added 7/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060 J3110 J3111 J3241 J3245 J3247 J3262**	Added 1/1/2024 Added 1/1/2024 Added 7/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060 J3110 J3111 J3241 J3241 J3245 J3245 J3247 J3262** J3285 J3299	Added 1/1/2024 Added 1/1/2024 Added 7/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060 J3110 J3111 J3241 J3241 J3245 J3245 J3247 J3262** J3285 J3299 J3304	Added 1/1/2024 Added 1/1/2024 Added 7/1/2024
J2502 J2506 J2507 J2508 J2777 J2779 J2781 J2782 J2786 J2796 J2941 J2998 J3031 J3032 J3060 J3110 J3111 J3241 J3241 J3245 J3245 J3247 J3262** J3285 J3299	Added 1/1/2024 Added 1/1/2024 Added 7/1/2024

J3358	
J3380	
J3385	
J3393	Added 10/1/2024
J3394	Added 10/1/2024
J3398	
J3399	
J3401	Added 1/1/2024
J3489**	If diagnosis is cancer preauthorization is not required
J3490	
J3590	
J3591	
J7168	
J7169	
J7171	Added 10/1/2024
J7210	
J7308	
J7312	
J7318	
J7330	
J7352	
J7353	Added 1/1/2024
J7354	Added 7/1/2024
J7355	Added 10/1/2024
J7402	
J7599	
J7686	
J7699	
J7799	
J7999	
J8498	
J8499**	If diagnosis is cancer preauthorization is not required
J8541	Added 10/1/2024
J8999**	If diagnosis is cancer preauthorization is not required
J9021**	If diagnosis is cancer preauthorization is not required
J9029	
J9035**	If diagnosis is cancer preauthorization is not required
J9037**	If diagnosis is cancer preauthorization is not required
J9061**	If diagnosis is cancer preauthorization is not required
J9144**	If diagnosis is cancer preauthorization is not required
J9173**	Added 1/1/2024; If diagnosis is cancer preauthorization is not required
J9217**	If diagnosis is cancer preauthorization is not required
J9218**	If diagnosis is cancer preauthorization is not required
J9219**	If diagnosis is cancer preauthorization is not required
J9223**	If diagnosis is cancer preauthorization is not required
J9226	
J9228**	Added 1/1/2024; If diagnosis is cancer preauthorization is not required
J9271**	Added 1/1/2024; If diagnosis is cancer preauthorization is not required
J9272**	If diagnosis is cancer preauthorization is not required
J9281**	If diagnosis is cancer preauthorization is not required
J9298**	If diagnosis is cancer preauthorization is not required
J9299**	Added 1/1/2024; If diagnosis is cancer preauthorization is not required
J9312**	If diagnosis is cancer preauthorization is not required
J9316**	If diagnosis is cancer preauthorization is not required
J9317**	If diagnosis is cancer preauthorization is not required

J9318** J9319**	If diagnosis is cancer preauthorization is not required If diagnosis is cancer preauthorization is not required
J9331** J9332	If diagnosis is cancer preauthorization is not required
J9333 J9334	Added 1/1/2024 Added 1/1/2024
J9349**	If diagnosis is cancer preauthorization is not required
J9359** J9361**	If diagnosis is cancer preauthorization is not required Added 10/1/2024; If diagnosis is cancer preauthorization is not required
J9376	Added 10/1/2024, if diagnosis is cancer preadtholization is not required Added 7/1/2024
J9370 J9381	Audeu 7/1/2024
J9999**	If diagnosis is cancer preauthorization is not required
Q2041	in diagnosis is cancel preadthorization is not required
Q2041	
Q2043**	If diagnosis is cancer preauthorization is not required
Q2053	in diagnosis is cancel preductionization is not required
Q2055	
Q2055	
Q2056	
Q3027	
Q4081**	If diagnosis is cancer preauthorization is not required
Q5101**	If diagnosis is cancer preauthorization is not required
Q5103	in anglious is called predation zation is not required
Q5104	
Q5105**	If diagnosis is cancer preauthorization is not required
Q5106**	If diagnosis is cancer preauthorization is not required
Q5107**	If diagnosis is cancer preauthorization is not required
Q5108**	If diagnosis is cancer preauthorization is not required
Q5109	······································
Q5110**	If diagnosis is cancer preauthorization is not required
Q5111**	If diagnosis is cancer preauthorization is not required
Q5115**	If diagnosis is cancer preauthorization is not required
Q5118**	If diagnosis is cancer preauthorization is not required
Q5119**	If diagnosis is cancer preauthorization is not required
Q5120	
Q5121	
Q5122	
Q5123**	If diagnosis is cancer preauthorization is not required
Q5125	
Q5126**	If diagnosis is cancer preauthorization is not required
Q5127	
Q5128	
Q5129	
Q5130	
Q5133	Added 7/1/2024
Q5134	Added 7/1/2024
Q5135**	Added 10/1/2024; If diagnosis is cancer preauthorization is not required
Q5136**	Added 10/1/2024; If diagnosis is cancer preauthorization is not required
Q5137	Added 10/1/2024
Q5138	Added 10/1/2024
Q9991	······································
Q9992	
S0013	

S0189

Site of Care restrictions: For Health Advantage and Community Plans (Large Group, Small Group, Individual Group). CODES EXCLUDED FROM HOSPITAL INFUSIONS. ONLY given by home health care provider in the member's home or at an infusion center that is not located within or affiliated with hospital.

Procedure Code	Notes	
J0129		
10172	added 4/1/2024	
J0180		
J0202	added 4/1/2024	
10218	added 4/1/2024	
10221		
10256	added 4/1/2024	
J0490		
J0517	added 1/1/2024	
J0584	added 4/1/2024	
J0597		
J0598		
J0717		
J0739	added 4/1/2024	
J0741		
J0897**		
J1300		
J1302	added 4/1/2024	
J1303	added 4/1/2024	
J1428		
J1459		
J1460	added 4/1/2024	
J1554	added 4/1/2024	
J1556		
J1557		
J1559	added 4/1/2024	
J1560	added 4/1/2024	
J1561		
J1566		
J1568		
J1569		
J1572	added 1/1/2024	
J1575	added 4/1/2024	
J1599	added 1/1/2024	
J1602	added 1/1/2024	
J1743	auteu 1/1/2024	
J1743 J1744	added 4/1/2024	
J1744 J1745		
	added 1/1/2024	
J1746	added 4/1/2024	
J1748	added 10/1/2024	
J1786		
J1931	added 1/1/2024	
J2182		
J2323		
J2326	added 4/1/2024	
J2327	added 4/1/2024	
J2329		
J2350		

J2357	added 1/1/2024
J3032	added 1/1/2024
J3060	added 1/1/2024
J3111	added 1/1/2024
J3241	added 4/1/2024
J3262	added 1/1/2024
J3357	
J3358	
J3380	
J3385	
J3398	added 4/1/2024
J9173**	
J9228	
J9271**	
J9272**	
J9299**	
Q5103	
Q5104	
Q5121	added 4/1/2024
Q5137	Added 10/1/2024
Q5135**	Added 10/1/2024
Q5136**	Added 10/1/2024

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 prescribed against FDA/manufacturer guidelines requires preauthorization.

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.

X= Requires Pre-Authorization	Medicaid	Healthy Michigan	Commercial/	Health Advantage (HA)
NC= Not covered by this product		Medicaid	Community	
NR= Auth not required			HMO/POS	
RN=Requires Notification				
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.	Х	Х	Х	Х
Inpatient Mental Health (MH)-obtained by admitting facility	NC	NC	Х	Х
All Out of Network Services (non-contracted providers)**				
Individual Plans on the Exchange should verify out of network benefits prior to receiving				
services.	Х	Х	X**	X**
Ambulance: Non-Urgent Transportation	Х	Х	Х	Х
Ambulance: Air, Emergent (Requires post-service review)	post-service	post-service	post-service	post-service
Applied Behavioral Analysis (ABA Therapy)	NC	NC	NR	NR
Autism Services	NC	NC	NR	NR
BAHA (L8691, L8692, L8693, L8694) (Commercial requires rider)	NR	NR	HMO=NC POS=X	NC
Cardiac procedures and imaging	Х	Y	ND	ND
Refer to the Referral Categories Grid	~	Х	NR	NR
Chiropractic (Medicaid up to 18 visits per calendar year. Additional visits require				
preauthorization)	NR	NR	NR	NR
Community Health Worker	NR	NR	NC	NC
Continuous Glucose Monitors/Supplies (see categories for exceptions)	Х	Х	Х	Х
Cosmetic Services	Х	Х	Х	Х
MEDICAID DME Purchase- (Durable Medical Equipment) - (allowable line by line as per				
Medicaid fee schedule)	>\$1500	>\$1500		
MEDICAID 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
Doula Services Medicaid only				
Auth not required up to benefit limit	NR	NR	NC	NC
Electroconvulsive Therapy (ECT)	NC**	NC**	Х	Х

Emergency Medical Response System	NC	NC	NC	NC
Genetic Testing, Diagnosis and Treatment	Х	Х	Х	Х
Gender Reaffirmation Procedures	Х	Х	Х	Х
Hearing Aids (Commercial requires rider)	NR	NR	HMO=NC	NC
			POS=NR	
Home Health Care (see categories for exceptions)	Х	Х	Х	Х
Hospice	Х	Х	х	NR
Imaging				
Refer to the Referral Categories Grid	Х	Х	NR	NR
Infertility Testing and Services	Х	Х	Х	Х
Injectables/IV Therapy (SeeMedical Pharmacy Code List)	Х	Х	Х	Х
In-Office Laboratory Procedure (Presumptive Drug Class Screening)	NC	NC	NC	NC
Insulin Pumps/Supplies	Х	Х	Х	Х
Maternity Services-Out of Network	NR	NR	X**	NR**
Meals and Lodging (Medicaid notification is required)	RN	RN	NC	Transplant related only
Medication non-formulary drug requests (see formulary)***	Х	Х	х	Х
Mental Health Outpatient 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
	Х	Х	Х	Х
	See referral	See referral	See referral	See referral categories
Laboratory Testing	categories grid	categories grid	categories grid	grid
Oral procedures including TMJ and orthognathic	Х	Х	Х	Х
Podiatry Office Visits	NR	NR	NR	NR
Private Duty Nursing Services	NC	NC	NC	NC
Procedures to Treat Asthma (Bronchial Thermoplasty)	Х	Х	Х	Х
Prosthetics and Orthotics	>\$500	>\$500	>\$3000	>\$5000
Proton Beam Therapy	Х	Х	Х	Х
Rehabilitative Outpatient Facility Services	Х	Х	Х	NR
Routine Prenatal Care In and Out of Network	NR	NR	X**	X**
Skilled Nursing Home	Х	Х	х	Х
Sterilization-Voluntary	Х	Х	х	NR
Termination of Pregnancy	Х	Х	х	NR

Therapies: Physical, Occupational and Speech For Medicaid: For PT/OT, benefit limit equals 144 units per calendar year. Number of units billed may vary per visit. Please call Customer Service to confirm number of units available. ST benefit is 36 visits per calendar year. Please call Customer Service to confirm number of visits available.	Auth required only when exceeding benefit limit	Auth required only when exceeding benefit limit	Auth required only when exceeding benefit limit Individual on Exchange: In- Network benefit only	Auth required only when exceeding benefit limit
Transitional Case Management for Recuperative Care	х	Х	NC	NC
Transplant Services (Organ and Tissue)	see specific organ	see specific organ	х	х
Transportation	NR	NR	NC	Transplant related only
Urologocial Procedures (55880)	х	х	х	Х
Vision Services	х	х	NC	NC
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