



Utilization Management (UM) Prior Authorization & Notification Requirements Grid

✓ = Prior Authorization (PA) is Required

N/A = PA is Not Required

N/B = Not A UPHP Benefit

Service Description	UPHP Medicaid, CSHCS, HMP	UPHP MI Coordinated Health (MICH)
All In-Network and Out-of-Network Medical Services Exceeding Quantity Limits	✓	✓
All In-Network and Out-of-Network Medical Services That Do Not Meet MDHHS Medicaid and/or CMS Criteria	✓	✓
All Out-of-Network Non-Urgent/Non-Emergent Medical Services	✓	✓
All Out-of-Network Urgent/Emergent Inpatient Admissions and Observation Services	UPHP Must Be Notified Within 1 Business Day of Admission (PA Not Required)	UPHP Must Be Notified Within 1 Business Day of Admission (PA Not Required)
All In-Network and Out-of-Network Inpatient and Observation Admissions for Mental Health and Substance Use Disorder	N/B	UPHP Must be Notified Within 1 Business Day of Admission (PA Not Required)
All In-Network Inpatient Admissions and Observation Services	N/A	UPHP Must Be Notified* Within 1 Business Day of Admission (PA Not Required)
Skilled Nursing Facility (SNF)/Swing Bed Admissions	UPHP Must Be Notified Within 1 Business Day of Admission (PA Not Required)	UPHP Must Be Notified Within 1 Business Day of Admission (PA Not Required)
Long Term Care (LTC) Custodial Admissions	N/B	UPHP Must Be Notified Within 1 Business Day of Admission (PA Not Required)

*UPHP UM Department notification is not required if the in-network facility is sending successful electronic Admission Discharge Transfers (ADT) information.

Service Description	UPHP Medicaid, CSHCS, HMP	UPHP MI Coordinated Health (MICH)
Bariatric Surgery	✓	✓
Chiropractic Visits Exceeding the 18 Visit Limit	✓	✓
Contact Lenses - Excluding Ages 0-5 with Diagnosed Aphakia	✓	N/A
Durable Medical Equipment (DME) Items/Supplies - Please Refer to the Durable Medical Equipment (DME) Code Matrix for Specifics	✓	✓
Genetic and Molecular Testing - Please Refer to the Genetic and Molecular Testing Code Matrix for Specifics	✓	✓
Gender Affirmation Surgery	✓	✓
Long Term Support Services (LTSS) - Personal Care, Waiver Services, and Respite Services	N/B	✓
Panniculectomy	✓	✓
Physical and Occupational Therapy Exceeding the 144 Units of Initial Therapy	✓	N/A
Reduction Mammoplasty	✓	✓
Medical Pharmacy - Please Refer to the UPHP Medical Pharmacy Webpage for Requirements: www.uphp.com/pharmacy/medicaldrugbenefitcode/	✓	N/A
Speech Therapy Exceeding the 36 Visits of Initial Therapy	✓	N/A

MDHHS Medicaid quantity limits and criteria can be found in CHAMPS or the Medicaid Provider Manual. CMS quantity limits and criteria can be found via the Medicare Coverage Database (MCD) Search. UPHP criteria and links to MDHHS Medicaid and CMS Criteria can be found on our UM webpage: <https://www.uphp.com/providers/utilization-management/>



Utilization Management (UM) Durable Medical Equipment (DME) Code Matrix

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Durable Medical Equipment (DME) Items/Supplies	UPHP Medicaid, CSHCS, HMP	UPHP MI Coordinated Health (MICH)
All In-Network and Out-of-Network Medical Items/Supplies Exceeding Quantity Limits	✓	✓
All In-Network and Out-of-Network Medical Items/Supplies That Do Not Meet MDHHS Medicaid and/or CMS Criteria	✓	✓
All Out-of-Network Medical Items/Supplies	✓	✓

UPHP follows MDHHS and CMS guidelines; however, in some instances, UPHP does not require PA when MDHHS or CMS does.

Codes that are NOT listed below do not require a PA if all of the following are true: 1) Supplier is In-Network, 2) Quantity Limits Are Not Exceeded, 3) The Code is on the MDHHS Medicaid Fee Schedule or CMS Fee Schedule and 4) The Request Meets MDHHS Medicaid and/or CMS Criteria.

All of the codes that are listed below require Prior Authorization for In-Network and Out-of-Network Providers.

Artificial Pancreas Device and Supplies	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
S1034, S1035, S1036, S1037	✓	N/A
Bi-PAPs/CPAPs	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
E0470, E0471, E0601	✓	✓
Compression Garments and Stockings	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
A6512	✓	✓
Electrical Stimulation Devices Used for Cancer Treatments	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
E0766	✓	N/A
Enteral/Parenteral Supplies	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
B9998, B9999	✓	✓

Hospital Beds (Semi-Electric and Full/Total Electric)	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
E0260, E0261, E0265, E0266, E0294, E0295, E0296, E0297	✓	✓
Infusion Therapy	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
S9379	✓	N/A
Miscellaneous DME Codes	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
A9999, E1399, T1999	✓	✓
Negative Pressure Wound Therapy/Wound Vac	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
E2402	✓	✓
Orthotics and Prosthetics	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
L0999, L1499, L2999, L3649, L3999, L5999, L7499, L8499, V2629	✓	✓
Osteogenic Bone Stimulators	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
E0747, E0748, E0760	✓	✓
E0749	N/B	✓
Ostomy Supplies	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
A4421	✓	✓
Personal Care Items	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
S5199	✓	✓
Pneumatic Compression Devices	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673	✓	✓
Power Wheelchairs, Power Operated Vehicles and Accessories	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
K0108, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0858, K0859, K0860, K0861, K0862, K0863, K0864	✓	✓
E1229, E1239, K0831, K0830, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898	✓	N/A

Speech Generating Devices and Accessories	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
E2502, E2506, E2508, E2510, E2599	✓	✓
Ventilators/Respiratory Assistance Devices	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
E0465, E0466	✓	✓
Wearable Cardioverter-Defibrillators and Supplies	Medicaid, CSHCS, HMP	MI Coordinated Health (MICH)
K0606, K0607, K0608, K0609	✓	✓

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Utilization Management (UM) Genetic and Molecular Testing Code Matrix

All of the codes that are listed below require Prior Authorization for In-Network and Out-of-Network Providers.

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Genetic and Molecular Testing	UPHP Medicaid, CSHCS, HMP	UPHP MI Coordinated Health (MICH)
81201, 81203, 81225, 81226, 81229, 81230, 81291, 81292, 81294, 81295, 81297, 81298, 81300, 81301, 81314, 81317, 81319, 81321, 81373, 81380, 81381, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81418, 81479, 81536, 81599	✓	✓
81415, 81416	N/A	✓
81325, 81540	N/B	✓

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