

MIDWEST HEALTH PLAN
Authorization Grid
2018

Service	Medicaid	CSHCS	Healthy Michigan Plan
Acupuncture	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Acute Care Observation Post Operative Emergency Room	Plan notification not required Must meet CMS/MDHHS observation criteria	Plan notification not required Must meet CMS/MDHHS observation criteria	Plan notification not required Must meet CMS/MDHHS observation criteria
Allergy Testing/Allergy Injections	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Ambulance-Emergency Land	Plan Notification Not Required	Plan Notification Not Required	Plan Notification Not Required
Ambulance-Emergency Air	Prior authorization required	Prior authorization required	Prior authorization required
Ambulance-Non-emergent	Prior authorization required	Prior authorization required	Prior authorization required
Anesthesia for Dental Procedures	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria
Angiography	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Bariatric Surgery	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria
Behavioral Healthcare (outpatient) (Including prescriptions written by the Community Mental Health Service Program - CMHSP)	Plan notification not required	Plan notification not required	Plan notification not required
Bone Density	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Breast Reconstruction	Prior authorization required; Must meet specific criteria Approved only after mastectomy for treatment of breast cancer	Prior authorization required; Must meet specific criteria Approved only after mastectomy for treatment of breast cancer	Prior authorization required; Must meet specific criteria Approved only after mastectomy for treatment of breast cancer
Cardiac Catheterization	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Cardiac Rehabilitation	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria
Chiropractic Care	Prior authorization required PCP to refer member to MHP plan provider Benefit limited to 18 visits per calendar year	Prior authorization required PCP to refer member to MHP plan provider Benefit limited to 24 visits per calendar year	Prior authorization required PCP to refer member to MHP plan provider Benefit limited to 18 visits per calendar year
Contraceptives	IUDs/Implantable devices requiring physician insertion/ removal Plan notification not required	IUDs/Implantable devices requiring physician insertion/ removal Plan notification not required	IUDs/Implantable devices requiring physician insertion/ removal Plan notification not required

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	Preferred Oral Contraceptives See website for specific contraceptives (URL) Plan notification not required	Preferred Oral Contraceptives See website for specific contraceptives (URL) Plan notification not required	Preferred Oral Contraceptives See website for specific contraceptives (URL) Plan notification not required
	Nuva Ring - Pharmacy Benefit Plan notification not required	Nuva Ring - Pharmacy Benefit Plan notification not required	Nuva Ring - Pharmacy Benefit Plan notification not required
Cosmetic Procedures, such as: Blepharoplasty (Eye lid surgery), Keloid/Scar Revision, Liposuction, Panniculectomy, Septo/Rhinoplasty, etc.	NOT A BENEFIT	Prior authorization required Must meet specific criteria for correction of congenital defects or deformities	NOT A BENEFIT
Custodial Care	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Dental Services	NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Contact Michigan Department of Community Health	NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Contact Michigan Department of Community Health	COVERED BENEFIT CONTRACTED THROUGH DELTA DENTAL Contact 866-558-0280
Diabetes Education	Midwest Health Plan Diabetes Disease Management Program Call 1-888-654-2200-press prompt # 2 for Health Education Plan notification not required	Midwest Health Plan Diabetes Disease Management Program Call 1-888-654-2200-press prompt # 2 for Health Education Plan notification not required	Midwest Health Plan Diabetes Disease Management Program Call 1-888-654-2200-press prompt # 2 for Health Education Plan notification not required
	Certified Diabetic Educator Prior authorization required	Certified Diabetic Educator Plan notification not required	Certified Diabetic Educator Prior authorization required
Diabetic Supplies, Monitors & Strips, etc. (NO INSULIN PUMP)	Glucometers and diabetic supplies covered under the pharmacy benefit. Quantity limits apply. To obtain glucometer provider must complete form on MHP web site.	Glucometers and diabetic supplies covered under the pharmacy benefit. Quantity limits apply. To obtain glucometer provider must complete form on MHP web site.	Glucometers and diabetic supplies covered under the pharmacy benefit. Quantity limits apply. To obtain glucometer provider must complete form on MHP web site.
Diabetic Supplies, Monitors & Strips, etc. (WITH INSULIN PUMP)	Prior authorization required Must use DME provider in network	Prior authorization required Must use DME provider in network	Prior authorization required Must use DME provider in network
Durable Medical Equipment	Prior authorization required Must use DME provider in network	Prior authorization required Must use DME provider in network	Prior authorization required Must use DME provider in network
Emergency Room	Plan notification not required	Plan notification not required	Plan notification not required
Family Planning Services: Vasectomy, Tubal Ligation, etc.	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Genetic Testing	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria
Hearing Aid	PRIOR AUTHORIZATION REQUIRED. Managed by Nations Hearing. Call (877) 484-2688	PRIOR AUTHORIZATION REQUIRED. Managed by Nations Hearing. Call (877) 484-2688	PRIOR AUTHORIZATION REQUIRED. Managed by Nations Hearing. Call (877) 484-2688
Hemodialysis	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider

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Home Care: RN, Therapies for PT, OT, Speech, HHA, IV Therapy, etc.	Prior authorization required	Prior authorization required	Prior authorization required
Hospice Care: Inpatient, Home, Hospice Facility	Prior authorization required	Prior authorization required	Prior authorization required
Imaging (Advanced), such as: CT scan, MRI, PET Scan, etc.	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Imaging (Routine), such as: X-Rays-->Chest, Abdominal, Leg, Arm, etc.	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Immunizations for Adults & Children CDC/ACIP Recommended	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Infusible/Injectable Medication Therapy	Prior authorization required See website for specific medications	Prior authorization required See website for specific medications	Prior authorization required See website for specific medications
Inpatient Acute Care Hospitalization	Prior authorization required	Prior authorization required	Prior authorization required
Inpatient Physical Rehabilitation (PM&R)	Prior authorization required	Prior authorization required	Prior authorization required
INR (Home Monitoring)	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Lab Services (Genetic Testing Requires Prior Authorization)	Prescription/Order required	Prescription/Order required	Prescription/Order required
Life Vest (DME)	Prior authorization required	Prior authorization required	Prior authorization required
Long Term Acute Care (LTAC)	Prior authorization required	Prior authorization required	Prior authorization required
Maternal Infant Health Program (MIHP)	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
OB Care, including: Office Visits, Ultrasound, NST's, etc.	Plan notification not required for in or out of network providers (OPEN NETWORK ACCESS)	Plan notification not required for in or out of network providers (OPEN NETWORK ACCESS)	Plan notification not required for in or out of network providers (OPEN NETWORK ACCESS)
Other Studies, such as: Ultrasound, Doppler, Echocardiogram, etc.	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Outpatient Diagnostics/Endoscopies, such as: Bronchoscopy, EGD, Hysteroscopy, etc.	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Outpatient Surgery, such as: Knee Arthroscopy, ORIF Ankle, Cataract Removal, etc. (Dental not included - see Dental) Check website for Procedures that require Medical Review	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider

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Outpatient Therapy Evaluations ONLY: PT, OT, Speech Therapy	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Outpatient Therapy Treatment , such as: PT, OT, Speech Therapy <i>Evaluation must accompany request</i>	Prior authorization required after initial evaluation; Must use HAP Midwest Health Plan provider	Prior authorization required after initial evaluation; Must use HAP Midwest Health Plan provider	Prior authorization required after initial evaluation; Must use HAP Midwest Health Plan provider
Outpatient Treatment, such as: Chemotherapy, Radiation Therapy, etc.	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Podiatry	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Prosthetics/Orthotics	Prior authorization required	Prior authorization required	Prior authorization required
Pulmonary Rehabilitation	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria
Reduction Mammoplasty (female only)	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria	Prior authorization required Must meet specific criteria
Routine Eye Exams, Glasses	Benefit managed by Heritage Optical; call 800- 252-2053	Benefit managed by Heritage Optical; call 800- 252-2053	Benefit managed by Heritage Optical; call 800- 252-2053
School Services (Services provided by a school district and billed through the Intermediate School District)	NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to local school district	NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to local school district	NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to local school district
Screening Colonoscopy	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Second Surgical Opinion	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Skilled Nursing Facility Care	Prior authorization required Prior authorization approval required for elective admission Limited to 45 days	Prior authorization required Prior authorization approval required for elective admission Limited to 120 days per admission After benefit days are exhausted, a lapse of at least 90 days from discharge date until the next admission	Prior authorization required Prior authorization approval required for elective admission Limited to 45 days
Sleep Studies	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider
Specialist - In-Network	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider	Plan notification not required PCP to refer member to a MHP plan provider

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Specialist - Out of Network	Prior authorization required	Prior authorization required	Prior authorization required
Speech Generating Devices (includes eye gazing devices)	Prior authorization required Must be primary means of communication	Prior authorization required Must be primary means of communication	Prior authorization required Must be primary means of communication
Substance Abuse Services (detoxification, intensive outpatient counseling & other outpatient services, medications for the purpose of substance use disorders, methadone, screening and assessment)	NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to Community Mental Health, county of member's residence	NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to Community Mental Health, county of member's residence	NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to Community Mental Health, county of member's residence
Supplies, such as: Wound Care, Oxygen, Tube Feeding, Ostomy, Urological, etc.	Prior authorization required Must use DME provider in network	Prior authorization required Must use DME provider in network	Prior authorization required Must use DME provider in network
Transportation (medical)	When arranged through MHP Customer Service 4 business days in advance	Transportation is arranged through MHP Customer Service Department	Transportation is arranged through MHP Customer Service Department 4 business days in advance
Travel Vaccines	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Urgent Care	Plan notification not required Only after PCP office is closed Limited to MHP plan providers only	Plan notification not required Only after PCP office is closed Limited to MHP plan providers only	Plan notification not required Only after PCP office is closed Limited to MHP plan providers only
Vein Procedures: Sclerotherapy, Stripping/Ligation, etc.	Prior authorization required	Prior authorization required	Prior authorization required
Weight Loss Counseling	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT
Well Child Visits	Plan notification not required for MHP plan pediatrician	Plan notification not required for MHP plan pediatrician	Plan notification not required for MHP plan pediatrician
Well Woman Care: Annual Well-Woman exam, Pap Test, Mammogram	Plan notification not required for MHP plan OB/GYN provider	Plan notification not required for MHP plan OB/GYN provider	Plan notification not required for MHP plan OB/GYN provider

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