

Michigan Medicaid Prior Authorization (PA) Requirements

*All codes listed require prior authorization.
Codes that are not listed on the MI Medicaid fee schedule may not be payable by
MeridianHealth (Meridian).*

The following information is required for Meridian to accept your service request:

- Member's Identification Number
- Requesting Provider & NPI Number
- Servicing Provider & NPI Number
- Servicing Facility & NPI Number
- Place of Service
- Date(s) of Service
- Procedure Code(s)
- ICD-10 Diagnosis Code(s)

If your request requires clinical documentation, Meridian will not be able to provide a decision over the phone. Meridian's Online PA Form is the preferred method for submission of PA requests.

Provider Notification Requirements:

Meridian requires notification from facilities for inpatient admissions, non-routine newborn care, and/or newborn NICU admission within one business day of admission.

Inpatient Admissions

- Including Emergent and Elective Admissions
- Long-Term Acute Care Admissions
- Skilled Nursing Facility Admissions
- Non-Routine Newborn Care and/or NICU Admissions

Services Requested to Non-Contracted Providers

All services performed by a non-contracted provider will require a PA, with the exception of primary care provider (PCP) and specialists in Michigan who will follow in-network PA rules.

Michigan Medicaid Prior Authorization (PA) Requirements

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Michigan Medicaid Prior Authorization (PA) Requirements

CARDIAC REHABILITATION

Medicaid							
G0422*	G0423*	G0424*					

**PA required if >36 visits*

Michigan Medicaid Prior Authorization (PA) Requirements

CHIROPRACTIC

Medicaid							
98940*	98941*	98942*					

**PA required if > 18 visits*

Michigan Medicaid Prior Authorization (PA) Requirements

DIAGNOSTIC STUDY

Medicaid							
95800	95801	95803	95805	95806	95807	95808	95810
95811							

Michigan Medicaid Prior Authorization (PA) Requirements

DURABLE MEDICAL EQUIPMENT (DME)

Medicaid							
A4253*	A4256*	A4259*	A5500	A5501	A5503	A5504	A5505
A5506	A5510	A5512	A5513	B9998	B9999	E0194	E0255
E0256	E0260	E0261	E0265	E0266	E0292	E0293	E0294
E0295	E0296	E0297	E0301	E0302	E0303	E0304	E0316
E0328	E0329	E0424	E0431	E0434	E0439	E0441	E0442
E0443	E0444	E0445	E0466	E0470	E0471	E0482	E0483
E0601	E0630	E0635	E0636	E0637	E0638	E0639	E0641
E0642	E0650	E0651	E0652	E0655	E0656	E0657	E0660
E0665	E0666	E0667	E0668	E0669	E0670	E0671	E0672
E0673	E0747	E0748	E0784	E0935 ⁺	E0983	E0984	E0986
E1161	E1230	E1231	E1232	E1233	E1234	E1235	E1236
E1237	E1238	E1390	E1391	E1405	E1406	E1639*	E2230
E2300	E2301	E2311	E2321	E2327	E2328	E2329	E2330
E2500	E2502	E2504	E2506	E2508	E2510	E2511	E2512
E2617	E8000	E8001	E8002	K0001	K0002	K0003	K0004
K0005	K0006	K0007	K0009	K0015	K0017	K0018	K0019
K0020	K0037	K0038	K0039	K0040	K0041	K0042	K0043
K0044	K0045	K0046	K0047	K0050	K0051	K0052	K0053
K0056	K0065	K0069	K0070	K0071	K0072	K0073	K0077
K0098	K0105	K0195	K0603	K0606	K0607	K0608	K0609
K0733	K0739	K0800	K0801	K0802	K0806	K0807	K0808
K0813	K0814	K0815	K0816	K0820	K0821	K0822	K0823
K0824	K0825	K0826	K0827	K0828	K0829	K0830	K0831
K0835	K0836	K0837	K0838	K0839	K0840	K0841	K0842
K0843	K0848	K0849	K0850	K0851	K0852	K0853	K0854
K0855	K0856	K0857	K0858	K0859	K0860	K0861	K0862
K0863	K0864	K0868	K0869	K0870	K0871	K0877	K0878
K0879	K0880	K0884	K0885	K0886	K0890	K0891	

**Yes; excluding vendor Healthy Living Diabetic*

⁺PA required if >21 days

Michigan Medicaid Prior Authorization (PA) Requirements

GENERAL ANESTHESIA FOR ORAL PROCEDURES

Medicaid							
170							

Michigan Medicaid Prior Authorization (PA) Requirements

HEARING SERVICES

Medicaid							
V5014	V5030	V5040	V5050	V5060	V5100	V5110	V5120
V5130	V5140	V5160	V5170	V5180	V5200	V5210	V5220
V5240	V5241	V5242	V5243	V5244	V5245	V5246	V5247
V5248	V5249	V5250	V5251	V5252	V5253	V5254	V5255
V5256	V5257	V5258	V5259	V5260	V5261	V5264	V5266

Michigan Medicaid Prior Authorization (PA) Requirements

HOME CARE

Medicaid							
T1001*	T1002*	T1003*					

**12 visits total; not 12 visits per provider specialty discipline
(e.g., 6 LPN visits and 6 RN visits equals 12 total visits)*

Michigan Medicaid Prior Authorization (PA) Requirements

HOME HEALTH

Medicaid							
G0151	G0152	G0153	G0156	G0299	G0300		

Michigan Medicaid Prior Authorization (PA) Requirements

HOME INFUSION

Medicaid							
99601	99602	S9331	S9379				

Michigan Medicaid Prior Authorization (PA) Requirements

HYPERBARIC OXYGEN

Medicaid							
99183	G0277						

Michigan Medicaid Prior Authorization (PA) Requirements

NON-EMERGENT AMBULANCE

Medicaid							
A0430	A0431	A0425	A0426	A0428	A0429	A0433	

Michigan Medicaid Prior Authorization (PA) Requirements

PAIN MANAGEMENT

Medicaid							
62325	62326	62350	62351	62360	62361	62362	64461
64462	64463	64490	64491	64492	64493	64494	64495
64633	64634	64635	64636	62355	64644		

Michigan Medicaid Prior Authorization (PA) Requirements

PATHOLOGY AND LABORATORY

Medicaid							
81201	81203	81210	81211	81212	81214	81215	81216
81217	81218	81219	81222	81223	81225	81226	81228
81229	81235	81266	81272	81273	81292	81294	81295
81297	81298	81300	81311	81314	81317	81319	81321
81323	81400	81401	81402	81403	81404	81405	81406
81408	81420	88261	88271	88299	81161	81170	81200
81202	81205	81206	81207	81208	81209	81213	81220
81221	81224	81240	81241	81242	81243	81244	81245
81250	81251	81255	81256	81257	81261	81262	81263
81264	81265	81267	81268	81270	81275	81276	81290
81293	81296	81299	81301	81310	81315	81316	81318
81322	81327	81330	81331	81332	81340	81341	81342
81370	81371	81372	81373	81374	81375	81376	81377
81378	81379	81380	81381	81382	81383	81407	88230
88233	88235	88237	88239	88240	88241	88245	88248
88249	88262	88263	88264	88267	88269	88272	88273
88274	88275	88280	88283	88285	88289	88291	

Michigan Medicaid Prior Authorization (PA) Requirements

PHARMACY

Medicaid							
90378	J0129	J0135	J0178	J0180	J0202	J0207	J0220
J0221	J0256	J0257	J0287	J0289	J0364	J0480	J0485
J0490	J0585	J0586	J0587	J0588	J0594	J0597	J0598
J0637	J0638	J0640	J0641	J0695	J0725	J0775	J0800
J0834	J0875	J0878	J0881	J0885	J0894	J0895	J0897
J1290	J1300	J1324	J1325	J1438	J1439	J1442	J1447
J1453	J1458	J1459	J1460	J1557	J1559	J1560	J1561
J1562	J1566	J1568	J1569	J1570	J1571	J1572	J1573
J1575	J1599	J1602	J1640	J1645	J1650	J1652	J1675
J1740	J1743	J1744	J1745	J1786	J1826	J1830	J1930
J1931	J1950	J2020	J2170	J2182	J2248	J2315	J2323
J2353	J2354	J2357	J2425	J2430	J2469	J2503	J2504
J2505	J2507	J2562	J2724	J2778	J2783	J2793	J2796
J2820	J2916	J2941	J3262	J3285	J3315	J3357	J3380
J3385	J3396	J3485	J3489	J3490	J3590	J7180	J7182
J7183	J7185	J7186	J7187	J7189	J7190	J7191	J7192
J7183	J7185	J7186	J7187	J7189	J7190	J7191	J7192
J7193	J7194	J7196	J7197	J7198	J7199	J7308	J7309
J7312	J7313	J7321	J7323	J7324	J7325	J7326	J7327
J7504	J7511	J9000	J9015	J9017	J9019	J9025	J9027
J9033	J9035	J9039	J9040	J9041	J9042	J9043	J9045
J9047	J9050	J9055	J9060	J9065	J9070	J9098	J9100
J9120	J9130	J9155	J9160	J9171	J9176	J9178	J9179
J9181	J9185	J9190	J9200	J9201	J9202	J9206	J9207
J9208	J9209	J9211	J9213	J9214	J9215	J9216	J9217
J9219	J9225	J9226	J9228	J9230	J9245	J9261	J9263
J9264	J9266	J9267	J9268	J9271	J9280	J9293	J9299
J9301	J9302	J9303	J9305	J9306	J9307	J9310	J9328
J9330	J9340	J9351	J9354	J9355	J9357	J9360	J9370
J9390	J9395	J9400	J9600	J9999	Q0138	Q0139	Q2043
Q5101	S0145	90691	J0130	J0215	J0285	J0288	J0348
J0380	J0583	J0706	J0710	J0712	J0740	J0743	J0770
J0795	J0840	J0882	J0887	J1190	J1212	J1260	J1265
J1267	J1327	J1330	J1335	J1436	J1451	J1452	J1455
J1457	J1600	J1620	J1626	J1742	J1840	J1850	J1890
J1945	J1953	J1960	J2010	J2150	J2185	J2212	J2260

Michigan Medicaid Prior Authorization (PA) Requirements

PHARMACY (CONT.)

Medicaid							
J2278	J2280	J2320	J2325	J2355	J2405	J2410	J2501
J2513	J2543	J2545	J2680	J2700	J2770	J2910	J2993
J2995	J3000	J3030	J3070	J3095	J3105	J3240	J3243
J3246	J3280	J3305	J3320	J3364	J3465	J3471	J3472
J3473	J3486	J7501	J7513	J7525	J7648	J7658	J7659
J9020	J9031	J9151	J9165	J9212	J9300	J9320	Q0515
Q2017	Q2026	Q2049	Q4081	S0032	S0189	S0190	

Michigan Medicaid Prior Authorization (PA) Requirements

POTENTIAL COSMETIC SURGERY

Medicaid							
15775	15776	15780	15781	15782	15783	15786	15787
15788	15789	15792	15793	15819	15820	15821	15822
15823	15824	15825	15826	15828	15829	15830	15832
15833	15834	15835	15836	15837	15838	15839	15876
15877	15878	15879	17106	17107	17108	17340	17360
17380	20930	36468	36470	36471	36473	36474	36475
36476	36478	36479	37700	37718	37722	37735	37760
37761	37765	37766	37780	37785	67880	67882	67900
67901	67902	67903	67904	67906	67908	67909	67911
67950	67961	67966					

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – ABDOMINAL

Medicaid							
43644	43645	43647	43648	43770	43771	43773	43775
43800	43810	43820	43825	43830	43831	43832	43840
43842	43843	43845	43846	43847	43848	43850	43855
43860	43865	43870	43880	43881	43882	43888	44721
49000	49204						

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – AUDITORY

Medicaid							
69714	69717	69930	69949	69710			

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – BREAST

Medicaid							
11960	11970	11971	19300	19301*	19302*	19303*	19304*
19305*	19306*	19307*	19316*	19318*	19324*	19325*	19328*
19330*	19340*	19342*	19350*	19355*	19357*	19361*	19364*
19366*	19367*	19368*	19369*	19370*	19371*	19380*	19396*

**No PA required for breast cancer-related diagnoses*

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – CARDIOVASCULAR

Medicaid							
92970	92971	92973	92974	92975	92977	92978	92979
92986	92987	92990	92992	92993	92997	92998	93797*
93798*							

**PA required if >36 visits*

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – EYE

Medicaid							
0190T	0191T	0253T	65772	65775	65785	92310	92311
92312	92313	92326					

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – FACE

Medicaid							
21209	21210	21215	21230	21235	21240	21242	21243
21244	21245	21246	21247	21248	21249	21255	21256
21260	21261	21263	21267	21268	21270	21275	21280
21282	21295	21296	21365	30400	30410	30420	30430
30435	30450	30460	30462	30520	30540	30545	30560
30580	30600	30620	30630	31295	31296	31297	67912
67914	67915	67916	67917	67921	67922	67923	67924
67971	67973	67974	67975				

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – GENITAL

Medicaid							
54401	54405	51925	54125	54360	54400	54408	54410
54411	54416	54417	55150*	56620*	56625*	56630*	56631*
56632*	56633*	56634*	56637*	56640*	56700*		

**No PA required for cancer-related diagnoses*

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – LOWER BODY

Medicaid							
27125	27130	27132	27134	27137	27138	27446	27447
27140	27146	27147	27151	27156	27158	27161	27165
27170	27175	27176	27177	27178	27179	27181	27185
27448	27450	27715					

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – LUNG

Medicaid							
32851	32852	32853	32854	33282	33935	33945	

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – MISC

Medicaid							
0232T							

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – NEUROLOGICAL

Medicaid							
61885	61886	62327	63001	63003	63005	63011	63012
63015	63016	63017	63020	63030	63035	63040	63042
63043	63044	63045	63046	63047	63048	63050	63051
63055	63056	63064	63075	63076	63077	63078	63081
63082	63085	63086	63087	63088	63090	63091	63101
63102	63103	64553	64568	64590	64595	63650	63655
63663	63664	63685	63688	63620	61870	63170	63172
63173	63180	63182	63185	63190	63191	63194	63195
63196	63197	63198	63199	63200	63250	63251	63252
63265	63266	63267	63268	63270	63271	63272	63273
63295	63600	63610	63615	63621	64555	64561	64565
64566	64575	64580	64581				

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – PROSTHETIC/ORTHOTIC

Medicaid							
L0480	L0482	L0484	L0486	L0700	L0710	L1000	L1005
L1300	L1700	L1710	L1755	L1844	L2034	L2036	L2037
L2128	L3010	L3020	L4631	L8692	L0464	L1200	L1690
L2627	L2628	L3000	L3001	L3002	L3003	L3030	L3040
L3050	L3060	L3070	L3160	L3170	L3201	L3202	L3203
L3204	L3206	L3207	L3224	L3225	L3230	L3250	L3251
L3252	L3253	L3254	L3255	L3257	L3265	L3300	L3310
L3320	L3330	L3332	L3334	L3340	L3350	L3360	L3370
L3380	L3400	L3430	L3440	L3450	L3455	L3460	L3465
L3470	L3510	L3540	L3904	L5000	L5010	L5020	L5050
L5060	L5100	L5105	L5150	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	L5618	L5620	L5622	L5624	L5626	L5628
L5629	L5630	L5631	L5632	L5634	L5636	L5637	L5638
L5639	L5640	L5642	L5644	L5646	L5648	L5650	L5652
L5653	L5654	L5655	L5656	L5658	L5666	L5668	L5670
L5671	L5672	L5673	L5676	L5678	L5679	L5680	L5681
L5682	L5683	L5684	L5685	L5686	L5688	L5690	L5692
L5694	L5695	L5696	L5697	L5698	L5699	L5700	L5701
L5702	L5703	L5704	L5705	L5706	L5707	L5710	L5712
L5714	L5716	L5718	L5722	L5724	L5726	L5728	L5780
L5810	L5812	L5816	L5818	L5822	L5824	L5828	L5830
L5840	L5845	L5850	L5855	L5925	L5962	L5964	L5966
L5970	L5971	L5972	L5974	L5975	L5976	L5978	L5979
L5980	L5981	L5982	L5984	L5990	L6000	L6010	L6020
L6050	L6100	L6110	L6120	L6130	L6200	L6250	L6300
L6350	L6400	L6450	L6500	L6550	L6570	L6600	L6605
L6610	L6615	L6616	L6620	L6625	L6630	L6635	L6640
L6645	L6646	L6647	L6650	L6655	L6660	L6665	L6670
L6672	L6675	L6676	L6677	L6680	L6682	L6684	L6691
L6692	L6693	L6694	L6695	L6696	L6697	L6698	L6706
L6707	L6708	L6709	L6711	L6712	L6713	L6714	L6721
L6722	L6805	L6810	L6881	L6883	L6884	L6885	L6890
L6895	L6935	L7186	L7510	L7520	L7600	L8000	L8001

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – PROSTHETIC/ORTHOTIC (CONT.)

Medicaid							
L8002	L8010	L8015	L8020	L8030	L8500	L8501	L8509
L8510	L8515	L8615	L8616	L8617	L8618	L8619	L8621
L8622	L8623	L8624	L8627	L8628	L8629	L8691	L8693
V2629							

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – REPRODUCTIVE

Medicaid							
58150	58152	58180	58200	58210	58260	58262	58263
58267	58270	58275	58280	58285	58290	58291	58292
58293	58294	58345	58350	58541	58542	58543	58544
58545	58546	58548	58550	58552	58553	58554	58570
58571	58572	58573	59840	59841	59850	59851	59852
59855	59856	59857	59866	58340	58565	59525	

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – SKIN

Medicaid							
11443	11920	11921	11922	11950	11951	11952	11954
96567	96910	96912	96920	96921	96922		

Michigan Medicaid Prior Authorization (PA) Requirements

PROCEDURES – SPINE

Medicaid							
22220	22222	22224	22226	22526	22527	22532	22533
22534	22548	22551	22552	22554	22556	22558	22585
22586	22590	22595	22600	22610	22612	22614	22630
22632	22633	22634	22800	22802	22804	22808	22810
22812	22818	22819	22830	22840	22842	22843	22844
22845	22846	22847	22848	22849	22850	22852	22855
22856	22857	22861	22862	22864	22865	22867	22868
22869	22870	22513	22514	22515	22853	22854	22858
22859							

Michigan Medicaid Prior Authorization (PA) Requirements

RADIOLOGY

Medicaid							
77372	77373	77301	77338	77371	77412	77427	77435

Michigan Medicaid Prior Authorization (PA) Requirements

RADIOPHARMACEUTICALS

Medicaid							
A9505	A9507	A9508	A9524	A9531	A9532	A9547	A9548
A9554	A9555	A9558	A9563	A9564	A9567	A9569	A9581
A9583	A9600	A9604	A9698	A9699			

Michigan Medicaid Prior Authorization (PA) Requirements

THERAPIES (PT/OT/ST)

Medicaid							
92507*	92508*	95851*	95852*	97012*	97014*	97016*	97018*
97022*	97024*	97026*	97028*	97032*	97033*	97034*	97035*
97036*	97039	97110*	97112*	97116*	97124*	97139	97140*
97530*	97532*	97533*	97535*	97542*	97760*	97761*	97762*
97799							

**PA required only if >24 visits*

Michigan Medicaid Prior Authorization (PA) Requirements

TRANSPLANT

Medicaid							
38204	38205	38206	38207	38208	38209	38210	38211
38212	38213	38214	38215	38230	38232	38240	38241
38242	38243	44136	47135	48554	50360	G0341	G0342
S2102							

Michigan Medicaid Prior Authorization (PA) Requirements

UNLISTED/MISCELLANEOUS PROCEDURE

Medicaid							
15999	17999	19499	20999	21089	21299	21499	21899
22899	22999	23929	24999	25999	26989	27299	27599
27899	28899	29799	29999	30999	31299	31599	31899
32999	33999	36299	37501	37799	38129	38589	38999
39499	39599	40799	40899	41599	41899	42299	42699
42999	43289	43499	43659	43999	44238	44799	44899
44979	45399	45499	45999	46999	47379	47399	47579
44979	45399	45499	45999	46999	47379	47399	47579
47999	48999	49329	49659	49999	50549	50949	51999
53899	54699	55559	55899	58578	58579	58679	58999
59897	59898	59899	60659	60699	64999	66999	67299
67399	67599	67999	68399	68899	69399	69799	76496
76497	76498	76499	76999	77299	77399	77499	77799
78099	78199	78299	78399	78499	78599	78699	78799
78999	79999	81099	81479	81519	81599	84999	85999
86486	86849	86999	87999	88199	88399	88749	89240
90399	90999	91299	92499	92700	93799	93998	94799
95199	95999	96379	96549	96999	99199	99499	A0999
A4421	A4641	A5507	A9999	E0625	E1399	E2599	K0108
K0812	K0898	L0999	L1499	L3500	L3520	L3530	L3550
L3560	L3570	L3580	L3590	L3595	L3649	L3999	L5999
L7499	L8499	Q4050	Q4051	V2799	V5267	V5274	V5298
V5299							

Michigan Medicaid Prior Authorization (PA) Requirements

VISION SERVICES

Medicaid							
V2199	V2500	V2501	V2510	V2511	V2520	V2521	

Michigan Medicaid Prior Authorization (PA) Requirements

WOUND CARE

Medicaid							
13132	14041	14060	15272	15273	15274	15275	15276
15277	15278	15570	15731	15732	15734	15736	15738
15740	15750	15756	15758	15760	15770	15777	20926
97605	97606	97607	97608	E2402	Q4107	Q4110	Q4131