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Issued: January 8, 2002

Subject: Prior Authorization Expansion and Requirements

Effective: January 8, 2002

Programs Affected: Medicaid Fee for Service Program, CSHCS Basic Health Plan, Refugee Assistance Program, and State Medical Program

The purpose of this bulletin is to announce that the effective date of the MSA 01-29 bulletin, Prior Authorization Expansion and Requirements, has been changed from January 2, 2002 to February 1, 2002.

MANUAL MAINTENANCE

Retain this bulletin for future reference.

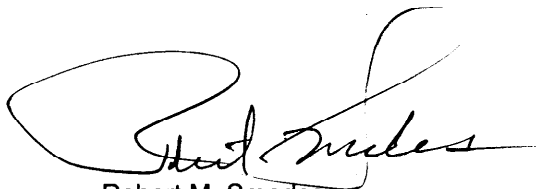
QUESTIONS

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProviderSupport@state.mi.us. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

APPROVED



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