



Utilization Management Department 2019 Prior Authorization Grid

✓ = PA Required

Items	UPHP Medicaid, MICHild, CSHCS, HMP	UPHP Advantage	UPHP Choice	UPHP MI Health Link
Bariatric Surgery	✓	✓	✓	✓
Chiropractic visits exceeding 18 visit limit	✓			
Contact Lenses (except ages 0-5 with dx of Aphakia)	✓			
Genetic and Molecular Testing- Refer to matrix below for specific codes	✓	✓	✓	✓
Hearing Aids		✓	Not a benefit	
Home Health Services over 60 days		✓	✓	✓
Out of network services (Practitioner, outpatient, labs, elective inpatient, etc.)	✓	✓	✓	✓
Outpatient hospital services for dental care requiring general anesthesia	✓			
Panniculectomy	✓	✓	✓	✓
Physical and Occupational therapy exceeding 144 Units of initial therapy	✓			
Reduction Mammoplasty	✓	✓	✓	✓
Medical pharmacy Refer to matrix below for specific codes, PA goes through MagellanRX	✓	✓	✓	✓
Medical services not meeting MDHHS Medicaid or CMS guidelines	✓	✓	✓	✓
Speech therapy exceeding 36 visits of initial therapy	✓			
DME Items Refer to matrixes below for specific codes				
Automated Insulin Pump System	✓	Not a benefit	Not a benefit	Not a benefit
Bi-PAP/CPAP	✓	✓	✓	✓
Continuous Glucose Monitors	✓	✓	✓	✓
Hospital bed (semi-electric and total electric)	✓	✓	✓	✓
Medical Items/supplies not meeting MDHHS Medicaid or CMS guidelines	✓	✓	✓	✓
Miscellaneous DME and Orthotic and Prosthesis codes	✓	✓	✓	✓
Negative Pressure Wound Therapy	✓	✓	✓	✓
Osteogenic Bone Stimulator	✓	✓	✓	✓
Pneumatic Compression	✓	✓	✓	✓
Power Wheelchairs/Accessories	✓	✓	✓	✓
Speech Generating Devices	✓	✓	✓	✓
TENS unit	✓	✓	✓	✓
Ventilator	✓	✓	✓	✓
Wearable Cardioverter-Defibrillators	✓	✓	✓	✓

UPHP

Utilization Management Department 2019 Prior Notification Grid

Services	UPHP Medicaid MICHild, CSHCS, HMP		UPHP Medicare					
			Advantage		Choice		MI Health Link	
	<i>Prior to service</i>	<i>Within 1 business day of admission</i>	<i>Prior to service</i>	<i>Within 1 business day of admission</i>	<i>Prior to service</i>	<i>Within 1 business day of admission</i>	<i>Prior to service</i>	<i>Within 1 business day of admission</i>
Out- of- network urgent/emergent inpatient admissions and observation services.		✓		✓		✓		✓
In-network & out-of-network NICU admissions		✓						
In-network urgent/emergent inpatient admissions and observation services				✓		✓		✓
Skilled nursing facility/Swing Bed admissions		✓		✓		✓		✓
Long Term Care Custodial Admissions	Not a benefit		Not a benefit		Not a benefit			✓
In-plan elective inpatient admissions			✓		✓		✓	
Transplant services	✓		✓		✓		✓	
Reversal of bariatric surgeries			✓		✓		✓	

Upper Peninsula Health Plan 2019 Matrix

all codes listed require PA

Genetic and Molecular Testing

Medicaid Product Lines Only	All UPHP Product Lines			Medicare Product Lines Only (Advantage, Choice, MI Health Link)	
N/A	81162	81251	81370-81383	81288	81500
	81201-81203	81255	81400-81408	81324-81326	81503
	81209	81290-81301	81521	81328	81538-81541
	81212	81314-81319	81535	81334-81335	81545
	81215-81217	81321-81323	81536	81410-81417	81551
	81225	81330	81539	81425-81427	
	81226	81422	81599	81490	
	81228	81507-81512	81479	81493	
	81229				

853 West Washington Street - Marquette, MI 49855 - Phone: 906.225.7774 - Fax: 906.225.9269 - 1.800.835.2556 - www.uphp.com

Upper Peninsula Health Plan 2019 Matrix

All codes listed require PA

Orthotics and Prosthetics

Medicaid Product Lines Only	All UPHP Product Lines					Medicare Product Lines Only (Advantage, Choice, MI Health Link)
N/A	L0999	L2999	L3999	L7499	V2629	N/A
	L1499	L3649	L5999	L8499		

853 West Washington Street - Marquette, MI 49855 - Phone: 906.225.7774 - Fax: 906.225.9269 - 1.800.835.2556 - www.uphp.com

Upper Peninsula Health Plan Matrix 2019 Matrix

All codes listed require PA

Durable Medical Equipment

All UPHP Product Lines				Medicaid Product Lines Only	Medicare Product Lines Only (Advantage, Choice, MI Health Link)
A4421	E0665	K0609	K0848	A9276	E0749
A6512	E0666	K0812	K0849	A9277	
A9999	E0667	K0813	K0850	A9278	
B9998	E0668	K0814	K0851	E1229	
B9999	E0669	K0815	K0852	E1239	
E0260	E0671	K0816	K0853	K0831	
E0261	E0672	K0820	K0854	K0830	
E0265	E0673	K0821	K0855	K0868-K0871	
E0266	E0720	K0822	K0856	K0877-K0880	
E0294	E0730	K0823	K0858	K0884-K0886	
E0295	E0731	K0824	K0859	K0890	
E0296	E0747	K0825	K0860	K0891	
E0297	E0748	K0826	K0861	K0898	
E0465	E0760	K0827	K0862	S1031	
E0466	E1399	K0828	K0863	S1034-S1037	
E0470	E2502	K0829	K0864		
E0471	E2506	K0835	S5199		
E0601	E2508	K0836	S9379		
E0650	E2510	K0837	T1999		
E0651	E2402	K0838	K0553		
E0652	E2599	K0839	K0554		
E0655	K0108	K0840			
E0656	K0606	K0841			
E0657	K0607	K0842			
E0660	K0608	K0843			

Upper Peninsula Health Plan 2019 Matrix

All codes require a PA*

Medical Pharmacy

All UPHP Product lines

J0129	J1556	J2507	J9228
J0202	J1557	J2786	J9262
J0490	J1559	J2796	J9264
J0585	J1561	J2860	J9271
J0586	J1561	J3262	J9295
J0587	J1566	J3357	J9299
J0588	J1566	J3380	J9301
J0596	J1568	J9032	J9302
J0597	J1569	J9033	J9303
J0598	J1572	J9034	J9305
J0641	J1575	J9035	J9306
J0717	J1599	J9039	J9308
J0800	J1602	J9042	J9310
J0881	J1745	J9043	J9352
J0885	J2182	J9047	J9354
J0897	J2323	J9055	J9355
J0897	J2353	J9145	J9371
J1290	J2357	J9176	J9400
J1300	J2469	J9179	Q2043
J1459	J2505	J9205	Q5103
			Q5104

***Medical Pharmacy prior authorizations go through MagellanRX.**

Prior authorizations can be requested through the MagellanRx portal at: <https://ih.magellanrx.com>

Out of Network Providers must request prior authorization by calling MagellanRx at 800-424-8241