

Provider Relations

Provider Support

- www.Michigan.gov/MedicaidProviders
- 1-800-292-2550
- ProviderSupport@Michigan.gov

Prior Authorization (PA)

• 1-800-622-0276

PA Requirements

PA will be required in the following situations:

- · Services that exceed quantity/frequency limits or established fee screens.
- · Medical need for an item beyond the MDHHS Standards of Coverage.
- · Use of a Not Otherwise Classified
- · More costly service for which a less costly alternative may exist.
- · Procedures indicating PA is required as noted in the Medicaid Code and Rate Reference tool.

PA Resources

- Michigan Medicaid Provider Manual >> Chapter Medical Supplier >> Section 1.8 Prior Authorization. Includes the full list of Hospital
- Discharge codes.
- Prior Authorization Screen Navigation
- Prior Authorization FAQ
- · Special Services Prior Approval-Request/Authorization MSA-1653-B
- · Complex Seating and Mobility Device Prior Approval-Request Authorization MSA-1653-D
- HIPAA 278 Companion Guide
- · Emergency call PA

Additional Resources

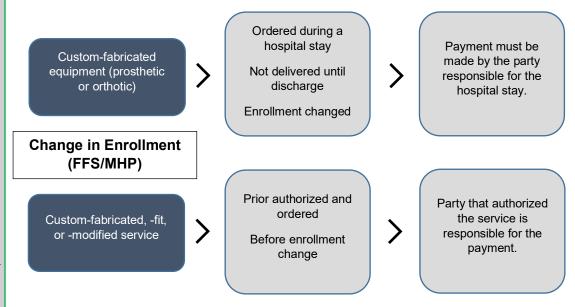
- CHAMPS Website
- **Training Website**
- Provider Alerts

Prior Authorization for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services. It does not serve as an authorization of fees or beneficiary eligibility.

Utilize the following tools to determine if a code needs a PA:

- Medicaid Code and Rate Reference tool
- Michigan Medicaid Provider Manual
- CMS Medically Unlikely Edit's (MDU)



This policy does not apply to prefabricated, mass-produced, or ready-made items that can be used by a person other than for whom it is ordered. Reference section 1.8.F. of the Medical Supplier Chapter.

Hospital Discharge Waiver Services

Michigan Medicaid Provider Manual >> Chapter Medical Supplier >> Section 1.8.I.

- Rented DME items
- PA requirement is waived for up to the first three months after hospital discharge.
 - After three months the PA requirement would apply.
- The discharge date must be reported on the claim in the eight-digit MMDDCCYY format.

Beneficiary Death Prior to Delivery

Contact the MDHHS Program Review Division (PRD) to request authorization for reimbursement of incurred costs for DMEPOS item(s) not supplied due to beneficiary's death.

Reimbursement will not be considered for prefabricated or off-the-shelf DMEPOS items.

Reference MSA 20-26 for additional details.