



S O M E T H I N G O F S I G N I F I C A N C E

**UPDATE TO GLHP
MEDICAID PRIOR AUTHORIZATION INFORMATION**

Effective July 1, 2010

Great Lakes Health Plan (GLHP) revised the Prior Authorization Requirements for our Medicaid Members. The updated Prior Authorization Requirements will go into effect for dates of service on and after July 1, 2010. This information is also available online at www.glhp.com, click on Medicaid, then Providers, and then "Precert/Prior Auth List" from the menu on the right side of the page.

Summary of changes to the Prior Authorization Requirement List:

- ✓ Removal of prior authorization requirement for Hearing Aids
- ✓ Reinstatement of prior authorization requirement for Hysterectomies
- ✓ Clarification of prior authorization for Genetic Testing (versus Genetic Counseling which is not a Medicaid covered benefit)

Don't forget, GLHP does not require a referral for Members to see an in network Specialty Provider.

Please contact your Provider Relations Advocate if you have any questions or concerns, or would like more information about any of our products – GLHP Medicaid, and Personal Care Plus.

Be sure to visit GLHP on-line at www.glhp.com!!



Great Lakes Health Plan facilitates comprehensive health care services for more than 210,000 beneficiaries of Michigan's Medicaid program. The company is a subsidiary of AmeriChoice, the government programs unit of UnitedHealth Group.

PRECERTIFICATION/PRIOR AUTHORIZATION LIST

EFFECTIVE 7/1/10

General Information

- Any service by a non-contracted physician, facility, or other non-contracted health care provider must have prior authorization (exceptions: Orthopedic Physician Services and Obstetrical Physician Services). All Inpatient services require an authorization. Call 1-800-903-5253, then "2", then "1".
- Routine OB /delivery: **Notification Only**.
- Please review the Inpatient section below for NICU information.

The use of the Universal Referral Form (URF) does not constitute authorization by GLHP. GLHP does not need to be notified of in-network referrals. Use of the URF is at the discretion of the PCP.

OUTPATIENT / OFFICE / AMBULATORY SURGERY CENTER			
GLHP follows OPPS "inpatient only" list for surgical procedures			
Surgical Procedures*:			
• Bariatric Surgery work up	• Non NeoNate Circumcision (older than 28 days)	• Tubal Ligation/Vasectomy ***	• Hysterectomy***
• Bunion Repairs/ Hammertoe	• Transplant work up	• Voluntary Termination of Pregnancy	
Cosmetic Procedures including but not limited to:			
• Abdominoplasty	• Blepharoplasty	• Mammoplasty (Breast Reduction)	• Rhinoplasty
• Scar Revision	• Sclerotherapy	• Septoplasty	• Skin Tags
Other:			
• All Infertility Services	• Botox Injections	• Dental Procedures**	• Sleep Studies
• Hemo and Peritoneal Dialysis	• Observation Stays	• Synagis Injection (PA obtained through CVS CareMark)	
• Genetic Testing			
INPATIENT			
<ul style="list-style-type: none"> • All elective and emergent Admissions and Confinements <ul style="list-style-type: none"> ○ For Bariatric Surgery and Transplants notification at time of bariatric work-up and transplant evaluation is required. This includes all service related to the Bariatric or Transplant surgery • OB and Newborn confinements exceeding 2 day LOS for vaginal and 4 day LOS for Cesarean • All NICU admissions (including newborns, regardless of LOS) 			
IN A PATIENT'S HOME			
• All Oxygen (O2) related items	• Durable Medical Equipment & Supplies over \$500	• Home Infusion and related Drugs	
• Nursing Services	• Orthotics/Prosthetics over \$1,000	• Physician Services	
OTHER			
• Ambulance (pre-scheduled) and Air Ambulance transports	• All Oxygen (O2) related items	• Durable Medical Equipment and Supplies over \$500	
• Hospice	• Rehabilitation Facility	• Orthotics/Prosthetics over \$1,000	
• Skilled Nursing Facility			

* Surgical procedures indicated on this pre-certification list performed by any method (including laparoscopic) require authorization.

** Services performed by a dentist are not covered; except for those services requiring general anesthesia performed in a facility. These services require prior authorization. Professional dental services must be billed through the State of Michigan.

*** Per MDCH, consent form requirement

Important Note: Only Medicaid covered services are referred to on the Prior Authorization List.