



## Provider Network Update November 2023

### UPDATE: Fee Schedule Update

McLaren Health Plan Community and McLaren Health Advantage are reviewing and adjusting the commercial fee schedule throughout 2024. The fee schedule adjustments only impact McLaren Health Plan Commercial and PPO lines of business. The first fee schedule updates will be put in place in January 2024. For questions about these updates, contact your Provider Relations Representative at 888-327-0671.

### UPDATE: Specialty Care Medication Site of Care/Infusible Updated Drug List

McLaren Health Plan has specialty care medication Site of Care requirements for Community and McLaren Health Advantage lines of business. Effective January 1, 2024, the medication list will include the following codes (yellow):

Brand Name	HCPCS Code
Acterma	J3262
Aldurazyme	J1931
Benlysta	J0490
Berinert	J0597
Bivigam	J1556
Briumvi	J2329
Cabenuva	J0741
Cerezyme	J1786
Cimzia	J0717
Cinryze	J0598
Elaprase	J1743
Elelyso	J3060
Entyvio	J3380
Evenity	J3111
Fabrazyme	J0180
Fasenra	J0517

Brand Name	HCPCS Code
Flebogamma	J1752
Gammagard	J1569
Gammagard S/D	J1566
Gammaked	J1561
Gammaplex	J1557
Gamunex	J1561
Imfinzi	J9173
Immune Globulin	J1599
Inflectra	Q5103
Jempredi	J9272
Keytruda	J9271
Lumizyme	J0221
Naglazyme	J1428
Nucala	J2182
Ocrevus	J2350
Octagam	J1568

Brand Name	HCPCS Code
Opdivo	J9299
Orencia	J0129
Privigen	J1459
Prolea	J0897
Remicade	J1745
Renflexis	Q5104
Simponi Aria	J1602
Soliris	J1300
Stelara	J3357
Stelara IV	J3358
Tysabri	J2323
VPRIV	J3385
Vyepti	J3032
Xgeva	J0897
Xolair	J2357
Yervoy	J9228

MHP Site of Care guidelines require these injectable or infusible drugs to be administered only in a non-facility setting, such as the patient’s home or a non-hospital affiliated infusion center. Infusions for these medications are excluded from reimbursement when administered in a hospital outpatient infusion center. In addition, the medications listed above may require preauthorization, regardless of site of care. Refer to the Service Codes Requiring Preauthorization list at [McLarenHealthPlan.org](https://www.mclarenhealthplan.org) > Providers > Medical Management and Authorization > Referral and Authorization Guidelines.

Exceptions may be made when an authorization request is submitted by a physician. The request should include supporting documentation, which MHP will review, indicating the contraindications

for a member to receive these medications in their home or in an infusion center. Prescribers and members will receive advance notification if they are impacted by these Site of Care requirements.

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### **UPDATE: Doula Benefit Coverage for Medicaid Members**

Effective January 1, 2023, MDHHS added coverage for Medicaid beneficiaries for doula services. Find in-network doulas in our Medicaid provider directory. MDHHS defined services provided by doulas to include:

- Prenatal services, which include:
  - Promoting health literacy and knowledge;
  - Assisting with the development of a birth plan;
  - Supporting personal and cultural preferences around childbirth;
  - Providing emotional support and encouraging self-advocacy;
  - Reinforcing practices known to promote positive outcomes such as breastfeeding;
  - Identifying and addressing social determinants of health; and
  - Coordinating referrals to community-based support services (e.g., Women, Infants and Children [WIC] program, behavioral health services, transportation, home visiting services).
- Labor and delivery services, which include:
  - Providing continual physical comfort measures, information, and emotional support;
  - Advocating for beneficiary needs; and
  - Being an active member of the birth team
- Postpartum services, which include:
  - Educating regarding newborn care, nutrition, and safety;
  - Supporting breastfeeding;
  - Providing emotional support and encouraging self-care measures;
  - Supporting beneficiary in attending recommended medical appointments;
  - Identifying and addressing social determinants of health;
  - Coordinating referrals to community-based support services (example: WIC, behavioral health services, transportation, home visiting services); and
  - Grief support services.

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### **REMINDER: Authorization Updates, Changes, and Clarifications**

Updates, changes, and clarification to authorization requirements will be completed on a quarterly basis. Any updates, changes, or clarifications will be effective in January, April, July and October of each year. The list of Service Codes Requiring Preauthorization is available at

[McLarenHealthPlan.org](https://www.McLarenHealthPlan.org) > Providers > Medical Management and Authorization > Referral and Authorization Guidelines. If you have questions, contact Customer Service at 888-327-0671.

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### **ACTION REQUIRED: Better Doctor Attestation Request**

McLaren Health Plan recently partnered with Better Doctor to assist the plan and its providers ensure our directory information is accurate. Providers and offices are receiving communications asking to have a representative visit [verify.betterdoctor.com](https://verify.betterdoctor.com) to verify demographic information MHP currently has in our systems for each practice. The process is simple and a requirement for remaining in-network with McLaren Health Plan. Please be sure to visit the link and verify the practice's location using the access code provided.

Better Doctor also utilizes a process to attest via provider rosters submitted by email. If your group currently sends a roster to their Provider Relations Representative, always copy [rosters@questanalytics.com](mailto:rosters@questanalytics.com) on your emailed roster submissions. Better Doctor will process the roster file and verify the attestation.

These requests occur every 90 days to ensure information is most up-to-date.

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### **UPDATE: DaVita Facility and Home Dialysis Services now in-network for all McLaren Health Plan Members**

McLaren Health Plan is pleased to announce the expansion of our dialysis provider network for all lines of business which now includes DaVita facilities and home dialysis providers.

McLaren members can now benefit from dialysis treatment at one of DaVita's 83+ Michigan locations or members may select DaVita as an option for in-home dialysis services. In addition, members who are traveling can receive care at any of DaVita's locations outside of Michigan at the same cost.

McLaren Health Plan is committed to evaluating and expanding our network to ensure our members have access to the best quality of care to meet their needs. This expansion will improve the convenience and accessibility of healthcare for our members. For more information, contact your Provider Relations Representative or visit the DaVita website at [davita.com](https://www.davita.com) for a listing of service location options.

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### **UPDATE: In-Office Laboratory Procedures**

McLaren Health Plan contracts with Joint Venture Hospital Laboratories (JVHL) to provide all outpatient laboratory services. To better serve our members, McLaren Health Plan allows physicians to perform and submit claims for specific laboratory services performed in their offices. The in-

office laboratory procedures listed below are billable by Primary Care Physicians and Specialists for Medicaid, Commercial, and Health Advantage lines of business.

New codes highlighted yellow below, have been added to this list as payable in the office setting effective **January 1, 2024**.

<b>MHP In-Office Laboratory Billable Procedures</b>	
<b>CPT/HCPCS Code</b>	<b>Procedure Description</b>
80047	BASIC METABOLIC PANEL
80047QW	BASIC METABOLIC PANEL
80048	BASIC METABOLIC PANEL
80051	ELECTROLYTE PANEL
80053	COMPREHENSIVE METABOLIC PANEL
80053QW	COMPREHENSIVE METABOLIC PANEL
80305	DRUG TEST CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION
80306	DRUG TEST CAPABLE OF BEING READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION
80307	DRUG TEST CAPABLE OF BEING READ BY INSTRUMENT CHEMISTRY ANALYZERS
81000	URINALYSIS; NON-AUTOMATED, WITH MICROSCOPY
81001	URINALYSIS; AUTOMATED, WITH MICROSCOPY
81002	URINALYSIS; NON-AUTOMATED, WITHOUT MICROSCOPY
81003	URINALYSIS; AUTOMATED, WITHOUT MICROSCOPY
81007QW	URINALYSIS SCREEN FOR BACTERIA, EXCEPT BY CULTURE OR DIPSTICK
81015	URINALYSIS; MICROSCOPIC ONLY
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS
82043	URINARY MICROALBUMIN, QUANTITATIVE
82044	URINARY MICROALBUMIN
82270	BLOOD, OCCULT; FECES SCREENING BY PEROXIDASE ACTIVITY, 1-3 SIMULTANEOUS DETERMINATIONS
82271	BLOOD, OCCULT; FECES SCREENING BY OTHER SOURCES, 1-3 SIMULTANEOUS DETERMINATIONS
82272	BLOOD, OCCULT; FECES SCREENING BY PEROXIDASE ACTIVITY, SINGLE SPECIMEN (E.G., FROM DIGITAL RECTAL EXAM)
82274	BLOOD, OCCULT; FECAL HEMOGLOBIN SCREENING BY IMMUNOASSAY, 1-3 SIMULTANEOUS DETERMINATIONS
82274QW	BLOOD, OCCULT; FECAL HEMOGLOBIN SCREENING BY IMMUNOASSAY, 1-3 SIMULTANEOUS DETERMINATIONS
82310	CALCIUM; TOTAL
82374	CARBON DIOXIDE (BICARBONATE)
82435	CHLORIDE; BLOOD
82565	CREATININE; BLOOD
82570	ASSAY OF URINE CREATININE
82670	* ESTRADIOL
82947	GLUCOSE;QUANTITATIVE

**MHP In-Office Laboratory Billable Procedures**

CPT/HCPCS Code	Procedure Description
82947QW	GLUCOSE; QUANTITATIVE
82948	GLUCOSE; BLOOD, REAGENT STRIP
82950	GLUCOSE TEST (Effective 1/01/2021)
82962	GLUCOSE, BLOOD, BY GLUCOSE HOME USE DEVICE (Effective 1/01/2021)
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)
83001QW	* GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)
83002	* GONADOTROPIN; LUTEINIZING HORMONE (LH)
83036	HEMOGLOBIN, GLYCATED
83037	GLYCOSYLATED HEMOGLOBIN TEST
83655	LEAD
83861	TEAR ANALYSIS
84144	* PROGESTERONE
84146	* PROLACTIN
84295	SODIUM; SERUM, PLASMA OR WHOLE BLOOD
84520	UREA NITROGEN; QUANTITATIVE
84703QW	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE
85007	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT
85014	BLOOD SMEAR; HEMATOCRIT (HCT)
85014QW	BLOOD SMEAR; HEMATOCRIT (HCT)
85018	BLOOD SMEAR, HEMOGLOBIN (HGB)
85018QW	BLOOD SMEAR; HEMOGLOBIN (HGB)
85025	COMPLETE BLOOD CT (CBC-HGB, HCT, RBC, WBC, AND PLT) AND DIFF, AUTOMATED
85027	BLOOD COUNT; COMPLETE (CBC) AUTOMATED (HGB, HCT, RBC, WBC, PLAT)
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED
85097	* BONE MARROW; SMEAR INTERPRETATION ONLY, W/OR W/O DIFF.CELL CNT
85610	PROTHROMBIN TIME
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED
86308	HETEROPHILE ANTIBODIES; SCREENING
86308QW	HETEROPHILE ANTIBODIES; SCREENING
86318	COVID
86328	COVID
86403	PARTICLE AGGLUTINATION (SCREENING EACH ANTIBODY) RAPID STREP TEST
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL
87081	CULTURE, BACTERIAL, SCREENING ONLY; FOR SINGLE ORGANISMS
87210	SMEAR, PRIMARY SOURCE, W/INTERP; WET MOUNT SIMPLE STAIN
87220	* TISSUE EXAMINATION BY KOH SLIDE FOR FUNGI
87400	INFLUENZA, A OR B
87426	COVID

MHP In-Office Laboratory Billable Procedures	
CPT/HCPCS Code	Procedure Description
87428	COVID
87502	INFLUENZA VIRUS
87635	COVID
87636	COVID
87637	COVID
87650	STREPTOCOCCUS, GROUP A, DIRECT PROBE TECHNIQUE
87651	STREPTOCOCCUS, GROUP A, AMPLIFIED PROBE
87798	RSV
87804	INFLUENZA TEST (Effective 1/01/2021)
87807	RAPID RSV (Effective 1/01/2021)
87811	COVID
87880	STREP TEST (Effective 1/01/2021)
87880QW	INFECTIOUS AGENT DETECTION IMMUNOASSAY OBS, STREPT GROUP A
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS, EXCEPT BLOOD
89190	NASAL SMEAR FOR EOSINOPHILS
89300/G0027	* SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM
89310	* SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INC. HUHNER TEST)
89320	* SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY, DIFFERENTIAL)
0241U	COVID
G0480	DRUG TEST, 1-7 DRUG CLASS(ES)
G0481	DRUG TEST, 8-14 DRUG CLASSES
G2023	COVID
U0002	COVID
U0003	COVID
U0004	COVID
U0005	COVID

\*Only specialists may perform these services

If you have any questions, please contact your Provider Relations Representative at 888-327-0761 (TTY: 711) for assistance.

***McLaren Health Plan thanks you for the quality care you deliver!***