



## 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
1/1/26	Infusion Therapy	Removed requirement for prior authorization for code S9379 for MICH members	MICH
1/1/26	DME	Continuous Glucose Monitors (CGMs) and Supplies - Removed codes E2103, A9277 and S1031 from list as no longer required for in-network DME suppliers unless over quantity limits or not meeting applicable CMS/MDHHS criteria	All UPHP Product Lines



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1/1/26	DME	TENS Unit - Removed codes E0720, E0730, and E0731 from list as no longer required for in-network DME suppliers unless over quantity limits or not meeting applicable CMS/MDHHS criteria	All UPHP Product Lines
1/1/26	Home Health Services	Home Health Care Services Beyond Initial 90 days - Removed from list as no longer required for in-network home health agencies	MICH
1/1/26	DME/Adaptive Home Medical Equipment	Portable Air Conditioners - Removed from list as no longer a UPHP benefit	MICH
1/1/26	Inpatient and observation mental health and substance use disorder admissions	Notification required within one business day for inpatient and observation admissions.	MICH
1/1/26	MI Health Link (MHL)/MI Coordinated Health (MICH)	Removed MHL throughout document and updated to MI Coordinated Health (MICH)	MHL/MICH
9/11/25	All Services	Format change to make PA requirements clearer for users. Noted services that are not UPHP benefits by product line, as needed. No codes were added or removed with this update.	All UPHP Product Lines



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3/27/25	DME	Removed code A9278 as this code is no longer covered by MDHHS or CMS	Medicaid
3/27/2025	All Services	Changed year from 2024 to 2025	All UPHP Product Lines
3/27/2025	All Services	Added clarifying language on Continuous Glucose Monitors – “See DME Matrix below for codes requiring PA”	All UPHP Product Lines
3/11/2024	All Services	Changed year from 2023 to 2024	All UPHP Product Lines
05/01/2023	Genetic and Molecular Testing	Added PA requirement for code 81230	All UPHP Product Lines
04/07/2023	Genetic and Molecular Testing	Added PA requirement for code 81418	All UPHP Product Lines
03/01/2023	DME	Removed codes A4239 and A9276	All UPHP Product Lines
01/01/2023	DME	Removed codes K0553 and K0554 as they have been replaced with A4239 and E2103	All UPHP Product Lines
01/01/2023	DME	Add PA requirement to code E0766	UPHP Medicaid Product Lines
01/01/2023	Genetic and Molecular Testing	Removed PA requirements for testing codes: 81162 81202 81212 81215 81216 81217 81228 81288 81290 81293 81296 81299 81315 81316 81318 81322 81323	All UPHP Product Lines



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		81324 81326 81327 81328 81330 81334 81335 81370 81371 81372 81374 81375 81376 81377 81378 81379 81382 81383 81410 81411 81412 81413 81414 81417 81425 81426 81427 81493 81500 81503 81507 81508 81509 81521 81535 81538 81539 81541 81545 81551	
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 requiring general anesthesia	Removed prior authorization requirement for in-network hospitals	All UPHP Medicaid Product Lines
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



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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 Medicaid: 81162, 81291, 81422, 81507-81512	All UPHP Product Lines
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



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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, K0884 -K0886 K0890, K0891, K0898,	All UPHP Medicaid Product Lines
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 <b>not</b> required for the following codes: E0301, E0302, E0303, E0304, E0371 E0373, E0277, E0372, E0193,	All UPHP Product Lines



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		K0003-K0005	
01/01/2019	Orthotics and Prosthetics	Added: PA required for code V2629	All UPHP Product Lines
01/01/2019	Orthotics and Prosthetics	Removed: PA <b>not</b> 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, 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,	All Medicare Product Lines



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		<p>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	<p>Removed: PA <b>not</b> required for the following codes: L0112 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</p>	All UPHP Product Lines



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		<p>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, L6883,L6884, L6885, L6935, L7186, L8510</p>	
<b>01/01/2019</b>	Genetic and Molecular testing	<p>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,</p>	All UPHP Medicare Product Lines



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		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	
10/1/2018	In-network inpatient admissions/observation services	Notification required within 1 business day for <b>NICU</b> admissions. All other in-network inpatient admission/observation services do <b>not</b> 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
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