

**PROVIDER REFERRAL FORM REQUEST  
FOR PRE-AUTHORIZATION**

**Fax: (810)733-9647**

Member First Name:		Date of Request:	
Member Last Name:		DOB:	Member ID:
<b>Ordering Provider Information:</b>			
Name:		Specialty:	
Address:		City:	Zip:
Phone:		Fax:	
Office Contact Name:			
<b>Member is being referred to:</b>			
Name:		Specialty:	
Address:		City:	Zip:
Phone:	Fax:	Billing NPI <i>(Required)</i> :	TIN:
Office Contact Name:			

<b>Member's Plan</b>
Medicaid/MiChild ____
Healthy Michigan ____
HMO Commercial/ Community ____
POS Commercial/ Community ____
Health Advantage ____
Medicare Advantage HMO ____

**\*Check Requested Service (see back of form for complete list by product):**

<input type="checkbox"/> <b>Out-of-Network Consult</b>	Specialty:	# of Visits:
Physician Name:	Notes:	ICD-10:
Billing NPI <i>(Required)</i> :		
<input type="checkbox"/> <b>Outpatient Ambulatory Procedure**</b>	Facility Name:	ICD-10:
Performing Surgeon Name:	Date of Procedure:	Procedure Code:
Billing NPI <i>(Required)</i> :		
<input type="checkbox"/> <b>Inpatient Procedure</b>	Facility Name:	ICD-10:
Performing Surgeon Name:	Date of Procedure:	Procedure Code:
Billing NPI <i>(Required)</i> :		
<input type="checkbox"/> <b>Therapy</b>	<input type="checkbox"/> <b>Home Health Care</b>	
ICD-10:	ICD-10:	
Start of Care:	Start of Care:	
PT: # of visits: _____	SN: # of visits: _____	
ST: # of visits: _____	PT: # of visits: _____	
OT: # of visits: _____	ST: # of visits: _____	
OT: # of visits: _____	OT: # of visits: _____	
<input type="checkbox"/> <b>DME (Attach Medical Necessity)</b>	<input type="checkbox"/> <b>Hospice</b>	
ICD-10:	ICD-10:	
DME Care:	Certification Period:	
Rental: _____		
Purchase: _____		
<input type="checkbox"/> <b>Injectable/TV Therapy</b>	<input type="checkbox"/> <b>Mental Health Outpatient for Medicare Advantage HMO</b>	
See Referral Category "Specialty Medications/Injections"	Consults & Management:	Substance Abuse:
ICD-10:	Eating Disorders:	ICD-10:
J-Codes:	ICD-10:	

**Notes:**

- \*Please see back of form for a detailed listing of services requiring pre-authorization by product
- For Medicaid, McLaren HMO/POS, McLaren Advantage: If a specialist is completing this form, you must notify the PCP of services requested.
- This authorization is for the services requested. The actual procedure codes billed may require additional documentation for reimbursement.
- \*\*List of outpatient codes requiring pre-authorization may be found on McLarenHealthPlan.org
- This pre-authorization is not guarantee of payment. Please contact McLaren Health Plan to verify eligibility and covered benefits.**

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MHP41161014

Require Pre-Authorization (Varies by Product)	McLaren Products					
Medical Health Services* (NC = Not covered by this product X=requires preauthorization)	Medicaid/ MiChild	Healthy Michigan	HMO Commercial/ Community	POS Commercial/ Community	Health Advantage	Medicare Advantage HMO
All Inpatient Services -obtained by admitting facility. Exception - Routine delivery without sterilization requires notification only for all lines of business both contracted & non-contracted facilities. Non-contracted facilities reimbursed at member's out-of-network benefit.	X	X	X	X	X	X
Inpatient Mental Health (MH)-obtained by admitting facility	NC	NC	X	X	X	X
All Out of Network Services (non-contracted providers)	X	X	X	X/**	**	X
Ambulance: Non-Urgent Transportation	X	X	X	X	X	X
Autism Services			X	X		
Chiropractic						>12 Visits/yr
Cosmetic Services	X	X	X	X	X	X
<b>MEDICAID</b> DME Purchase- (Durable Medical Equipment) - (allowable line by line as per Medicaid fee schedule)	>\$1500	>\$1500				
<b>MEDICAID</b> DME Rental-(allowable line by line as per Medicaid fee schedule)	>\$500/Mth	>\$500/Mth				
DME Purchase -(billable charges line by line)			>\$3000	>\$3000	>\$5000	>\$750
DME Rentals (billable charges line by line)			>\$100/Mth	>\$100/Mth		X
Emergency Medical Response System	NC	NC	NC	NC	NC	X
Genetic Testing, Counseling, Diagnosis and Treatment	X	X	X	X	X	X
Hearing Aids (Commercial requires rider) (Medicaid under age 21 only)	>21 yrs		NC	X	NC	
Home Health Care	X	X	X	X		X
Hospice	X	X	X	X		X-Consult visit
Infertility Testing and Services	X	X	X	X		X
Injectables/IV Therapy (See J Code List)	X	X	X	X	X	X
Insulin Pumps/Supplies	X	X	X	X	X	X
Maternity Services-Out of Network	X	X	X	X		
Mental Health <b>Outpatient</b> Services Including:						
In Network Consultations and Management						>10 Visits/yr
In Network Eating Disorders						>10 Visits/yr
In Network Substance Abuse						>12 Visits/yr
Medication non-formulary drug requests & some Part B & D drugs (see formulary)***						X
Oral procedures including TMJ and orthognathic	X	X	X	X	X	X
Outpatient Selected Procedures: Visit our website, McLarenHealthPlan.org. or McLarenAdvantage.org for a listing	X	X	X	X		X
Podiatry Office Visits						>8 Visits/yr
Private Duty Nursing Services	NC	NC	NC	NC		NC
Prosthetics and Orthotics	>\$500	>\$500	>\$3000	>\$3000	>\$5000	>\$750
Proton Beam Therapy	X	X	X	X	X	X

Rehabilitative Outpatient Facility Services	X	X	X	X		X
Skilled Nursing Home	X	X	X	X		X
Therapies: Physical, Occupational and Speech (Eval does not require preauth)	X	X	X	X		OT/PT> 20 Visits, ST>15 Visits
Oral procedures including TMJ	x	x	x	x	x	x
Transplant Services (Organ and Tissue)	X	X	X	X	X	X
Transportation	X	X	NC	NC	NC	X

*\* 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 on covered services.*

*\*\* Not all Out of Network services require Pre-Authorization. Member will have higher out of pocket costs associated with Out of Network providers.*

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

\*\*\*The 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**