



Upper Peninsula Health Plan Prior Authorization/Notification Updates

Important Information

This document is a reference guide to assist providers with UPHP prior authorization/notification **changes** and will be updated as changes are made.

Please utilize the UPHP Prior Authorization and Notification Grid for Prior Authorization (PA)/Notification requirements.

All non-urgent/non-emergent out-of-network services require prior authorization.

Some services may not be covered by Medicare or Medicaid. UPHP follows CMS and MDHHS fee schedules. Please review the UPHP Prior Authorization and Notification Grid to verify if a service/item requires prior authorization/notification.

Effective Date	Services	Change/Update	Product Line/Notes
01/01/2022	Home Health Services	Changed PA requirement from requiring prior authorization over 60 days to over 90 days for in-network home health providers	UPHP Advantage, Choice, MI Health Link
01/01/2022	Hearing Aids	Removed PA requirement for Hearing Aids from in-network providers	UPHP Advantage
09/14/2021	Genetic and Molecular Testing	Removed PA requirement for testing codes: 81510, 81511, 81512, 81422	All UPHP Product Lines
01/01/2021	Outpatient hospital services for dental care	Removed prior authorization requirement for in-network hospitals	All UPHP Medicaid Product Lines



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	requiring general anesthesia		
04/01/2020	Genetic and Molecular Testing	Added: PA required for the following code that is now covered by Medicaid: 81538	All UPHP Medicaid Product Lines
03/12/2020	Medical Pharmacy	Removed PA requirements (J-codes) for Medical Pharmacy	All UPHP Medicare Product Lines
01/01/2020	Automated Insulin Pump Systems	Removed Automated Insulin Pump Systems from grid as Continuous Glucose Monitors are a covered Medicaid benefit.	All UPHP Medicaid Product Lines
01/01/2020	Chiropractic Services	Added Prior Authorization for UPHP MI Health Link members requiring more than 18 chiropractic visits per calendar year	UPHP MI Health Link
07/01/2019	Contact Lenses	Added Contact Lenses to PA Grid based on UPHP Eyewear Billing policy issued on 1/1/2019	All UPHP Medicaid Product Lines
07/01/2019	Medical Pharmacy	Added: PA required for Inflectra (Q5103) which was reassigned from Q5102 and for Renflexis (Q5104)	All UPHP Product Lines
05/01/2019	Genetic and Molecular Testing	Added: PA required for the following codes that are now covered by	All UPHP Product Lines



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		Medicaid: 81162, 81291, 81422, 81507-81512	
04/01/2019	Durable Medical Equipment	Added: Continuous Glucose Monitoring Systems are a covered Medicaid benefit.	All UPHP Medicaid Product Lines
01/01/2019	Genetic and Molecular Testing	The following codes have been discontinued: 81211, 81213, 81214	All UPHP Product Lines
01/01/2019	Durable Medical Equipment	Added: PA required for the following codes: A4421, A6512, A9999, B9998, B9999, E0295, E0297, E0261, E0266, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673, E0731, E0760, E2502, E2506, E2508, E2510, E2599, K0812, K0814, K0815, K0816, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0858, K0859, K0860, K0861, K0862, K0863, S5199, S9379, T1999,	All UPHP Product Lines
01/01/2019	Durable Medical Equipment	Added: PA required for the following codes: E1229, E1239, K0869-K0871, K0877, K0878, K0879, K0880,	All UPHP Medicaid Product Lines



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		K0884 -K0886 K0890, K0891, K0898,	
01/01/2019	Durable Medical Equipment	Added: PA required for the following codes: K0553, K0554	All Medicare Product Lines
01/01/2019	Durable Medical Equipment	Removed: PA not required for the following codes: E0301,E0302, E0303, E0304, E0371 E0373,E0277,E0372,E0193, K0003-K0005	All UPHP Product Lines
01/01/2019	Orthotics and Prosthetics	Added: PA required for code V2629	All UPHP Product Lines
01/01/2019	Orthotics and Prosthetics	Removed: PA not required for the following codes: L0462, L0636, L0637, L0638, L0639, L0640, L0650, L0651, L0810, L0820, L0830, L0859, L1310, L1680, L1685, L1720, L1730, L1846, L1860, L1945, L2000, L2005, L2020, L2030, L2038, L2108, L2126, L2134, L2136, L2525, L3674, L3765, L3766, L3900, L3901, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4000, L5400, L5420, L5585, L5614, L5639, L5643, L5649, L5651, L5681, L5683, L5705, L5706, L5722, L5780, L5781, L5782, L5795, L5814, L5826,	All Medicare Product Lines



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		<p>L5840, L5848, L5856, L5857, L5858, L5859, L5930, L5960, L5961, L5964, L5966, L5968, L5973, L5987, L5988, L6026, L6055, L6205, L6310, L6320, L6360, L6370, L6380, L6382, L6384, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638, L6648, L6696, L6697,L6707,L6709,L6712, L6714,L6715,L6880, L6882,L6900 L6905,L6910,L6920,L6925,L6930 L6940,L6945,L6950, L6955 L6960,L6965,L6970,L6975 L7007,L7008,L7009,L7040,L7045 L7170,L7180,L7181,L7185,L7186 L7190, L7191, L7259, L8035, L8040 L8040 ,L8041, L8041, L8041 L8042,L8042,L8042,L8043,L8043,L8043 L8044,L8044, L8044,L8045,L8045 L8045,L8046,L8046,L8046,L8047 L8047,L8609,L8614,L8619,L8627 L8628,L8631,L8659,L8679,L8681 L8682,L8683,L8689,L8690,L8691 L8693</p>	
01/01/2019	Orthotics and Prosthetics	Removed: PA not required for the following codes: L0112	All UPHP Product Lines



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		L0464,L0480,L0482, L0484, L0486, L0632, L0634, L0700, L0710, L1000,L1001, L1005, L1200, L1300, L1690,L1700, L1710, L1755, L1844, L2034, L2036, L2037, L2128,L2627, L2628,L2861, L3160, L3808, L3891, L3904,L3927, L4631, L5010, L5020, L5050,L5060, L5100, L5105, L5150 L5160,L5200, L5210, L5220, L5230, L5250,L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5590, L5595,L5600, L5610, L5611, L5613, L5616,L5700,L5701, L5702, L5703,L5707, L5724,L5726, L5728, L5822,L5824, L5828, L5830, L5840, L5845, L5979, L5980, L5981, L5990,L6000, L6010, L6020, L6050, L6100,L6110, L6120, L6130, L6200, L6250,L6300, L6350, L6400, L6450,L6500, L6550, L6570, L6646, L6693,L6694, L6695, L6696,L6697, L6698,L6706, L6707, L6708, L6709, L6713,L6721, L6722, L6881,	
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		L6883,L6884, L6885, L6935, L7186, L8510	
01/01/2019	Genetic and Molecular testing	Added: PA required for the following lab codes: 81162, 81201-81203, 81209,81211 81212, 81213, 81214-81217,81225 81226, 81228, 81229, 81251,81255 81288, 81290, 81291, 81292-81301, 81314-81319, 81321- 81323, 81324-81326, 81328 81330, 81334-81335, 81370-81383 81400-81408, 81410-81417,81422 81425-81427, 81490, 81493,81500 81503, 81507-81512, 81521, 81535,81536, 81538-81541, 81539 81545, 81551, 81599	All UPHP Medicare Product Lines
10/1/2018	In-network inpatient admissions/observation services	Notification required within 1 business day for NICU admissions. All other in-network inpatient admission/observation services do not require notification for UPHP Medicaid Product Lines.	UPHP Medicaid, HMP, CSHCS only
9/1/2018	Hearing Aids	Hearing Aids are a covered benefit for MI Health Link	MI Health Link



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7/1/2018	Genetic and Molecular Testing	PA required for codes 81201-81203, 81209,81211, 81212, 81214-81217,81225, 81226, 81228, 81229, 81251, 81255, 81290, 81292-81301,81314-81319,81321-81323,81330,81370-81383,81400-81408, 81479,81521, 81535, 81536, 81539, 81599	UPHP Medicaid, HMP, CSHCS only
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