



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

MHP Service Codes Requiring Preauthorization - Effective June 1, 2024

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. Autism and ABA services are not covered by the plan for Medicaid. Refer to your local mental health center.	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

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Referral Category Name	Definitions
Auditory 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 <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

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Referral Category Name	Definitions
Cosmetic Procedures - Medical Necessity 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

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Referral Category Name	Definitions
Durable Medical Equipment (DME) Refer to the preauthorization grid 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, 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, 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
DME Purchase Medicaid and Healthy Michigan Plan; Items >\$1,500 Commercial/Community HMO & POS; Items >\$3,000 Health Advantage; Items >\$5,000	E0193, E0350, E0265, E0301, E0303, E0316, E0460, E0471, E0472, E0482, E0638, E0642, E0675, E0694, E0764, 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

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Referral Category Name	Definitions
<i>DME - continued</i>	
<p>DME Rental All products which require authorization regardless of fee</p> <p>**E0483 Medicaid only - Authorization is not required for the diagnosis of Cystic Fibrosis.</p>	<p>A9999, E0236, E0241, E0243, E0244, E0245, E0277, E0328, E0329, E0371, E0372, E0373, E0439, E0457, E0465, 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, 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, S9379, T5001</p>
<p>DME Rental</p> <p>Medicaid and Healthy Michigan Plan; Items >\$500/month Commercial/Community HMO & POS; Items >\$100/month Health Advantage; Items >\$500/month</p>	<p>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, K0011, K0014, K0822, K0823, K0824, K0825, K0827, K0835, K0836, K0837, K0838, K0841, K0842, K0843, K0848, K0849, K0856, K0861</p>
<p>Orthotics and Corrective Appliances Purchase</p> <p>Medicaid and Healthy Michigan Plan: items >\$500 Commercial/Community HMO & POS: Items >\$3,000 Health Advantage: Items >\$5,000</p> <p>Medicaid and Health Advantage Only: Authorization is not required for L3649</p> <p>Medicaid Only: Authorization is not required for L1932</p>	<p>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, L1685, L1686, 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, L3763, L3808, L3891, L3900, L3904, L3915, L3916, L3923, L3924, L3927, L3999, L4000, L4010, L4020, L4631, S1040</p>

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Referral Category Name	Definitions
<i>DME - continued</i>	
Prosthetics Purchase Medicaid and Healthy Michigan Plan; items >\$500 Commercial/Community HMO & POS; items >\$3,000 Health Advantage; items >\$5,000	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, 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, 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, L6646, 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, L7499, L8044, L8499, L8510, L8609, L8614, L8619, L8627, L8682, L8683, L8685, L8686, L8687, L8688, L8690, V2629
Hearing Aids- <i>Preauthorization for Hearing Aids is not required for CSHCS/Healthy Michigan/Medicaid members up to the benefit limit.</i> <i>Refer to the preauthorization grid located at the end of this document for additional coverage information.</i> <i>Preauthorization for Hearing Aids is not required for Commercial/Community members up to the benefit limit.</i> <i>Refer to the preauthorization grid located at the end of this document for additional coverage information.</i>	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)

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Referral Category Name	Definitions
<i>DME - continued</i>	
<p>Vision Services Authorization requirements are for CSHCS, Medicaid and Healthy Michigan plans only. Consult the plan documents for coverage availability for Community and Health Advantage plans.</p>	<p>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</p>
<p>Continuous Glucose Monitors (CGMs) and Insulin Pumps - <i>All codes for continuous glucose monitors, insulin pumps, and associated supplies require preauthorization.</i></p> <p>#Effective May 1, 2023, for Medicaid only, prior authorization is not 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.</p>	<p>A4238#, A4239#, A9274, A9276#, A9277#, A9278#, E0784, E2102#, E2103#</p>
Gender Affirmation Procedures	
<p>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.</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
Genetic Testing	
<p>Genetic Testing - All genetic testing codes, even if the code is not included in this list, require Medical Director review and preauthorization. <i>*Authorization is not required for pregnant women over the age of 40 and if services are provided In-Network.</i> Medicaid Only: Authorization is not required 81222 and 81223</p> <p>Medicaid, Community, and Health Advantage lines of business effective 12/1/2022: authorization is NOT required for 81220, 81329, 81420</p>	<p>See Genetic Testing Code List on the following pages</p>
Home Care Services	
<p>Home Care <i>Refer to the preauthorization grid located at the end of this document for additional information.</i></p> <p>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.</p>	<p>Billed on institutional claim and type of bill 311 to 389 and revenue code 0550, 0551, 0552, 0559</p>
<p>Hospice Care</p>	<p>Billed on institutional claim and type of bill 811 to 899 , revenue code 0651, 0652, 0655, 0656, 0658</p>

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Referral Category Name	Definitions
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 - <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>	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
Medical Respite	
Medical Respite Special Program <i>Medicaid in-network only</i>	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

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Referral Category Name	Definitions
Out-of-Network (OON) Services	
Out-of-Network (OON) Ambulatory Surgery Center - <i>Health Advantage preauthorization is not required.</i> <i>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.</i> <i>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.</i> <i>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</i> <i>Medicaid preauthorization is not required</i>	all dialysis services provided by an out-of-network provider
Pharmacy	
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>	See Medical Pharmacy Code List on the following pages

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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.

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Referral Category Name	Definitions
Rehabilitation Services Cont.	
<p>Physical Therapy -</p> <p>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.</p>	<p>All lines of business: Preauthorization is required for requests over the benefit limit.</p> <p>Medicaid Only: Maximum of 144 billed units allowed per calendar year. Please call customer service to confirm number of available units.</p>
<p>Speech Therapy -</p> <p>Medicaid: Preauthorization is not required up to the benefit limit of 36 visits per calendar year. 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.</p>	<p>All lines of business: Preauthorization is required for requests over the benefit limit.</p> <p>Please call customer service to confirm number of available visits.</p>

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Referral Category Name	Definitions
Reproductive Services	
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
Reproductive Services - continued	
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, 58670, 58671, 58672, 58673, 58679, 58700, 58720, 58740, 58750, 58770, 58800, 58820, 58822, 58825, 58900, 58920, 58925, 58940, A4264
Transitional Care	
Transitional Care Program - Health Advantage Only	Requires preauthorization

MHP Service Codes Requiring Preauthorization - Effective June 1, 2024

Referral Category Name	Definitions
Transplant Services	
Cornea Transplant Medicaid only - 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 Medicaid only - 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

MHP Service Codes Requiring Preauthorization - Effective June 1, 2024

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

MHP Service Codes Requiring Preauthorization - Effective June 1, 2024

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.

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

Genetic and Molecular Testing 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	
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81110	

Procedure Code	Notes
81111	
81112	
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Procedure Code	Notes
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81193	
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81200	
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81209	
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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	
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Procedure Code	Notes
81231	
81232	
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81234	
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Procedure Code	Notes
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Procedure Code	Notes
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81320	
81321	
81322	
81323	
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81326	
81327	
81328	
81329	no auth required, Medicaid, Community, and Health Advantage
81330	
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Procedure Code	Notes
81336	
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Procedure Code	Notes
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81415	
81416	
81417	
81418	
81419	
81420	no auth required, Medicaid, Community, and Health Advantage
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Procedure Code	Notes
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81471	
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Procedure Code	Notes
81510	
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81554	
81560	
81595	
82533	
81535	
81536	
81539	
81546	
81554	
81599	
82166	No auth needed
83497	
83516	

Procedure Code	Notes
83516	
83516	
83516	
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	
86041	No auth needed
86042	no auth needed
86043	no auth needed
86146*	No auth required for pregnant women over the age of 40 and services are provided in-network for Medicaid, Community, and Health Advantage
86147*	No auth required for pregnant women over the age of 40 and services are provided in-network for Medicaid, Community, and Health Advantage
86148*	No auth required for pregnant women over the age of 40 and services are provided in-network for Medicaid, Community, and Health Advantage
86200	
86255	
86255	
86255	
86256	
86256	
86258	
86321	
86341	
86341	
86362	

Procedure Code	Notes
86364	
86366	no auth needed
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	
86753	
86849	
87177	
87523	no auth needed
87624	
87625	
87798	
88121	
88187	
88188	
88189	
88230	
88233	
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Procedure Code	Notes
88271	
88272	
88273	
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88280	
88283	
88285	
88289	
88291	
88299	
88342	removed auth requirement 4/1/2024
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	
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88373	
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88387	
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88749	
89290	
89291	
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Procedure Code	Notes
0007M	
0011M	
0012M	
0013M	
0017M	
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0049U	

Procedure Code	Notes
0050U	
0053U	
0055U	
0060U	
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0070U	
0071U	
0072U	
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0075U	
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0078U	
0079U	
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0090U	
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0094U	
0096U	
0101U	
0102U	
0103U	
0105U	
0109U	
0111U	
0112U	
0113U	
0114U	
0118U	

Procedure Code	Notes
0120U	
0129U	
0130U	
0131U	
0132U	
0133U	
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Procedure Code	Notes
0180U	
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0211U	
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0216U	
0217U	
0218U	
0219U	

Procedure Code	Notes
0221U	
0222U	
0227U	
0228U	
0229U	
0230U	
0231U	
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0234U	
0235U	
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0260U	
0262U	
0264U	
0265U	
0266U	
0267U	
0268U	
0269U	
0270U	
0271U	

Procedure Code	Notes
0272U	
0273U	
0274U	
0276U	
0277U	
0278U	
0279u	
0282U	
0285U	
0286U	
0287U	
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0289U	
0290U	
0291U	
0292U	
0293U	
0294U	
0296U	
0297U	
0298U	
0299U	
0300U	
0301U	
0302U	
0306U	
0307U	
0313U	
0314U	
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0317U	
0318U	
0319U	
0320U	

Procedure Code	Notes
0326U	
0327U	
0329U	
0331U	
0332U	
0333U	
0335U	
0336U	
0339U	
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	

Procedure Code	Notes
0405U	
0409U	
0410U	
0411U	
0413U	
0414U	
0417U	
0419U	
0420U	
0422U	
0423U	
0424U	
0425U	
0426U	
0428U	
0433U	
0434U	
0437U	
0438U	
G9143	
G9840	
G9841	
S3800	
S3840	
S3841	
S3842	
S3844	
S3845	
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S3849	
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S3852	
S3853	
S3844	

Procedure Code	Notes
S3845	
S3846	
S3849	
S3850	
S3852	
S3853	
S3854	
S3861	
S3865	
S3866	
S3870	

Authorization Guidelines:

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McLaren Health Plan
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McLaren Health Plan Community

Medical Pharmacy

Buy & Bill Medicaid Only: Physicians administering "Carved Out" C, J, S, and Q codes must bill Fee For Service.

Procedure Code	Notes
C9098	
J0739	
J0741	
J1322	
J1426	
J1427	
J1428	
J1429	
J1746	
J1961	
J2326	
J3398	
J3399	
Q2041	
Q2042	
Q2053	
Q2054	
Q2055	
Q2056	

Specialty Medications/Injections -

If diagnosis is cancer preauthorization is not required for listed codes as noted by an asterisk**

Any temporary, miscellaneous, or newly released C, J, S, and Q codes may require authorization.

Procedure Code	Notes
C9046	
C9047	
C9065**	Remove 1/1/2024
C9088	
C9089	Remove 1/1/2024
C9090	
C9091**	If diagnosis is cancer preauthorization is not required
C9092	
C9093	
C9098	
C9101	
C9142**	If diagnosis is cancer preauthorization is not required
C9143	
C9257**	If diagnosis is cancer preauthorization is not required
C9293**	If diagnosis is cancer preauthorization is not required
C9399**	If diagnosis is cancer preauthorization is not required
C9460	Remove 1/1/2024
C9482	
J0129	
J0172	

Procedure Code	Notes
J0178	
J0179	
J0180	
J0185**	If diagnosis is cancer preauthorization is not required
J0202	
J0217	Add 1/1/2024
J0218	
J0219	
J0220	
J0221	
J0222	
J0223	
J0224	
J0225	
J0256	
J0257	
J0270	Remove 1/1/2024
J0275	Remove 1/1/2024
J0391	Add 1/1/2024
J0402	Add 1/1/2024
J0490	
J0517	
J0567	
J0570	
J0585	
J0586	
J0587	
J0588	
J0596	
J0597	
J0598	
J0599	
J0638	

Procedure Code	Notes
J0641**	If diagnosis is cancer preauthorization is not required
J0695	
J0717	
J0725	
J0739	
J0741	
J0791	
J0800	
J0801	Add 1/1/2024
J0802	Add 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
J0887**	If diagnosis is cancer preauthorization is not required
J0888**	If diagnosis is cancer preauthorization is not required
J0897**	If diagnosis is cancer preauthorization is not required
J0899	Add 1/1/2024
J1170	
J1201	
J1246**	Add 1/1/2024; If diagnosis is cancer preauthorization is not required
J1290	
J1300	
J1304	Add 1/1/2024
J1322	
J1325	
J1411	
J1412	Add 1/1/2024
J1413	Add 1/1/2024
J1426	
J1427	
J1428	
J1429	
J1442	

Procedure Code	Notes
J1447**	If diagnosis is cancer preauthorization is not required
J1449	
J1458	
J1459	
J1460	
J1551	
J1554	
J1555	
J1556	
J1557	
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	
J1746	
J1747	
J1786	
J1823	

Procedure Code	Notes
J1826	
J1830	
J1930**	If diagnosis is cancer preauthorization is not required
J1931	
J1932**	If diagnosis is cancer preauthorization is not required
J1941	Add 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	
J2182	
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	
J2502	
J2505	Remove 1/1/2024
J2506	
J2507	
J2508	Add 1/1/2024
J2777	
J2779	
J2781	Add 1/1/2024
J2786	

Procedure Code	Notes
J2796	
J2799	Add 1/1/2024
J2941	
J2998	
J3031	
J3032	
J3060	
J3110	
J3111	
J3241	
J3245	
J3262**	If diagnosis is cancer preauthorization is not required
J3285	
J3299	
J3304	
J3316	
J3357	
J3358	
J3380	
J3385	
J3398	
J3399	
J3401	Add 1/1/2024
J3489**	If diagnosis is cancer preauthorization is not required
J3490	
J3590	
J3591	
J7168	
J7169	
J7210	
J7308	
J7312	
J7318	

Procedure Code	Notes
J7330	
J7352	
J7353	Add 1/1/2024
J7402	
J7599	
J7686	
J7699	
J7799	
J7999	
J8498	
J8499**	If diagnosis is cancer preauthorization is not required
J8597	Remove 1/1/2024
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**	Add 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	Add 1/1/2024
J9271**	Add 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**	Add 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

Procedure Code	Notes
J9317**	If diagnosis is cancer preauthorization is not required
J9318**	If diagnosis is cancer preauthorization is not required
J9319**	If diagnosis is cancer preauthorization is not required
J9331**	If diagnosis is cancer preauthorization is not required
J9332	
J9333	Add 1/1/2024
J9334	Add 1/1/2024
J9349**	If diagnosis is cancer preauthorization is not required
J9359**	If diagnosis is cancer preauthorization is not required
J9381	
J9999**	If diagnosis is cancer preauthorization is not required
Q0181	Remove 1/1/2024
Q2041	
Q2042	
Q2043**	If diagnosis is cancer preauthorization is not required
Q2053	
Q2054	
Q2055	
Q2056	
Q3027	
Q4081**	If diagnosis is cancer preauthorization is not required
Q5101**	If diagnosis is cancer preauthorization is not required
Q5103	
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

Procedure Code	Notes
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	
Q9991	
Q9992	
S0031	
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	
J0180	
J0221	
J0490	
J0517	
J0597	
J0598	
J0717	
J0741	Added 1/1/2024
J0897	
J1300	

Procedure Code	Notes
J1428	
J1459	
J1556	
J1557	
J1561	
J1566	
J1568	
J1569	
J1572	
J1599	
J1602	This has been on the list since 2018
J1743	
J1745	
J1786	
J1931	
J2182	
J2323	Added 1/1/2024
J2329	Added 1/1/2024
J2350	Added 1/1/2024
J2357	
J3032	Added 1/1/2024
J3060	
J3111	Added 1/1/2024
J3262	
J3357	
J3380	
J3385	
J9173	Added 1/1/2024
J9228	Added 1/1/2024
J9271	Added 1/1/2024
J9272	Added 1/1/2024
J9299	Added 1/1/2024

Procedure Code	Notes
Q5103	
Q5104	

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/manufacture guidelines requires preauthorization.

This list is updated at least quarterly. The most current version is available on our website at 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.**

X= Requires Pre-Authorization NC= Not covered by this product NR= Auth not required RN=Requires Notification	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)** Individual Plans on the Exchange should verify out of network benefits prior to receiving services.	X	X	X**	X**
Ambulance: Non-Urgent Transportation	X	X	X	X
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
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)	X	X	X	X
Cosmetic Services	X	X	X	X
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**	X	X

Emergency Medical Response System	NC	NC	NC	NC
Genetic Testing,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 (see categories for exceptions)	X	X	X	X
Hospice	X	X	X	NR
Infertility Testing and Services	X	X	X	X
Injectables/IV Therapy (SeeMedical Pharmacy 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	Transplant related only
Medication non-formulary drug requests (see formulary)**	X	X	X	X
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
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 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
Transplant Services (Organ and Tissue)	see specific organ	see specific organ	X	X
Transportation	X	X	NC	Transplant related only
Urological Procedures (55880)	X	X	X	X
Vision Services	X	X	NC	NC
<i>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.</i>				
<i>**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.</i>				
<i>**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.</i>				
<i>***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***</i>				

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