



RE: Change to Prior Authorization Procedures for Select Services
IMPACTED PLANS: Medicaid, Child Health Plus, Essential Plan, HARP, HIV-SNP, Gold and GoldCare (All Medicare Advantage and Exchange Plans not applicable)

Dear MetroPlusHealth Provider,

As of July 15, 2026, the services below will change from requiring prior authorization to periodic retrospective review for medical necessity until further notice. MetroPlusHealth will **no longer accept** authorization requests for the services below. Claims for services rendered *on or after* 07/15/2026 will be processed without requiring authorization. Authorizations that are submitted *after* 07/15/2026 will not be processed.

MetroPlusHealth will conduct periodic retrospective reviews for medical necessity for these services starting 07/15/2026. These retrospective reviews may lead to a payment recoupment if the review determines services provided were not medically necessary.

Type	Auth Requirement
Behavioral Health	Continuing Day Treatment
Behavioral Health	RTC Reintegration
Behavioral Health	Partial Hospitalization
Physical Health	Sleep Studies
Physical Health	Spinal MRI/CT*
Physical Health	Colonoscopies

**For Spinal MRIs, no prior authorization will be required for up to two per year.*

If you have any questions regarding this notice, please contact MetroPlusHealth at: 800.303.9626, or email Provider Relations at providerrelationsops@metroplus.org.

Thank you,
MetroPlusHealth