

**All Out of Network Services
Require Plan Approval**

**MIDWEST HEALTH PLAN
2010 Authorization Grid**

Service	Medicaid	Medicare	Health Choice	ABW Wayne Macomb (Plan A)	Plan B Macomb Wayne
Also Known As:	Midwest Health Plan (MSA) Pharmacy (0763)	Midwest Advantage Pharmacy (MCR) (5013)	Health Choice AKM Pharmacy (0762)	Wayne County Med Basic (ABW) Macomb Health Plan (AMB) Pharmacy (0762)	Macomb Care Connect (MPB) Basic Care Wayne (WPB) Pharmacy (0762)
In-Patient Acute Care Hospitalization	X Plan Notification required for in-pt admissions	X Plan Notification required for in-pt admissions	X Plan Notification required for in-pt admissions 20 day in-pt limit 30 days with rider	NOT A BENEFIT	NOT A BENEFIT
Acute Care Observation Post Operative Emergency Room	Plan Notification Not Required Must meet CMS/MDCH Observation Criteria	Plan Notification Not Required Must meet CMS/MDCH Observation Criteria	Plan Notification Not Required Must meet CMS/MDCH Observation Criteria	Plan Notification Not Required Must meet CMS/MDCH Observation Criteria	NOT A BENEFIT
In-Patient Physical Rehabilitation (PM&R)	X Plan Notification required for in-pt admissions Prior Authorization Approval required for elective admissions	X Plan Notification required for in-pt admissions Prior Authorization Approval required for elective admissions	X Plan Notification required for in-pt admissions Prior Authorization Approval required for elective admissions Debits the 20 day in-patient limit.	NOT A BENEFIT	NOT A BENEFIT
Skilled Nursing Facility Care	X Plan Notification required for admission Prior Authorization Approval required for elective admissions Limited to 45 Days Custodial Care Not a Benefit	X Plan Notification required for admission Prior Authorization Approval required for elective admissions Limited to 100 days Custodial Care Not a Benefit	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Long Term Acute Care (LTAC)	NOT A BENEFIT	X Plan Notification required for in-pt admissions Prior Authorization Approval required for elective admissions	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Emergency Room	Plan Notification Not Required	Plan Notification Not Required	Plan Notification Not Required	Plan Notification Not Required	NOT A BENEFIT
Urgent Care	Plan Notification Not Required Only after PCP office is closed Limited to Contracted Providers Only	Plan Notification Not Required Only after PCP office is closed Limited to Contracted Providers Only	Plan Notification Not Required Only after PCP office is closed Limited to Contracted Providers Only	Plan Notification Not Required Only after PCP office is closed Must be a free standing Urgent Care Center Limited to Contracted Providers Only	Plan Notification Not Required Only after PCP office is closed Must be a free standing contracted Urgent Care Center Limited to Contracted Providers Only
Out-Patient Surgery Such as: Knee Arthroscopy Cataract Removal D&C ORIF Ankle (Dental not included - see Dental)	PCP to Refer Member to a Plan Provider Plan Notification Not Required	Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan</u> require Plan Notification	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT

GREEN
Proceed
No Plan Notification required
revised 1/10

YELLOW
Proceed with Caution

RED
NOT A BENEFIT

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**MIDWEST HEALTH PLAN
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Service	Medicaid	Medicare	Health Choice	ABW Wayne Macomb (Plan A)	Plan B Macomb Wayne
Also Known As:	Midwest Health Plan (MSA) Pharmacy (0763)	Midwest Advantage MCR Pharmacy (5013)	Health Choice AKM Pharmacy (0762)	Wayne County Med Basic (ABW) Macomb Health Plan (AMB) Pharmacy (0762)	Macomb Care Connect (MPB) Basic Care Wayne (WPB) Pharmacy (0762)
Out-Patient Diagnostics Such as: Cardiac Cath Bronchoscopy EGD Hysteroscopy	PCP to Refer Member to a Plan Provider Plan Notification Not Required	Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT
Out Patient Treatment Such as: Chemo Therapy Radiation Therapy	PCP to Refer Member to a Plan Provider Plan Notification Not Required	Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT
PET Scans CT Scans MRI's	PCP to Refer Member to a Plan Provider Plan Notification Not Required	Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT
Routine X-Rays Chest X-Ray Abd. X-Ray Leg / Arm X-Ray	PCP to Refer Member to a Plan Provider Plan Notification Not Required	Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required
Ultra Sounds Pelvic, Abd., Doppler Studies, Echocardiograms	PCP to Refer Member to a Plan Provider Plan Notification Not Required	Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT
Out Patient PT, OT, Speech Evaluation & Treatment	X Plan notification and approval required	X Plan notification and approval required	X Plan notification and approval required Only Available with Rider	NOT A BENEFIT Wayne and Oakland Members	NOT A BENEFIT
	Not a benefit for the diagnosis of developmental delay. Contact local school system.			Limited Benefit Macomb Members only Plan notification and approval required – contact CSS Inc. at (586) 498-7000	
In-Network Specialist Care	PCP to Refer Member to a Plan Provider Plan Notification Not Required	Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT

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Service	Medicaid	Medicare	Health Choice	ABW Wayne Macomb (Plan A)	Plan B Macomb Wayne
Also Known As:	Midwest Health Plan (MSA) Pharmacy (0763)	Midwest Advantage MCR Pharmacy (5013)	Health Choice AKM Pharmacy (0762)	Wayne County Med Basic (ABW) Macomb Health Plan (AMB) Pharmacy (0762)	Macomb Care Connect (MPB) Basic Care Wayne (WPB) Pharmacy (0762)
Out of Network Specialist Care	X Plan notification and approval required	No Auth Required for place of service 11 or 22 <u>Services Outside of Southeast Michigan require Plan Notification</u>	X Plan notification and approval required	X Plan notification and approval required	NOT A BENEFIT
Well Child Visits	Plan Notification Not Required for In-Plan Pediatrician	Plan Notification Not Required for In-Plan Pediatrician <u>Services Outside of Southeast Michigan require Plan Notification</u>	Plan Notification Not Required for In-Plan Pediatrician	NOT A BENEFIT	NOT A BENEFIT
Well Woman Care Pap Mammogram	Plan Notification Not Required for In-Plan Gynecologist	Plan Notification Not Required for In-Plan Gynecologist <u>Services Outside of Southeast Michigan require Plan Notification</u>	Plan Notification Not Required for In-Plan Gynecologist	Plan Notification Not Required for In-Plan Gynecologist	NOT A BENEFIT Refer to the Breast Cancer / Cervical Cancer Screening Program
OB Care Office Visits Ultrasound Exams NST's	Plan Notification Not Required for OB Services In or Out of Network Providers (OPEN ACCESS)	Plan Notification Not Required for In-Plan Gynecologist <u>Services Outside of Southeast Michigan require Plan Notification</u>	Plan Notification Not Required for In-Plan Gynecologist	NOT A BENEFIT	NOT A BENEFIT
Family Planning Services: Vasectomy Tubal Ligation	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	NOT A BENEFIT	PCP to Refer Member to a Plan Provider Plan Notification Not Required	Oral Contraceptives only
Podiatry	PCP to Refer Member to a Plan Provider Plan Notification Not Required Limited to Contracted Providers Only	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	Diabetics only	Limited to services at Midwest Health Center	NOT A BENEFIT
Chiropractic Care	Not a Benefit for age 21 and above	No Auth required <u>Services Outside of Southeast Michigan require Plan Notification</u>	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Home Care - RN, PT, OT, Speech, Home IV Therapy	X Plan notification and approval required	X Plan notification and approval required	X Plan notification and approval required	NOT A BENEFIT	NOT A BENEFIT
Hospice In-Patient Home	X Plan notification and approval required	NOT A BENEFIT Bill Directly to Medicare	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT

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**MIDWEST HEALTH PLAN
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Service	Medicaid	Medicare	Health Choice	ABW Wayne Macomb (Plan A)	Plan B Macomb Wayne
Also Known As:	Midwest Health Plan (MSA) Pharmacy (0763)	Midwest Advantage Pharmacy (5013)	Health Choice AKM Pharmacy (0762)	Wayne County Med Basic (ABW) Macomb Health Plan (AMB) Pharmacy (0762)	Macomb Care Connect (MPB) Basic Care Wayne (WPB) Pharmacy (0762)
Out Patient Behavioral Health	PCP to Refer Member to a Plan Provider Plan Notification Not Required Limited to 20 visits per year	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	NOT A BENEFIT Contact County Community Mental Health	NOT A BENEFIT Contact County Community Mental Health	NOT A BENEFIT
Substance Abuse Treatment	NOT A BENEFIT Contact County Community Mental Health	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	LIMITED BENEFIT Only with Rider Contact County Community Mental Health	NOT A BENEFIT Contact County Community Mental Health	NOT A BENEFIT
Allergy Testing Allergy Injections	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT
Angiography	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT
Bariatric Surgery	X Authorization required Must meet specific criteria	X Authorization required Must meet specific criteria	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Blepharoplasty	X Authorization required Must meet specific criteria	X Authorization required Must meet specific criteria	X Authorization required Must meet specific criteria	NOT A BENEFIT	NOT A BENEFIT
Bone Density	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT
Breast Reconstruction	X Authorization required Approved only after mastectomy	X Authorization required Approved only after mastectomy	X Authorization required Approved only after mastectomy	X Authorization required Approved only after mastectomy Out-patient Only	NOT A BENEFIT

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Service	Medicaid	Medicare	Health Choice	ABW Wayne Macomb (Plan A)	Plan B Macomb Wayne
Also Known As:	Midwest Health Plan (MSA) Pharmacy (0763)	Midwest Advantage MCR Pharmacy (5013)	Health Choice AKM Pharmacy (0762)	Wayne County Med Basic (ABW) Macomb Health Plan (AMB) Pharmacy (0762)	Macomb Care Connect (MPB) Basic Care Wayne (WPB) Pharmacy (0762)
Cardiac Catheterization	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT
Cardiac Rehabilitation	NOT A BENEFIT	X Plan notification and approval required	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Cosmetic Procedures Keloid Revision Scar Revision Panniculectomy Liposuction Septo / Rhinoplasty	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Vein Procedures Sclerotherapy Stripping/ Ligation	X Plan notification and approval required	X Plan notification and approval required	X Plan notification and approval required	X Plan notification and approval required	NOT A BENEFIT
Dental Care	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Anesthesia for Dental Procedures	X Out Patient Hospital and / or Anesthesia for dental procedures requires plan notification and approval	X Out Patient Hospital and / or Anesthesia for dental procedures requires plan notification and approval	X Out Patient Hospital and / or Anesthesia for dental procedures requires plan notification and approval	X Out Patient Hospital and / or Anesthesia for dental procedures requires plan notification and approval	NOT A BENEFIT
Diabetes Education	X Plan notification and approval required	X Plan notification and approval required	X Plan notification and approval required	X Plan notification and approval required	NOT A BENEFIT
Diabetic Supplies Monitors & Strips	Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit.	Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit.	Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit.	Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit.	Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit.
Emergency Land Ambulance	Plan Notification Not Required	Plan Notification Not Required	Plan Notification Not Required	Plan Notification Not Required	NOT A BENEFIT
Hemo-Dialysis	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT

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Service	Medicaid	Medicare	Health Choice	ABW Wayne Macomb (Plan A)	Plan B Macomb Wayne
Also Known As:	Midwest Health Plan (MSA) Pharmacy (0763)	Midwest Advantage Pharmacy (5013)	Health Choice AKM Pharmacy (0762)	Wayne County Med Basic (ABW) Macomb Health Plan (AMB) Pharmacy (0762)	Macomb Care Connect (MPB) Basic Care Wayne (WPB) Pharmacy (0762)
Infusion / Injection Therapy Remecaid IVIIG Xolair Enbrel Humira Contact Health Services for questions on other meds	X Plan notification and approval required	X Plan notification and approval required	X Plan notification and approval required	X Plan notification and approval required	NOT A BENEFIT
Immunizations Adult and Child CDC/ACIP Recommended	No Auth Required when done with a Plan Provider	No Auth Required when done with a Plan Provider <u>Services Outside of Southeast Michigan require Plan Notification</u>	No Auth Required when done with a Plan Provider	No Auth Required when done with a Plan Provider	No Auth Required when done with a Plan Provider
Travel Vaccines	Travel Vaccines are not a benefit	Travel Vaccines are not a benefit	Travel Vaccines are not a benefit	Travel Vaccines are not a benefit	Travel Vaccines are not a benefit
Lab Services at a JVHL Lab / Contracted Hospital Lab	Prescription Required	Prescription Required	Prescription Required	Prescription Required	Prescription Required
Non Emergent Transportation	Only when arranged through MHP Customer Service	Only when arranged through MHP Customer Service	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Prosthetics / Orthotics	X Plan notification and approval required	X Plan notification and approval required	X Plan notification and approval required	NOT A BENEFIT	NOT A BENEFIT
Pulmonary Rehabilitation	NOT A BENEFIT	X Plan notification and approval required	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Reduction Mammoplasty (female only)	X Authorization required Must meet specific criteria	X Authorization required Must meet specific criteria	X Authorization required Must meet specific criteria	X Authorization required Must meet specific criteria	NOT A BENEFIT
Routine Eye Exams Glasses	NOT A BENEFIT for members over age 21	Benefit Managed by Heritage Optical Call 800-252-2053	Benefit Managed by Heritage Optical Call 800-252-2053	NOT A BENEFIT	NOT A BENEFIT
	Under age 21 only Benefit Managed by Heritage Optical Call 800-252-2054				
Screening Colonoscopy	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u>	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT

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Service	Medicaid	Medicare	Health Choice	ABW Wayne Macomb (Plan A)	Plan B Macomb Wayne
Also Known As:	Midwest Health Plan (MSA) Pharmacy (0763)	Midwest Advantage MCR Pharmacy (5013)	Health Choice AKM Pharmacy (0762)	Wayne County Med Basic (ABW) Macomb Health Plan (AMB) Pharmacy (0762)	Macomb Care Connect (MPB) Basic Care Wayne (WPB) Pharmacy (0762)
Sleep Studies	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan</u> require Plan Notification	PCP to Refer Member to a Plan Provider Plan Notification Not Required	PCP to Refer Member to a Plan Provider Plan Notification Not Required	NOT A BENEFIT
Durable Medical Equipment	X Plan notification and approval required Please Refer to Preferred Provider Network	X Plan notification and approval required Please Refer to Preferred Provider Network	X Plan notification and approval required Must have DME Rider Please Refer to Preferred Provider Network	NOT A BENEFIT Wayne and Oakland Members Limited Benefit Macomb Members only Plan notification and approval required contact CSS Inc. at (586) 498-7000	NOT A BENEFIT
Supplies Examples: wound care supplies oxygen supplies tube feeding supplies ostomy supplies urological supplies	X Plan notification and approval required Please Refer to Preferred Provider Network	X Plan notification and approval required Please Refer to Preferred Provider Network	X Plan notification and approval required Please Refer to Preferred Provider Network	X Supplies are covered except for gradient surgical garments, formulas and feeding supplies, and oxygen.	NOT A BENEFIT
Hearing Aid	NOT A BENEFIT AGE 21 AND ABOVE X Plan notification and approval required Age < 21 years old	NOT A BENEFIT Only the Hearing Aid Evaluation is covered	X Plan notification and approval required Covered Only with Rider	NOT A BENEFIT Only the Hearing Aid Evaluation is covered	NOT A BENEFIT
Genetic Testing	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT

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