

# Authorization Overview



## MEDICAID PRIOR AUTHORIZATION PROCEDURES OVERVIEW

You may forward your request to Meridian via fax: **313-463-5254** or contact Meridian by Phone: **888-322-8844**.

**Most outpatient services are auto approved via the secure Meridian Provider Portal at [www.mhplan.com/mi/mcs](http://www.mhplan.com/mi/mcs).**

No Prior Authorization (in or out of network)	Primary Care Provider (PCP)/Specialist Notification to Meridian (in or out of network)	Corporate Prior Authorization (may require clinical information)
<p>Allergy Testing</p> <p>Audiology Services and Testing (excluding hearing aids)</p> <p>Barium Enema</p> <p>Bone Densitometry Studies</p> <p>Bronchoscopy</p> <p>Cardiac Stress Test</p> <p>Cardiograph</p> <p>Chiropractic Services (in-network only*)</p> <p>Colposcopy after an Abnormal Pap</p> <p>DME/Prosthetics and Orthotics ≤ \$1000 (in-network only*)</p> <p>Echocardiography</p> <p>Endoscopy</p> <p>Gastroenterology Diagnostics</p> <p>Intravenous Pyelography (IVP)</p> <p>Life-Threatening Emergencies (ER Screening)</p> <p>Mammogram and Pap Test</p> <p>Myoview Stress Test</p> <p>Neurology and Neuromuscular Diagnostic Testing (EEGs, 24-Hour EEGs and EMGs)</p> <p>Non-Invasive Vascular Diagnostic Studies</p> <p>Obstetrical Observations</p> <p>Routine Lab</p> <p>Routine X-Ray (CT Scan, MRI, MRA, PET Scan, DEXA, HIDA Scans)</p> <p>Sigmoidoscopy or Colonoscopy</p> <p>Sleep Studies (Facility only)</p> <p>SPECT Pulmonary Diagnostic Testing</p> <p>Ultrasounds</p> <p>Urgent Care</p> <p>Vision/Glasses</p> <p>Voiding Cysto-Urethrogram</p> <p>23-Hour Observation for In-Network Facilities Only (authorization required for elective services)</p>	<p><b>Complex Outpatient Treatment</b></p> <ul style="list-style-type: none"> <li>Dialysis</li> <li>Outpatient Radiation Therapy</li> </ul> <p><b>Maternity Care/Delivery</b></p> <p>Notification is needed for OB referrals and for OB delivery.</p> <p><b>Specialist Office Visits/Consults</b></p> <p>Meridian Health Plan requests notification to communicate services with all providers involved, provide additional reporting services and support Case and Disease Management efforts.</p> <p><b>PCP/Specialist Notification is not Necessary for Claims Payment.</b></p> <p>In-network or out-of-network practitioners will be reimbursed for consultations, evaluations and treatments provided within their offices, when the member is eligible and the service provided is a covered benefit under Michigan Medicaid and the Medicaid MCO Contract.</p> <p><b>Specialty Network Access Form (SNAF)</b></p> <p>All referrals for Specialty Care at Hurley Hospital and Michigan State University must follow the SNAF process. Please contact the Meridian Care Management Department directly for referrals to specialists at these entities. Meridian is required to complete a specific referral form on behalf of the PCP.</p>	<p>Ambulance Transportation (non-emergent)</p> <p>Anesthesia (when performed with radiology testing)</p> <p>Any Out-of-State Service Request (physician or facility)</p> <p>Bariatric Surgery</p> <p>Cardiac Catheterization (heart cath)</p> <p>Cardiac and Pulmonary Rehab</p> <p>Chemotherapy and Specialty Drugs</p> <ul style="list-style-type: none"> <li>May require review under the medical or pharmacy benefit</li> </ul> <p>DME/Prosthetics and Orthotics &gt; \$1000</p> <p>Elective Inpatient/Surgeries and SNF Admissions</p> <p>Elective Hospital Outpatient Surgery (most auto approved at <a href="http://www.mhplan.com">www.mhplan.com</a>)</p> <p>Hearing Aids</p> <p>Hereditary Blood Testing (e.g., BRCA for breast and ovarian cancer)</p> <p>Home Health Care</p> <p>Hospice and Infusion Therapy</p> <p>Infusions</p> <p>Invasive Diagnostic Procedures (hospital setting)</p> <ul style="list-style-type: none"> <li>Hysteroscopy, Arthroscopy, Arteriogram, etc.</li> <li>This excludes any procedures listed in the No Prior Authorization Required section of this document</li> </ul> <p>Specialty Drugs (covered under the medical benefit)</p> <ul style="list-style-type: none"> <li>e.g. Rituxin and Remicade</li> <li>View a complete list at <a href="http://www.mhplan.com">www.mhplan.com</a></li> </ul> <p>Speech, Occupational and Physical Therapy</p> <p>Weight Management (prior to bariatric surgery)</p> <p><b>All emergency inpatient admissions, surgeries and out-of-network 23-hour observations require corporate authorization.</b></p> <p>For emergency authorizations, Meridian must be notified within the first 24 hours or the following business day.</p>
	<p><b>MeridianRx</b> is the Meridian Pharmacy Benefit Manager. If you have questions about formulary or prior authorizations, please call <b>866-984-6462</b>.</p>	<p>Out-of-network hospitals must notify Meridian at the time of stabilization and request authorization for all post-stabilization services.</p>
<p><b>*All DME supplies and chiropractic services should be provided by an in-network provider.</b></p>		
<p><b>Outpatient Mental Health Services:</b> No prior authorization is required for the first 10 visits, but notification from the Behavioral Health Provider to Meridian is requested for the second 10 visits. The Medicaid benefit is 20 outpatient mental health visits per calendar year. Please contact the Meridian Behavioral Health department for assistance at <b>888-222-8041</b>.</p>		
<p><b>Non-Covered Benefits:</b> The following services are not covered benefits under Medicaid and will not be reimbursed by Meridian: Aqua Therapy, Children's Speech, Physical and Occupational Therapy covered under School Based Services, Community mental health services, Convenience Items, Cosmetic Services, Functional Capacity, Infertility Services and any other service otherwise not covered by Medicaid.</p>		

Note: The above Prior Authorization Procedures refer to Medicaid covered services ONLY.