



MH SLEEP LAB PARTICIPATION LIST

INSURANCE COMPANY	Authorization Required	PARTICIPATION LIST
AETNA (except HMO)	YES	Check for Member Benefit
BCBSM,POS,CHOICE,FEDERAL	NO	Check for Member Benefit
BCBSM PLUS	NO	Check for Member Benefit
BCBSM PPO/TRUST	NO	Check for Member Benefit
BCN ADVANTAGE	YES	Check for Member Benefit
BLUE CARE NETWORK (BCN)	YES	Check for Member Benefit
BCN PREMIER CARE U of M	YES	Check for Member Benefit
	YES	Schedule at Allegiance
BCN PREMIER HEALTH NETWORK other employer groups	YES	Check for Member Benefit
CHAMPUS/TRICARE/VETERANS	NO	Check for Member Benefit
COFINITY	YES	Check for Member Benefit
COMMUNITY HEALTH PARTNERS	YES	Check for Member Benefit
FILDELIS SECURE CARE	YES	Check for Member Benefit
GREAT WEST/CIGNA	NO	Check for Member Benefit
HOPE CLINIC	Notification to Billing	Check for Member Benefit
HUMANA CHOICE PPO	YES	Check for Member Benefit
HUMANA GROUP MEDICARE PPO	YES	Check for Member Benefit
HUMANA GOLD CHOICE PFFS	YES	Check for Member Benefit
HUMANA GROUP MEDICARE PFFS	YES	Check for Member Benefit
JACKSON HEALTH PLAN	YES	Check for Member Benefit
LIVINGSTON HEALTH PLAN	YES	Check for Member Benefit
MEDICAID & State Medical	NO	Check for Member Benefit
MEDICARE	NO	Check for Member Benefit
Medicare Plus Blue	NO	Check for Member Benefit
MIDWEST HEALTH PLAN	YES	Check for Member Benefit
PRIORITY HEALTH	NO	Check for Member Benefit
UNITED HEALTHCARE	YES	Check for Member Benefit
WASHTENAW HEALTH PLAN	Eligibility Verification	Check for Member Benefit
		Schedule at SJMH
Fax Authorization numbers to 734-528-1238		
MI Heart Billing Dept 734-712-8086		
Primary Care Physicians:		
If you require additional assistance in acquiring your patient's pre-authorization for a sleep study, please contact our pre-authorization specialist at 734-712-8086. We're more than happy to help you through this process.		