



McLaren Health Plan Medicaid/Healthy Michigan
 McLaren Health Advantage (PPO)
 McLaren Health Plan Community

MHP Service Codes Requiring Preauthorization - Effective January 1, 2019

Referral Category Name	Definitions
Auditory and Oral Procedures	
Auditory Procedures	69710, 69711, 69714, 69715, 69717, 69718, 69930, L8614, L8619, L8627, L8690
Oral Surgery/Mandibular Surgery/Orthognathic Surgery	21025, 21026, 21029, 21030, 21031, 21032, 21040, 21044, 21045, 21046, 21047, 21048, 21049, 21081, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21206, 21208, 21210, 21215, 21244, 21245, 21246, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21081, 21440, 21445, 21497, 30545, 30560, 40804, 40805, 40806, 40818, 40840, 40842, 40843, 40844, 40845, 41010, 41500, 41510, 41820, 41821, 41822, 41823, 41825, 41826, 41827, 41828, 41830, 41850, 41870, 41872, 41874, 42120, 42299, 42300, 42305, 42310, 42320, 42330, 42335, 42340, 42400, 42405, 42408, 42409, 42410, 42415, 42420, 42425, 42426, 42440, 42450, 42700
Procedures to Correct Obstructive Sleep Apnea	21193, 21194, 21195, 21196, 21198, 21199, 21685, 41512, 41530, 41599, 42145, 42299, S2080
Temporomandibular Joint Syndrome (TMJ) Treatment	21050, 21060, 21070, 21073, 21110, 21116, 21240, 21242, 21243, 21247, 21248, 21249, 21480, 21485, 21490, 29800, 29804
Behavioral Health	
Inpatient Behavioral Health Services Inpatient Substance Abuse Treatment (Rehabilitative Services only)	Medicaid/Healthy Michigan These benefits are managed by the Prepaid Inpatient Health Plan (PIHP) Commercial/Community and Health Advantage: McLaren preauthorization required

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Electroconvulsive Therapy <i>Refer to the preauthorization grid located at the end of this document for additional information.</i>	90870
Mental Health Partial Hospitalization Programs - <i>Commercial/Community and Health Advantage Only</i>	Requires preauthorization
Mental Health Residential Treatment Programs - <i>Commercial/Community and Health Advantage Only</i>	Requires preauthorization
Cosmetic Procedures - Medical Necessity review required to determine cosmetic vs reconstructive	
Blepharoplasty	15820, 15821, 15822, 15823, 67904, 67912, 67916, 67917, 67923, 67924, 67904
Breast Reconstruction Procedures	19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396
Cosmetic Skin Procedures	11200, 11201, 11950, 11951, 11952, 11954, 15730, 15731, 15732, 15733, 15734, 15736, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 17106, 17107, 17108, 17340, 17360, 17380, 20926, 69090
Cosmetic Tattooing	11920, 11921, 11922
Cosmetic Procedures - continued	
Cosmetic Vein Procedures	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37760, 37765, 37766, 37780, 37785
Lipectomy	15876, 15877, 15878, 15879
Male Enhancement Procedures	All codes including but not limited to 53445, 54400, 54401, 54405, 54406, 54410, 54411, 54416, 54417, C1813, C2622
Otoplasty	69300
Panniculectomy	15830, 15847
Pectus / Carinatum Reconstructive Repair	21740, 21741, 21742, 21743

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Reconstructive Face Procedures	21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21208, 21209, 21230, 21235, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21295, 21296, 21299, 40500, 40510, 40520, 40527, 40530, 67900, 67901, 67902, 67903, 67906, 67908, 67909
Rhinoplasty	30120, 30150, 30160, 30400, 30410, 30420, 30430, 30435, 30450, 30620, 30460, 30462, 30540
Septoplasty	30520, 30620
Surgical Treatment for Male Gynecomastia	19300
Durable Medical Equipment (DME)	
DME, Prosthetics & Orthotics Purchase - <i>Refer to the preauthorization grid located at the end of this document for additional information.</i>	E0193, E0302, E0304, E0460, E0471, E0472, E0483, E0652, E0764, E0783, E0786, E1006, E1007, E1008, E1035, E2510, K0606, K0826, K0828, K0829, K0839, K0840, K0850, K0852, K0853, K0854, K0855, K0858, K0859, K0860, K0862, K0863, K0864, K0868, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, L5270, L5856, L5857, L5858, L5961, L5973, L5987, L6025, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7180, L7181, L7185, L7186, L7190, L7191, L7274, L8609, L8686, L8687, L8688, Q0479, Q0480, Q0481, Q0483, Q0489
DME Rental - <i>Refer to the preauthorization grid located at the end of this document for additional information.</i>	E0193, E0194, E0277, E0302, E0304, E0373, E0450, E0460, E0461, E0463, E0464, E0465, E0466, \, E0472, E0483, E0636, E0764, E0783, E0786, E1006, E1007, E1008, E1035, E2402, E2510, K0606, K0826, K0828, K0829, K0839, K0840, K0850, K0851, K0852, K0853, K0854, K0855, K0857, K0858, K0859, K0860, K0862, K0863, K0864, K0868, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886
DME - continued	
Hearing Aids - <i>Preauthorization for Hearing Aids is not required for CSHCS/Healthy Michigan/Medicaid members.</i> <i>Refer to the preauthorization grid located at the end of this document for additional coverage information.</i>	V5030, V5040, V5050, V5060, V5100, V5120, V5130, V5140, V5170, V5180, V5200, V5210, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5274, V5298, V5299
Continuous Glucose Monitors and Insulin Pumps - <i>All codes for continuous glucose monitors, insulin pumps, and associated supplies require preauthorization.</i>	A9274, A9276, A9277, A9278, E0784, K0553, K0554
Genetics	

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Referral Category Name	Definitions
Genetic Testing - <i>All genetic testing codes, even if the code is not included in this list, require Medical Director review and preauthorization.</i>	81105, 81106, 81107, 81108, 81110, 81111, 81112, 81120, 81121, 81161, 81175, 81176, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240, 81241, 81242, 81243, 81244, 81245, 81250, 81251, 81252, 81253, 81254, 81256, 81257, 81258, 81259, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81270, 81272, 81273, 81275, 81276, 81288, 81290, 81291, 81292, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81314, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81330, 81331, 81332, 81340, 81341, 81342, 81346, 81361, 81362, 81363, 81364, 81370, 81371, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81420, 81479, 81519, 81520, 81521, 81535, 81536, 81539, 81599, 83950, 83951, 84999, 86849, 88230, 88233, 88235, 88237, 88239, 88240, 88241, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 88299, 88360, 88361, 88363, 88364, 88365, 88366, 88637, 88368, 88369, 88373, 88374, 88377, 88387, 89290, 89291, 96040, S0265
Home Care Services	
Community Health Workers (CHW)	S9445
Home Care <i>Refer to the preauthorization grid located at the end of this document for additional information.</i>	Billed on institutional claim and type of bill 311 to 389 and revenue code 0550, 0551, 0552, 0559
Hospice Care	Billed on institutional claim and type of bill 811 to 899 , revenue code 0651, 0652, 0655, 0656, 0658
In-Office Laboratory Procedure	
Presumptive Drug Class Screening <i>Refer to the preauthorization grid located at the end of this document for additional information.</i>	80305
Inpatient Services	
Bariatric Surgery	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888

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Referral Category Name	Definitions
Inpatient Hospital Services - <i>Preauthorization Exception - Routine delivery without sterilization requires notification only for all lines of business both contracted and non-contracted facilities. Non-contracted facilities reimbursed at member's OON benefit.</i>	All inpatient stays require authorization EXCEPT deliveries which require notification only. Medicaid Only - Professional medical services rendered during an inpatient psychiatric stay require preauthorization. Authorization is obtained by admitting facility.
Inpatient Rehabilitative Services	Requires preauthorization
LTACH	Requires preauthorization
Skilled Nursing Facility Services	Billed on institutional claim and type of bill 211 to 289 and revenue code 0110, 0120, 0130
Neurostimulators	
Neurostimulator	43647, 43648, 43881, 43882, 61850, 61860, 61863, 61864, 61867, 61868, 61870, 61880, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64550, 64561, 64565, 64566, 64568, 64569, 64555, 64570, 64575, 64580, 64581, 64590, 64595
NOC	
Not Otherwise Classified (NOC), unlisted, unspecified codes, and manually priced codes.	Requires preauthorization
Out-of-Network (OON) Services	
Out-of-Network (OON) Ambulatory Surgery Center - <i>Health Advantage preauthorization is not required. Individual Plans on the Exchange. Please verify out of network benefits prior to receiving services.</i>	Type of bill '831' and OON
OON Outpatient Facility Services - <i>Health Advantage preauthorization is not require. Individual Plans on the Exchange. Please verify out of network benefits prior to receiving services.</i>	Revenue code 0360, 0361, 0362, 0367, 0369, 0481, 0490, 0499, 0790, 0799, 0360 to 0362, 0367, 0369, 0481, 0490, 0499, 0790, 0799

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Referral Category Name	Definitions
<p>OON Physician Services - <i>Health Advantage preauthorization is not required.</i> <i>Individual Plans on the Exchange. Please verify out of network benefits prior to receiving services.</i></p>	<p>Billed on professional claim and OON</p>

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Referral Category Name	Definitions
Pharmacy	
Speciality Medications / Injections - <i>If diagnosis is cancer preauthorization is not required for listed codes as noted by an asterik**</i> <i>Any temporary, miscellaneous, or newly released C, J, S, and Q codes may require authorization.</i>	C9014, C9015, C9016, C9026, C9029, C9032, C9140, C9393, C9399, C9445, C9452, C9454, C9473, C9481, C9484, C9487, C9489, C9494, J0129, J0135, J0178, J0180, J0202, J0215, J0220, J0221, J0256, J0257, J0270, J0275, J0490, J0570, J0585, J0586, J0587, J0588, J0596, J0597, J0598, J0641**, J0695, J0717, J0725, J0800, J0881**, J0882**, J0885**, J0886**, J0887**, J0888**, J0897**, J1290, J1300, J1325, J1428, J1438, J1442**, J1459, J1460, J1555, J1556, J1557, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1572, J1575, J1599, J1602, J1640, J1675, J1725, J1726, J1729, J1740, J1745, J1786, J1826, J1830, J1930, J1931, J1942, J1950**, J2182, J2278, J2323, J2326, J2350, J2355**, J2357, J2502, J2505**, J2507, J2778, J2786, J2796, J2941, J3060, J3110, J3285, J3262, J3357, J3358, J3380, J3385, J3489**, J3490, J3535, J3590, J7308, J7312, J7330, J7599, J7699, J7799, J7999, J8498, J8499, J8597, J8999, J9035**, J9217**, J9218**, J9219**, J9226, J9999, Q0181, Q2040, Q2041, Q4081**, Q5101, Q5102, Q5103, Q5104, Q5105**, Q5106**, Q5108**, Q9972**, Q9973**, Q9979, Q9985, Q9986, Q9989, Q9991, Q9992, Q9993
Radiation Services	
Photochemotherapy	96573, 96574, 96910, 96912, 96913, 96920, 96921, 96922, E0691, E0692, E0693, E0694
Proton Beam Therapy	77520, 77522, 77523, 77525
Rehabilitation Services	
Medical Rehabilitation	93668, 92626, 92627, 92630, 92633
Procedures to Treat Asthma	31660, 31661
Occupational Therapy - <i>Medicaid visit limit - As of 10/1/18 the OT benefit will be calculated based on calendar year.</i> <i>A total of 36 annual visits of OT.</i> <i>Preauthorization is not required.</i> <i>Health Advantage preauthorization is not required.</i> <i>Commercial/Community all therapy services with the exception of evaluations require preauthorization.</i>	97165, 97166, 97167, 97168

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Referral Category Name	Definitions
Physical Therapy - <i>Medicaid visit limit - As of 10/1/18 the PT benefit will be calculated based on calendar year.</i> A total of 36 annual visits of PT. Preauthorization is not required. Health Advantage preauthorization is not required. Commercial/Community all therapy services with the exception of evaluations require preauthorization .	97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97530, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97763, 97799
Speech Therapy - <i>Medicaid visit limit - As of 10/1/18 the ST benefit will be calculated based on calendar year .</i> A total of 36 annual visits of ST. Preauthorization is not required. Health Advantage preauthorization is not required. Commercial/Community all therapy services with the exception of evaluations require preauthorization.	92506, 92507, 92508
Reproductive Services	
GYN Procedures	58353, 58356
Infertility Services	0058T, 0357T, 54692, 54900, 54901, 55200, 55300, 58321, 58322, 58323, 58350, 58578, 58752, 58760, 58970, 58974, 58976, 58999, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89300, 89210, 89320, 89321, 89322, 89323, 89324, 89325, 89326, 89327, 89328, 89329, 89330, 89331, 89325, 89329, 89330, 89331, 89353, 89335, 89337, 89342, 89344, 89346, 89352, 89353, 89354, 89356, 89398, S4011, S4012, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4026, S4027, S4028, S4030, S4031, S4026, S4027, S4028, S4030, S4031, S4035, S4037, S4040
Reproductive Services - continued	
Termination of Pregnancy - Health Advantage preauthorization is not required. Commercial/Community preauthorization is required.	59812, 59820, 59821, 59830, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, 59870, 59897, 59898, 59899

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Referral Category Name	Definitions
Voluntary Sterilization - <i>Medicaid requires preauthorization, a signed consent form, and a 30 day waiting period.</i> <i>Health Advantage preauthorization is not required.</i> <i>Commercial/Community preauthorization is required.</i>	55250, 55450, 58565, 58600, 58605, 58611, 58615, 58661, 58662, 58670, 58671, 58672, 58673, 58679, 58700, 58720, 58740, 58750, 58770, 58800, 58820, 58822, 58825, 58900, 58920, 58925, 58940, A4264
Transitional Care	
Transitional Care Program - Health Advantage Only	Requires preauthorization
Transplant Services	
Cornea Transplant	00144, 65710, 65730, 65750, 65755, 65756
Heart Transplant	33927, 33928, 33929, 33933, 33944, 33945
Intestine Transplant	44715, 44720, 44721, 44132 , 44133 , 44135 , 44136 , 44137
Islet Transplant	48160, G0341, G0342, G0343
Kidney Transplant	50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380
Liver Transplant	47135, 47136, 47143, 47144, 47145, 47146, 47147
Lung Transplant	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33933
Marrow Transplant	38240, 38241, 38242
Pancreas Transplant	48550, 48551, 48552, 48554, 48556
Stem Cell Transplant	38205, 38206, 38207, 39208, 38209, 38210, 38211, 38212, 38213, 38214, 38215 , 38240, 38241, 38242
Transportation Services	
Emergency Air Ambulance - Requires retro medical necessity review	A0430, A0431, A0435, A0436
Meals/Lodging/Transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210
Non-emergency Ambulance - Land	A0021, A0426, A0428, A0380, A0382, A0384, A0390, A0392, A0394, A0396, A0398, A0420, A0422, A0424, A0425, A0432, A0433, A0434, A0888, A0999, A0021, A0426, A0428

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Referral Category Name	Definitions
Urgent	
Urgent Preauthorization Requests	Requests are considered urgent only when a delay in care could jeopardize the life/health of the member, jeopardize the member's ability to regain maximum function, or may subject the member to severe pain that cannot be adequately managed without the requested service.

Authorization Guidelines:

This is not a complete listing of services that may require preauthorization, and all services must be medically necessary. The Provider Referral and Preauthorization Form, Certificate of Coverage, Plan Document or Policy includes more detailed information on covered services, limitations and pre authorization requirements per line of business.

MHP reserves the right to perform ad hoc audits post-payment to determine medical necessity and/or industry standard treatment protocols for medical and pharmacy services. Any procedure or service cosmetic in nature will be subject to clinical review at any time.

Any medication (J-Code) prescribed against FDA/manufacture guidelines requires preauthorization.

This list is updated at least quarterly. The most current version is available on our website at McLarenHealthPlan.org. Please contact MHP Customer Service at (888) 327-0671 with any questions.

**This is not a complete listing of services that may require Preauthorization and all services rendered must be medically necessary.
The Certificate of Coverage or Plan Document includes more detailed information.**

X= Requires Pre-Authorization NC= Not covered by this product NR= Auth not required	Medicaid	Healthy Michigan Medicaid	Commercial/Community HMO/POS	Health Advantage (HA)
All Inpatient Services -obtained by admitting facility. Exception - Deliveries without sterilization requires only notification for all lines of business both contracted & non-contracted facilities. Community HMO/POS/HA - Non-contracted facilities are reimbursed at member's out-of-network benefit.	X	X	X	X
Inpatient Mental Health (MH)-obtained by admitting facility	NC	NC	X	X
All Out of Network Services (non-contracted providers)** Individual Plans on the Exchange should verify out of network benefits prior to receiving services.	X	X**	X**	X**
Ambulance: Non-Urgent Transportation	X	X	X	X
Ambulance: Air, Emergent (Requires post-service review)	X	X	X	X
Applied Behavioral Analysis (ABA Therapy)	NC	NC	X	NC
Autism Services	NC	NC	X	Screening Only
Chiropractic (Medicaid up to 18 visits per calendar year. Additional visits require preauthorization)	NR	NR	NR	NR
Continuous Glucose Monitors/Supplies	X	X	X	X
Cosmetic Services	X	X	X	X
MEDICAID DME Purchase- (Durable Medical Equipment) - (allowable line by line as per Medicaid fee schedule)	>\$1500	>\$1500		
MEDICAID DME Rental-(allowable line by line as per Medicaid fee schedule)	>\$500/Mth	>\$500/Mth		
DME Purchase -(billable charges line by line)			>\$3000	>\$5000
DME Rentals (billable charges line by line)			>\$100/Mth	>\$500/Mth
Electroconvulsive Therapy (ECT)	NC**	NC**	X	X
Emergency Medical Response System	NC	NC	NC	NC
Genetic Testing, Counseling, Diagnosis and Treatment	X	X	X	X

Hearing Aids (Commercial requires rider)	NR	X	HMO=NC POS=X	NC
Home Health Care	X	X	X	NR
Hospice	X	X	X	NR
Infertility Testing and Services	X	X	X	X
Injectables/IV Therapy (See J Code List)	X	X	X	X
In-Office Laboratory Procedure (Presumptive Drug Class Screening)	NC	NC	NC	NC
Insulin Pumps/Supplies	X	X	X	X
Maternity Services-Out of Network	X	X	X**	NR**
Medication non-formulary drug requests (see formulary)***	X	X	X	X
Mental Health Outpatient Services:	NR	NR	NR	NR
In Network Consultations and Management	NR	NR	NR	NR
In Network Eating Disorders	NR	NR	NR	NR
In Network Substance Abuse	NC	NC	NR	NR
Oral procedures including TMJ and orthognathic	X	X	X	X
Podiatry Office Visits	NR	NR	NR	NR
Private Duty Nursing Services	NC	NC	NC	NC
Procedures to Treat Asthma (Bronchial Thermoplasty)	X	X	X	X
Prosthetics and Orthotics	>\$500	>\$500	>\$3000	>\$5000
Proton Beam Therapy	X	X	X	X
Rehabilitative Outpatient Facility Services	X	X	X	NR
Routine Prenatal Care In and Out of Network	NR	NR	X**	X**
Skilled Nursing Home	X	X	X	NR
Sterilization-Voluntary	X	X	X	NR
Termination of Pregnancy	X	X	X	NR
Therapies: Physical, Occupational and Speech (10/1/18 The Medicaid visit limit of 36 visits each for PT/OT/ST will be calculated based on calendar year)	NR	NR	X	NR
Transplant Services (Organ and Tissue)	X	X	X	X
Transportation	X	X	NC	Transplant related only

This is not a complete listing of services that may require Pre-Authorization and all services must be medically necessary. The Certificate of Coverage, Plan Document or Policy includes more detailed information.

*****Health Advantage/Community/Commercial: Not all Out of Network services require Pre-Authorization. Member will have higher out of pocket costs associated with Out of Network providers.***

*****Individual Plans on the Exchange should verify out of network benefits prior to receiving services.***

*****Medicaid/Healthy Michigan - This benefit is managed by the Prepaid Inpatient Health Plan (PIHP) or the Community Mental Health Center (CMH)***

Medicaid/Healthy Michigan - Some Services covered under the Medicaid Mental Health Benefit

Medicaid sterilization requests require informed consent and a 30-day waiting period. Copies must be submitted with pre-authorization request.

*****McLaren Health Plan does not pay for services, treatment or drugs, that are experimental, investigational or prescribed against FDA or manufacturer guidelines. Any service that may be classified as experimental or off-label should be prior authorized before the service is rendered*****

If you have any questions, please call (888) 327-0671 or visit our website for clarification - McLarenHealthPlan.org