



Removal of pharmacy copays for Human Immunodeficiency Virus prevention drugs

Pharmacy copayment will not be charged to members for prescription drugs used to help prevent Human Immunodeficiency Virus, or HIV infections. This update, effective Nov. 1, 2025, applies to HIV prevention drugs pre-exposure prophylaxis, or PrEP and HIV post-exposure prophylaxis, or PEP.

The Michigan Department of Health and Human Services issued Bulletin [MMP 25-44](#) on Sept. 30, 2025, designed to remove financial barriers to these type of drugs, increase access to care, and support Michigan's [Equitable Plan](#), aimed at reducing HIV infections. The Michigan's Equitable Plan is an effort to reduce new HIV infections by 90% by 2030 through increased diagnosis, treatment, prevention and coordinated response.

Drugs that are exempt from pharmacy copayment requirements will be identified on the Michigan Pharmaceutical Products List as "no" under the copay column. The MPPL can be found at mi.primetherapeutics.com.

If you have any questions, contact your Blue Cross Complete provider account executive or Provider Inquiry at **1-888-312-5713**.

MDHHS updates prior authorization requirements

The Michigan Department of Health and Human Services issued Bulletin [MMP 26-02](#) on Jan. 23, 2026, updating Medicaid prior authorization requirements.*

Under [MMP 26-02](#), effective Jan. 1, 2026:

- Standard PA determinations submitted on and after Jan. 1, 2026, will be made no later than 7 calendar days
Determinations can be extended by up to 14 calendar days upon request.
- When PA requests are returned to the provider requesting additional information, a 14-calendar day extension from the date of the return determination will be granted.
- Expedited PA determinations will be made no later than 72 hours upon requests.
- Providers are encouraged to submit PA requests via direct data entry in CHAMPS.

For full details on PA updates, [MMP 26-02](#) at michigan.gov.* If you have any questions, contact your Blue Cross Complete provider account executive or the Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

Billing guidance for LOCUS and MichiCANS mental health screenings

Qualified Mental Health Providers must submit claims to Medicaid Health Plans documenting delivery of MichiCANS or LOCUS mental health screenings using the proper billing codes and modifiers.

These procedure code and modifier combinations have been established by Medicaid to represent the LOCUS/MichiCANS mental health screening completion. All qualified provider types should report these HCPCS codes regardless of the procedure code's national description. Clinical evaluation or other services provided to a member in addition to the LOCUS/MichiCANS mental health screening may be reported and reimbursed separately. The billing code and modifier combinations may be used for assessments conducted via telehealth.

Table 1. MichiCANS Screener and LOCUS Billing Codes and Modifiers

Assessment Type	Procedure Code	Modifier	Provider type
MichiCANS Screener	H0002	7Y	AF, AH, HO, SA
LOCUS	H0031	WX	AF, AH, HO, SA

Modifier Provider type

- AF: specialty physician
- AH: clinical psychologist
- HO: master's level clinician
- SA: physician assistant

As a reminder, providers are required to bill a modifier to indicate the provider type performing the service. Qualified Mental Health Providers are required to complete LOCUS and MichiCANS training. For information on required training, and the [Mental Health Framework](#), go to michigan.gov.*

If you have any questions or concerns, contact your Blue Cross Complete provider account executive or the Provider Inquiry at **1-866-447-3525**.

*Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.