



## MEDICAID CERTIFICATION (AUTHORIZATION) LIST

**EFFECTIVE FOR Dates-of-Service 10-1-2017 and after**

| Service Description  | Codes  |
|--|--|
| Non-Contracted Providers   |  |
| Inpatient Admissions – Elective and Emergent <ul style="list-style-type: none"> <li>● Acute</li> <li>● Sub-Acute</li> <li>● Skilled Nursing</li> <li>● Rehabilitation</li> </ul> |  |
| Outpatient/Inpatient Surgical Procedures   |  |
| Transplants <i>except Corneal</i>  |  |
| Hospice  |  |
| Unlisted Procedure Codes   |  |
| Durable Medical Equipment (DME)  | ≥ \$1,000 per item for rental or purchase based on the Michigan Medicaid Fee Schedule  |
| Prosthetics and Orthotics (P&O)  | ≥ \$1,000 per item based on the Michigan Medicaid Fee Schedule   |
| Power Operated Wheelchairs/Vehicles  | E1230, E1239, K0010-K0014, K0108, K0669, K0800-K0812, K0813-K0899  |
| Outpatient Therapies – PT/OT/Speech<br>*After Initial 12 Visits<br><br>**No certification required for Evaluation and Re-Evaluation (97001, 97002, 97003, 97004, 97161-97168)    | 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97116, 97124, 97139, 97140, 97530, 97532, 97533, 97535, 92507, 92508, S8990 |
| Rehabilitation Therapies<br>*After Initial 12 Visits <ul style="list-style-type: none"> <li>● Cardiac</li> <li>● Pulmonary</li> </ul>  | 93797, 93798, G0422, G0423<br>G0424  |
| Home Health Care   | 99601, 99602, G0151, G0152, G0153, G0156, G0299, G0300, G0493, G0494, G0495, G0496   |
| Genetic Testing  |  |
| Neuropsychiatric Testing   | 96118, 96119, 96120  |
| Non-Emergent Air Transportation  | A0430, A0431   |

| Service Description  | Codes   |
|--|---|
| Injections <ul style="list-style-type: none"> <li>● Botulinum Toxins A &amp; B</li> <br/> <li>● Epidural</li> <br/> <li>● Hyaluronic Acid Derivatives</li> </ul> | 31570, 31571, 43236, 46505, 52287, 64611, 64612, 64615, 64616, 64617, 64640, 64642, 64643, 64644, 64645, 64646, 64647, 64650, 64653, 67345, J0585, J0586, J0587, J0588, S2340, S2341<br><br>62281, 62282, 62310, 62311, 64479-64484<br><br>J7321, J7323, J7324-J7328, Q9980 |
| Infusions – Remicade   | J1745   |
| Neurostimulators   | 63650, 63655, 63663, 63664, 63685, 63688, 64553, 64555, 64565, 64566, 64568, 64569, 64575, 64580, 64581, 64585, 64590, 64595  |
| Cochlear Implants  | 69930, L8614, L8619, L8691, L8692, L8693  |
| Electromagnetic and Osseointegrated Devices  | 69710-69718, L8690  |

## Summary of Revisions

- DME and P&O – added \$ limit
- Outpatient and Rehabilitation Therapies – certification not required until after the first 12 visits
- Removed – Capsule Endoscopy
- Added – Neuropsychiatric Testing, Non-Emergent Air Transportation