



HEALTH PLAN

Provider Network Update

February 2025

UPDATE: Site of Service Program

Effective 4/1/25, McLaren Health Plan is implementing a Site of Service program. The Site of Service program is applicable to McLaren Health Plan’s Medicaid and Community/Commercial membership and outlines the requirements for certain surgical procedures to be performed without an authorization in an Ambulatory Surgical Center (ASC) setting, reimbursement for these services in the outpatient hospital setting require preauthorization and medical necessity review. The Site of Service program includes the following services:

Service Category	Service Code
Cataract Surgery	66821
Cataract Surgery	66982
Cataract Surgery	66984
Cataract Surgery	66987
Cataract Surgery	66988
Colonoscopy	45378
Colonoscopy	45380
Colonoscopy	45384
Colonoscopy	45385
Eye and Ocular Adnexa	65710
Eye and Ocular Adnexa	65820
Eye and Ocular Adnexa	66250
Eye and Ocular Adnexa	66710
Eye and Ocular Adnexa	66711
Eye and Ocular Adnexa	66825
Eye and Ocular Adnexa	66986
Eye and Ocular Adnexa	67010
Eye and Ocular Adnexa	67041
Eye and Ocular Adnexa	67042
Eye and Ocular Adnexa	67105
Eye and Ocular Adnexa	67108

Service Category	Service Code
Eye and Ocular Adnexa	67113
Eye and Ocular Adnexa	67840
Eye and Ocular Adnexa	68110
Eye and Ocular Adnexa	68115
Eye and Ocular Adnexa	68320
Eye and Ocular Adnexa	68720
Eye and Ocular Adnexa	68815
Ophthalmologic	65426
Ophthalmologic	65730
Ophthalmologic	65855
Ophthalmologic	66170
Ophthalmologic	66761
Ophthalmologic	67028
Ophthalmologic	67036
Ophthalmologic	67040
Ophthalmologic	67228
Ophthalmologic	67311
Ophthalmologic	67312
Upper Gastrointestinal Endoscopy	43235
Upper Gastrointestinal Endoscopy	43239
Upper Gastrointestinal Endoscopy	43249

These services, if requested to be performed in the outpatient hospital setting will require preauthorization and medical necessity review. If these services are not preauthorized to be performed in the outpatient hospital setting, the claim will be denied.

UPDATE: Incontinence Supply Vendor

McLaren Health Plan is partnering with J & B Medical as an exclusive provider of incontinence, ostomy, urology supplies, including diapers for our Medicaid line of business effective 4/1/25. More details will be provided to those members receiving these services prior to 4/1/25, as well as to our provider network.

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 > Providers > Medical Management and Authorization > Referral and Authorization Guidelines.

Please refer to the website for an updated authorization requirements list with effective dates of January 1, April 1, July 1, or October 1 of each year.

If you have any questions, please contact your Provider Relations Representative at 888-327-0671 (TTY: 711) for assistance.

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