



Out-Of-Plan Prior Authorization Documentation Requirements

In some cases, an In-Plan provider may decide that a member needs care outside of the MHI Provider network. If this is the case, the treating In-Plan Provider must request MHI's Authorization to refer the member to an Out-of-Plan Provider.

In order to see an Out-of-Plan provider for non-emergent care, members must first have the approval of MHI. To start this process, the In-Plan PCP or treating In-Plan Provider must submit a Prior Authorization Request Form to MHI. The form should explain why services are being requested

I. Documentation Requirements

- A. Second Opinion Only:** Submit office notes from the In-Plan treating specialist related to the request
- B. Evaluation:** Submit office notes from the In-Plan treating specialist related to the request