

Authorization Changes for Rehabilitative Services

Effective June 1, 2013 PHP will require prior authorization for any rehabilitative services following the first evaluation for the PHP Commercial, PPO and FamilyCare products. These services will be initially authorized for six visits and then a clinical determination will be made on the remaining therapy services.

Rehabilitative services include:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Pulmonary Therapy
- Cardiac Rehabilitation

Enclosed is an updated copy of the Prior Authorization/Notification Table. To request an authorization, a copy of the treatment plan and/or progress notes will be required. You can call or fax your requests to the PHP Medical Resource Management Department at: **Phone: 517.364.8560 or toll free 1.866.203.0618 Fax: 517.364.8409**

Chiropractic Billing Updates

Please begin submitting your medical notes when billing PHP for CPT Code 97140; used to report manual therapy techniques, 1 or more regions, each 15 minutes. It is important to ensure that your medical records support the use of the procedure code and any other services provided during the same visit. Because this is a time based code, it is also required that start and end times for doing the procedure are clearly identified, in addition to regions/areas the services are performed.

When CPT 97140 is reported on the same date as a chiropractic manipulation treatment (CMT), CPT codes - 98940-98943, the medical records should support the performance of separate and distinct services delivered to different body regions. The modifier -59 will be required when reporting 97140 as a separate and distinct service, during the same visit where any CMT procedural code is also recorded. If you need additional assistance, please contact your PHP Provider Relations Coordinator at 517.364.8312.

Enclosures

- PHP FamilyCare Members Rights and Responsibilities
- PHP Commercial Members Rights and Responsibilities
- Notification Table Effective 6/1/13
- HIP Michigan Notice

Communication Resources for PHP Members

If there is a barrier to communication for our members PHP offers services to assist with written and spoken languages. PHP has many options available to assist our providers and members.

For language barriers, PHP utilizes the AT&T Language Line and is available to help members who have trouble speaking or understanding English. You can call Customer Service at 1.800.832.9186 to indicate the language needed. We will have an interpreter join the call to translate your questions and explain the answers.

For PHP members who are deaf or hard of hearing, or who have problems speaking, PHP has a service that uses a Teletypewriter (TTY) or a Telecommunication Device for the Deaf (TDD). Call 1.800.649.3777 to reach the Michigan Relay Center. At that time Michigan Relay Center will call the PHP Customer Service Department and initiate assistance.



Provider Connection

Second Quarter 2013

PHP is Choosing Wisely

PHP and SPHN are joining together to reach out to our physician members with the "Choosing Wisely" guidelines. We hope this will be the beginning of a valuable joint effort to improve the quality of care provided to our patients. We want to ensure the right patient receives the right treatment in the right setting with help from the right physician to experience the right outcome every time.

The American Board of Internal Medicine Foundation (ABIM) recently started a quality of medicine campaign entitled: **Choosing Wisely**. The campaign launched last year with 45 guidelines from a wide variety of specialties and has recently been expanded to 135 items. The ABIM Foundation began with a concept that many tests, procedures or treatments ordered by physicians have little basis in clinical trials or evidence based medicine. As the US health care industry attempts to move to a value based model from a volume based model, the majority of medical specialty societies have begun to identify tests and procedures having little scientific basis. They are attempting to move away from the concept of "more is better" to a patient and data specific model of medicine.

The public sometimes is suspicious of physicians who fail to order tests or treatments requested by patients. They fear insurers are pressuring physicians to avoid treatments or tests merely to save money, when in fact those treatments could be beneficial to the patient. On the contrary, many times physicians provide treatments knowing they have little value or scientific support. One example is prescribing antibiotics for persons with viral respiratory infections. The vast majority of respiratory infections, like the common cold or bronchitis, will resolve on their own. Exposing the general population to wide use of antibiotics results in the increased development of antibiotic resistant bacteria. In the long run, this poses a great risk to everyone, as it is extremely expensive to develop stronger antibiotics to kill these "super bugs".

The ABIM Foundation has challenged all medical specialties to identify tests and treatments having little basis in science and likely won't benefit the public. They plan to publish the findings and encourage their members to stop the use of these treatments and tests. In the long and short run, this will reduce the exposure of the public to unnecessary tests and medications, thus saving valuable medical resources.

To learn more about how you can support the Choosing Wisely campaign, or if you have question or suggestions on this topic, please contact PHP Medical Directors.

Please contact your Provider Relations Coordinator if you have any questions about any items or articles in this publication.

We welcome your comments and article ideas for future publications.

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Important Radiology Process Change

Effective May 1, 2013, PHP implemented the Consult Program for PHP FamilyCare members. The program requires ordering physicians to contact HealthHelp when ordering diagnostic high tech imaging procedures (CT, CTA, MRI, MRA, Cardiac Nuclear Medicine, and PET) for PHP FamilyCare members, as done for Commercial PHP members. The program is designed to improve health care, patient safety, utilization and cost through the application of clinical criteria.

All requests for the tests and procedures listed above need to go through HealthHelp's Consult Program to obtain a quality reference number. To obtain a quality reference number for High-technology imaging procedures please contact HealthHelp at any of the following:

Phone: 1-877-883-5689

Fax: 1-877-820-7137

Web site: <http://www.healthhelp.com/PHPMM>

Thank you for helping PHP facilitate access to the right tests, at the right time, to enhance timely diagnosis and treatment of every member, every time. We appreciate your involvement with this significant new program. If you have questions please contact your Provider Relations Coordinator at 517.364.8312.

Primary Care Rate Increase

The Michigan Medicaid program is working with Centers for Medicare & Medicaid Services (CMS) regarding the methodology to determine additional payments for primary care services provided to managed care enrollees. Michigan Department of Community Health (MDCH) intends to develop a single standardized registry of qualified providers for the enhanced rate. This inventory of providers will be applicable to both Fee for Service (FFS) and managed care.

In the meantime, we urge you to ensure you are registered with CHAMPS. It is important that you designate your primary care specialty as one of the three eligible specialties.

Non-physician practitioners, such as nurse practitioners (NPs) and physician assistants (PAs), will be eligible for the enhanced rate. Registration with CHAMPS is required. To receive the enhanced rate Medicaid also requires a NP or PA to provide primary care services under the personal supervision of a physician who is one of the designated primary care specialties or subspecialty types. Claims submitted by NPs and PAs must include their own NPI as the rendering provider and the NPI of their supervising/delegating physician.

In addition to registration in CHAMPS, NPs or PAs not included in the PHP Network Database will need to be added. Please contact PHP Network Services at 517.364.8312 to inquire on how to register non-physician practitioners.

For a full description of the Medicaid Physician Primary Care Rate Increase please refer to MDCH Bulletin MSA 12-66 which is available on the MDCH website. If you need additional information please contact your Provider Relations Coordinator at 517.364.8312.

PHP FamilyCare Autism Coverage

Effective April 1, 2013 the Michigan Medicaid program began providing coverage of autism services for children from the age of 18 months through 5 years of age.

FamilyCare providers are responsible for the appropriate screening and referral of children for Autism Spectrum Disorder (ASD). Screening for ASD usually occurs during a well-child visit with the pediatrician or family physician and as recommended by the American Academy of Pediatrics (AAP).

- Use appropriate screening tools:
 - M-CHAT-Modified Checklist for Autism in Toddlers for ages 16 months through 30 months of age.
 - Social Communication Questionnaire (SCQ) may be used for children not appropriate for the M-CHAT tool.
- Bill for the administration of an autism screen by using CPT code 96110 with a U5 modifier.
- Refer children for further evaluation if needed:
 - If a referral for further evaluation of the child screened for ASD is needed contact the Pre-Paid Inpatient Health Plan (PIHP) in your area to arrange for a follow-up evaluation.
 - The PIHP is responsible for the Autism Benefit additional screenings, evaluation, assessment, diagnosis and services for Applied Behavior Analysis (ABA) and for the related medically necessary services under the Mental Health Specialty Services.
 - The PIHP will contact the child's parent(s) to arrange a follow-up appointment for a diagnostic evaluation.
 - PIHP contact information can be found at: http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_44561---,00.html

Please refer to MSA Bulletin 13-09 for the full description of the Medicaid Coverage of Autism Services. If you need additional information please contact your Provider Relations Coordinator at 517.364.8312.

ICD-10-CM - It is coming!

Beginning October 1, 2014 all health care entities must start to use ICD-10-CM codes when submitting claims. The transition to ICD-10-CM will dramatically increase the number of codes available for reporting. ICD-10-CM will go from approximately 14,000 codes to 69,000 diagnostic codes and ICD-10-PCS from approximately 4,000 to 72,000.

ICD-10-CM will create a new structure for submitting diagnosis codes. There will be differences in the length, it will use combination codes to describe conditions and associated symptoms, and will include updated use of language and terminology. The change will also allow for an added specificity in detail for describing a patient's diagnosis and in classifying inpatient procedures.

If you have not started to prepare for this change, PHP encourages providers to start the process! It is important to begin working with your billing services, vendors, and clearinghouses to ensure that you will be ready to submit your claims using ICD-10-CM coding when the deadline for compliance is here!

Prescription Drug List for all products are available in electronic format only. All Prescription Drug Lists can be accessed at www.phpmm.org by clicking on *For Providers* and then selecting *Pharmacy* from the menu. Hardcopy lists are available upon request. Please contact Customer Service at 1.800.832.9186.

To report any suspected fraud or abuse by either a PHP member or provider, please call 517.267.9990 and press 1 to reach PHP's Compliance Department.

Statement of Member's Rights and Responsibilities, which include:

Membership Rights

All PHP FamilyCare staff and contracted providers will comply with all requirements concerning member rights.

Enrollment with PHP FamilyCare entitles you to:

1. Be given information about your rights and responsibilities as a member.
2. Be given information about covered benefits, benefit limitations and exclusions.
3. Be treated at all times with respect, consideration, dignity and privacy.
4. Get information about all covered health services consistent with this contract, State and Federal regulations, including clear details of how to locate and use them.
5. Services as covered under the plan, provided that these services are from participating providers.
6. Know that your medical records and letters are treated in a private manner. They will only be given as required by law or permitted by you.
7. You have the right to review your medical record with your provider. You have the right to request and review your medical records obtained by PHP FamilyCare. You have the right to correct or amend your medical records.
8. Choice of a PCP from a list of participating providers. Information about health care providers and practitioners who give health care.
9. Direct access to participating providers for routine women health specialists and pediatric providers for routine and preventative health services without a referral.
10. The right to receive services from a FQHC.
11. The right to request information about physician incentive arrangements, including those that cover referral services that place the physician at significant risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided.
12. Full information on the nature and effect of any treatment, test or procedure that may be involved in your health care, regardless of cost or benefit coverage.
13. Information on the structure and operation of PHP FamilyCare.
14. Take part in decisions involving your health care.
15. Make decisions to accept or refuse medical or surgical treatment.
16. Be given information on the effects of refusing or not following the treatment.
17. Refuse to participate in new research.
18. The use of the plan's problem resolution process, including the ability to voice complaints, grievances or appeals about PHP or the care provided without fear of being penalized and/or without fear of loss of coverage.
19. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
20. Choices on "Advance Directives". Advance Directives is a term used to describe a plan for medical treatment. It will state what you want if you are not able to tell providers in your own words. This choice is made before it happens.
21. Be free from other discrimination prohibited by State and Federal regulations.
22. Make suggestions regarding PHP FamilyCare's member rights and responsibilities policies.

Membership Responsibilities

All covered persons are responsible for understanding the following:

1. You must select a primary care provider (PCP) from PHP FamilyCare's list of doctors.
2. All medical care, except in emergencies, or as otherwise stated in the Member handbook, must be from a plan provider. All visits to non-participating providers must be approved first by PHP FamilyCare.
3. All hospitalizations must be approved. Your doctor will make the plans and contact PHP FamilyCare. This does not apply to emergencies or for urgently needed health services.
4. Emergency Room (ER) services may be used only for treatment of serious medical conditions. These would result from injury, sickness or mental illness, which arises suddenly and requires immediate care and treatment. ER treatment is needed generally within 24 hours of the problem.
5. You must make visits with your PCP as far in advance as possible. Call if you are unable to keep an appointment.
6. You must always carry your PHP FamilyCare ID card. Show your Medicaid mihealth card and other health plan cards each time you receive health services. Never let someone else use your cards.
7. Report any lost or stolen health cards. Call PHP FamilyCare customer service if your health plan ID card is missing. Call the Beneficiary Helpline at 1-800-642-3195 if your mihealth card is missing.
8. Call our Customer Service Department if you have a question about your plan coverage.
9. You must notify the plan of any changes in your address, family size and marital status, or if you have other health insurance coverage.
10. You must provide complete information about your health and health care to the health plan and your doctor in order for them to care for you.
11. Work with your PCP to manage your health problems and treatment goals.
12. You must follow the steps for care that you agree on with your PCP.

ATTACHMENT A
Commercial HMO Members

Statement of Member's Rights and Responsibilities, which include:

Member Rights

Enrollment with PHP entitles you to:

1. Be given information about your rights and responsibilities as a member.
2. Be treated at all times with respect and recognition of your dignity and right to privacy.
3. Choice of and ability to change a primary care physician (PCP) from a list of network physicians or practitioners.
4. Information on the nature and consequence of appropriate or medically necessary treatment options that may be involved in your health care, regardless of cost or benefit coverage in terms you can reasonably be expected to understand and so that you can give informed consent prior to initiation of any procedure and/or treatment.
5. The opportunity to participate in decisions involving your health care, including, making decisions to accept or refuse medical or surgical treatment and to be given information on the consequences of refusing or not complying with treatment.
6. Voice complaints or appeals about PHP or the care provided and/or use PHP's complaint/appeal procedure to resolve problems without fear of being penalized or retaliated against and/or without fear of loss of coverage.
7. Be given information about PHP, its services, and the physicians and practitioners who provide health services, including the qualifications of network providers.
8. Make suggestions regarding PHP's member rights and responsibilities policies.

Member Responsibilities

As a covered person, you are expected to:

1. Select or be assigned a Primary Care Physician from PHP's list of network providers and notify PHP when you have made a change.
2. Be aware that all hospitalizations must be authorized in advance by PHP and arranged by your PCP or network specialist, except in emergencies or for urgently needed health services.
3. Use emergency room services only for treatment of a serious medical condition resulting from injury, sickness or mental illness, which arises suddenly and requires immediate care and treatment (generally within 24 hours of onset) to avoid jeopardy to your life or health.
4. Always carry your PHP ID card, present it to the provider each time you receive health services, never permit its use by another person, report its loss or theft to us and destroy any old cards.
5. Notify the health plan of any changes in address, eligible family members and marital status, or if you acquire other health insurance coverage.
6. Provide complete and accurate information (to the extent possible) that PHP and practitioners/providers need in order to provide care.
7. Participate in understanding your health problems and developing treatment goals you agree on with your PHP provider.
8. Follow the plans and instructions for care that you agree on with your PHP provider.
9. Understand what services have deductibles, coinsurance and/or copays, and pay them directly to the network physician, practitioner or provider who gives you care.
10. Read your PHP certificate of coverage and other PHP member materials and become familiar with and follow health plan benefits, policies and procedures.
11. Report health care fraud or wrongdoing to PHP.






PHP NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

PHP Notification/Prior Authorization Table-All Products Effective June 1, 2013.												
SERVICES / ITEMS / PROCEDURES	Commercial & Federal Employee (FEHB)		Medicaid		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
Abortion services	**** N/A	**** N/A		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A
Acute admissions that are urgent or emergent (including direct admissions) except maternity services for delivery (see below for exception)	√		√		√		√		√		√	
Acute maternity admissions that exceed federal mandated LOS (48 hours after delivery for vaginal delivery & 96 hours after cesarean section delivery)	√		√		√		√		√		√	
Acute pre-operative days admission		√		√		√		*** √		*** √		√
Acute psychiatric/substance abuse admissions that are urgent or emergent (facility notification)	**** Contact UBH	**** Contact UBH	**** Contact CMH	**** Contact CMH	**** N/A	**** N/A	√		√		√	
Acute rehabilitation admission		√		√		√		*** √		*** √		√
Acute scheduled admissions	√		√		√			*** √		*** √		√
Acute scheduled psychiatric or substance abuse admissions (facility notification)	**** Contact UBH	**** Contact UBH	**** Contact CMH	**** Contact CMH	**** N/A	**** N/A		√		√		√
Autism & Autism Spectrum Disorder	**** Contact UBH	**** Contact UBH	**** Contact CMH	**** Contact CMH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	√
Bariatric surgery		** √		** √		** √		** √		** √		Δ √
Behavioral Health Services- certain outpatient services	**** Contact UBH	**** Contact UBH		√	**** N/A	**** N/A		√		√		√
Behavioral Health Services- day treatment	**** Contact UBH	**** Contact UBH	**** Contact CMH	**** Contact CMH	**** N/A	**** N/A		√		√		√
Dental anesthesia: pediatric/adult		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Dental services-accidental		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Durable medical equipment: ALL repair/replacement		√		√		√		√		√	**** N/A	**** N/A
Durable medical equipment: over \$500-purchase price or cumulative rental		√		√		√		√		√	**** N/A	**** N/A
Endoscopy and intestinal imaging (capsule only)		√		√		√	**** N/A	**** N/A		√	**** N/A	**** N/A

PHP NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

SERVICES / ITEMS / PROCEDURES	Commercial & Federal Employee (FEHB)		Medicaid		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
Facet Injections: diagnostic injections up to 3/cal year per level per side-notification only; diagnostic injections > 3 per calendar year & all neurolysis procedures-prior authorization required.		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Gamma knife thalamotomy		√		√		√		√		√	**** N/A	**** N/A
Genetic testing		√		√		√		√		√		√
Home care visits for therapy		√		√		√		√		√	**** N/A	**** N/A
Hospice services		√		√		√	**** N/A	√ Non-network	**** N/A	√ Non-network	**** N/A	**** N/A
Hyperbaric oxygen therapy		√		√		√		√		√	**** N/A	**** N/A
Infertility treatment	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√		√	**** N/A	**** N/A
Long term acute care admission		√		√		√		*** √		*** √		√
Neuropsychiatric testing		√ Call UBH		√		√	**** N/A	**** N/A		√		√
Non-urgent ambulance requests		√		√		√		√		√	**** N/A	**** N/A
Outpatient home infusion services		√		√		√		√ Non-network		√ Non-network	**** N/A	**** N/A
Outpatient rehab therapy (PT/OT/Speech/Cardiac/Pulmonary)		√ (N/A for FEHB)		√		√		N/A		N/A		√
Photodynamic Therapy & Special Dermatologic Procedures		√		√		√		√		√		√
Procedures that under some conditions may be considered cosmetic: Abdominoplasty, Breast Reduction, Procedures for Gynecomastia, Breast Reconstruction, Jaw Surgeries, Sclerotherapy, Vein Surgery, including stripping and ligation, Eyelid Repair (blepharoplasty, brow ptosis, blepharoptosis), Rhinoplasty, Keloid Scar Revision.		√		√		√		√		√		√
Surgical Treatment of Femoroacetabular Impingement (FAI)- Codes: 29914, 29915.		√		√		√		√		√		√
Prosthetic devices over \$1000		√		√		√		√		√	**** N/A	**** N/A
Psychodiagnostic testing		√ Call UBH		√		√		√		√		√
Referral to or services by any non-network provider including scheduled surgery		√		√		√		√ (Non-SPHN provider)		√ (Non-SPHN provider)	**** N/A	**** N/A

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SERVICES / ITEMS / PROCEDURES	Commercial & Federal Employee (FEHB)		Medicaid		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
Skilled nursing facility, subacute nursing & rehabilitation services		√		√		√		√		√		√
Skilled nursing home care visits		√		√		√		√		√	**** N/A	**** N/A
Speech therapy (outpatient visits)		√		√	**** N/A	**** N/A		√		√	N/A	N/A
Spinal cord stimulation & sacral nerve stimulation		√		√		√		√		√	**** N/A	**** N/A
Transplant services including screening and evaluation		√		√		√		√		√		√
Unproven/investigational services including emerging technology/category III codes		√		√		√		√		√		√
Uvulopalatopharyngoplasty (UPPP)		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A
Weight management services including evaluation, management, surgery & post-surgical procedures		√		√		√		√		√		Δ √
90378 # palivizumab (Synagis)		√		√		√		√		√		√
C9286 # belatacept (Nulojix)		√		√		√		√		√		√
C9292 # pertuzumab (Perjeta)		√		√		√		√		√		√
C9293 # glucarpidase (Voraxaze)		√		√		√		√		√		√
C9294 # taliglucerase alfa (Elelyso)		√		√		√		√		√		√
C9295 # carfilzomib (Kyprolis)		√		√		√		√		√		√
C9296 l# ziv-aflibercept (Zaltrap)		√		√		√		√		√		√
J0129 # abatacept (Orencia)		√		√		√		√		√		√
J0178 # aflibercept Eylea		√		√		√		√		√		√
J0135 # adalimumab (Humira) 		√		√		√		√		√		√
J0180 # agalsidease beta (Fabrazyme)		√				√		√		√		√
J0205 # alglucerase (Ceredase)		√				√		√		√		√
J0220 # alglucosidase alfa (Myozyme)		√		√		√		√		√		√
J0221 # alpha alglucosidase alfa (Lumizyme)		√		√		√		√		√		√
J0256 # alpha 1 - proteinase inhibitor - human, (Aralast, Aralast NP, Prolastin, Prolastin-C, Zemaira)		√		√		√		√		√		√
J0257 # alpha 1 Antitrypsin-AAT (Glassia)		√		√		√		√		√		√
J0485 # belatacept (Nulojix)		√		√		√		√		√		√
J0490 # belimumab (Benlysta)		√		√		√		√		√		√
J0585- J0587 # Botox injections		√		√		√	**** N/A	**** N/A		√		√
J0597 # c1 esterase inhibitor (Berinert)		√				√		√		√		√
J0598 # c1 esterase inhibitor (Cinryze)		√				√		√		√		√
J0638 # canakimab (Ilaris)		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√

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	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
J0712 # ceftaroline fosamil (Teflaro)		√		√		√		√		√		√
J0716 centruroides immune f(ab) (Anascorp)		√		√		√		√		√		√
J0718 # certolizumab pegol (Cimzia)		√		√		√		√		√		√
J0775 # collagenase, clostridium histolyticum (Xiaflex)		√		√		√		√		√		√
J0800 # corticotropin (Acthar)		√		▲		√		√		√		√
J0881- J0882 # darbepoetin alfa (Aranesp)		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
J0885- J0886 # epoetin alfa (Epoen, Procrit)		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
J0890 # peginesatide (Omontys)		√		√		√		√		√		√
J0897 # denosumab (Prolia-Exgeva)		√		√		√		√		√		√
J1290 # ecallantide (Kalbitor)		√		▲		√		√		√		√
J1300 # eculizumab (Soliris)		√		▲		√		√		√		√
J1325 # epoprostenol (Flolan)		√		√		√		√		√		√
J1438 # etanercept (Enbrel) +		√		√		√		√		√		√
J1440- J1441 # filgrastim (G-CSF), (Neupogen)		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
J1458 # galsulfase (Naglazyme)		√		▲		√		√		√		√
J1459 # immune globulin (Privigen)		√		√		√		√		√		√
J1557 # Immune globulin		√		√		√		√		√		√
J1559 # immune Globulin (Hizentra)		√		√		√		√		√		√
J1561 # Immune globulin		√		√		√		√		√		√
J1566 # immune globulin		√		√		√		√		√		√
J1568- J1569 # immune globulin		√		√		√		√		√		√
J1640 # panhematin (Hemin)		√		▲		√		√		√		√
J1650 # enoxoprin (Lovenox) +		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√
J1675 # histrelin acetate		√		√		√		√		√		√
J1725 # hydroxyprogesterone caproate (Makena)		√		√		√		√		√		√
J1740 # ibandronate sodium (Boniva)		√		√		√		√		√		√
J1743 # idursulfase (Elaprase)		√		√		√		√		√		√
J1744 # icatibant (Firazyr) +		√		√		√		√		√		√
J1745 # infliximab (Remicade)		√		√		√		√		√		√
J1785- J1786 # imiglucerase (Cerezyme)		√		▲		√		√		√		√
J1826 # interferon Beta-1A (Avonex) +		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√
J1830 # Interferon Beta-1B (Betaseron) +					**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		
J1931 # laronidase (Aldurazyme)		√		▲		√		√		√		√

PHP NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

SERVICES / ITEMS / PROCEDURES		Commercial & Federal Employee (FEHB)		Medicaid		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
		Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
J2170	# mecasepmin (Increlex)		√		√		√		√		√		√
J2212	# methylnaltrexone (Relistor)		√		√		√		√		√		√
J2260	# milrinone lactate (Primacor)		√		√		√		√		√		√
J2323	# natalizumab (Tysabri)		√		√		√		√		√		√
J2353- J2354	# octreotide (Sandostatin)		√		√		√		√		√		√
J2357	# omalizumab (Xolair)		√		√		√		√		√		√
J2358	# olanzapine (Zyprexa Relprevv)		√		√		√		√		√		√
J2426	# paliperidone Palmitate ER (Invega)		√		√		√		√		√		√
J2504	# pegademase bovine (Adagen)		√		√		√		√		√		√
J2505	# pegfilgrastim (Neulasta)		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√
J2507	# pegloticase (Krystexxa)		√		√		√		√		√		√
J2562	# plerixafor (Mozobil)		√		√		√		√		√		√
J2724	# protein c concentrate (Ceprotin)		√		√		√		√		√		√
J2778	# ranibizumab (Lucentis) Prior Notification required for all diagnoses other than 362.07, 362.52, 362.53, 362.62, 362.83		√		√		√		√		√		√
J2791- J2792	# Rho (D) immune globulin		√		√		√		√		√		√
J2793	# rilonacept (Arcalyst)		√		▲		√		√		√		√
J2796	# romiplostim (Nplate)		√		√		√		√		√		√
J2940	# somatrem (Protropin)		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√
J2941	# somatropin (all growth hormones)		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√
J3095	# televancin (Vibativ)		√		√		√		√		√		√
J3110	# teriparatide (Forteo) +		√		√		√		√		√		√
J3262	# tocilizumab, (Actemra)		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
J3285	# treprostinil (Remodulin)		√		√		√		√		√		√
J3357	# ustekinumab (Stelara)		√		√		√		√		√		√
J3385	# velaglucerase alfa (VPRIV)		√		▲		√		√		√		√
J3487	# zoledronic acid (Zometa)		√		√		√		√		√		√
J3488	# zoledronic acid (Reclast)		√		√		√		√		√		√
J3490	# Unclassified drugs is a list of drugs without a specific HCPCs or CPT code assigned to it-PA is required for all of the following medications (the list is subject to change) : Bevacizumab/Avastin billed with J3490 for the eye: Notification required for all diagnoses other than 362.52, 362.53, 362.62, 362.83), Corifact/Factor XIII		√		√		√		√		√		√





PHP NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

SERVICES / ITEMS / PROCEDURES	Commercial & Federal Employee (FEHB)		Medicaid		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
J3590 # Unclassified biologics		√		√		√		√		√		√
J7178 # human fibrinogen concentrate (RiaStap)		√		√		√		√		√		√
J7180 # Factor products		√		▲		√		√		√		√
J7183- J7187 # Factor products		√		▲		√		√		√		√
J7189- J7199 # Factor products		√		▲		√		√		√		√
J7308 # aminolevulinic acid HCl (Levulan Kerastick)		√		√		√		√		√		√
J7309 # methyl aminolevulinate (MAL), (Metvixia)		√		√		√		√		√		√
J7312 # dexamethasone (Ozurdex)		√		√		√		√		√		√
J7527 # everolimus (Zortress) +		√		√		√		√		√		√
J7686 # treprostinil		√		√		√		√		√		√
J7699 # NOC drugs, inhalation solution administered through DME		√		√		√		√		√		√
J7799 # NOC drugs, other than inhalation drugs, administered through DME		√		√		√		√		√		√
J8498 # antiemetic drug, rectal/suppository, not otherwise specified		√		√		√		√		√		√
J8499 # prescription drug, oral, non chemotherapeutic, NOS		√		√		√		√		√		√
J8562 # fludarabine phosphate (Oforta)		√		√		√		√		√		√
J8700 # temozolomide (Temodar)		√		√		√		√		√		√
J9002 # doxorubicin hydrochloride liposomal doxil (Lipodox)		√		√		√		√		√		√
J9019 # asparaginase (Erwinaze)		√		√		√		√		√		√
J9027 # clofarabine (Clolar)		√		√		√		√		√		√
J9042 # brentuximab vedotin (Adcetris)		√		√		√		√		√		√
J9043 # Cabazitaxel (Jevtana)		√		√		√		√		√		√
J9155 # degarelix (Firmagon)		√		√		√		√		√		√
J9160 # denileukin diftitox (Ontak)		√		√		√		√		√		√
J9171 # docetaxel (Taxotere)		√		√		√		√		√		√
J9179 # eribulin (Halaven)		√		√		√		√		√		√
J9185 # fludarabine phosphate (Fludara)		√		√		√		√		√		√
J9225 # histrelin implant (Vantas)		√		√		√		√		√		√
J9226 # histrelin implant (Supprelin LA)		√		√		√		√		√		√
J9228 # Ipilimumab (Yervoy)		√		√		√		√		√		√
J9268 # pentostatin (Nipent)		√		√		√		√		√		√
J9302 # ofatumumab (Arzerra)		√		√		√		√		√		√

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	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
J9307 # pralatrexate		√		√		√		√		√		√
J9310 # rituximab (Rituxan)		√		√		√		√		√		√
J9315 # romidepsin (Istodax)		√		√		√		√		√		√
J9328 # temozolomide (Temodar)		√		√		√		√		√		√
J9999 # ziv-aflibercept (Zaltrap)		√		√		√		√		√		√
J9351 # topotecan (Hycamtin)		√		√		√		√		√		√
Q3026 # Interferon Beta-1A (Rebif) +					**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		
Q4081 # epoetin alfa (Epogen, Procrit)		√		√		√		√		√		√
# Adjuvants to Anticonvulsants: Vimpat, Protiga +		√		√		√		√		√		√
# Oral MS Medications: (Amprya, Gilenya) +		√		√	**** N/A	**** N/A		√		√		√
# Amprya (delfampridine)		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√
# CNS Stimulants (Provigil, Nuvigil) +		√		√	**** N/A	**** N/A		√		√		√
# Compounded drugs: any		√		√	**** N/A	**** N/A		√		√		√
# CI Inhibitor Replacement Products: Berinert, Cinryze, Kalbitor (medical); Firazyf (pharmacy) +		√		√		√		√		√		√
# Direct Acting Antivirals: Incivek, Victrelis +		√		√	**** N/A	**** N/A		√		√		√
# GLP-1 Inhibitors: Byetta, Victoza, Bydureon +		Byetta Covered No PA needed		√	**** N/A	**** N/A		√		√		Byetta Covered No PA needed
# Growth Hormones: Genotropin, Humatropin, Norditropin, Nutropin, Serostim		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√
# Ocular Anti-VEGF Agents- # aflibercept/Eylea, ranibizumab/Lucentis & bevacizumab/Avastin Prior Notification required for all diagnoses other than 362.52, 362.53, 362.62, 362.83		√		√		√		√		√		√
# Orphan Drugs		√		√		√		√		√		√
# Osteoporosis Agents Boniva. Fosamax, Actonel, Forteo, Reclast, Prolia, Atelvia		√		√		√		√		√		√
# Pulmonary Arterial Hypertension (PAH): Adcirca, Letairis, Revatio, Tracleer, Ventavis, Flolan, Remodulin		√		√		√		√		√		√
# Samsca +		√		√	**** N/A	**** N/A		√		√		√
# Tumor Necrosis Factor (TNF) blocking agents: Cimzia, Enbrel, Humira, Remicade, Actemra, Simponi, Stelara, Orenica (IV and Pharmacy)		√		√		√		√		√		√

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	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
# Tobacco cessation products: (Chantix, Nicotine Gum, Nicotine Patch, Zyban are covered for three months per calendar year without prior authorization). (Nicotrol Inhaler, Nicotrol Spray, Nicotine Lozenge always needs a prior authorization prior to service). 		√		√	**** N/A	**** N/A		√		√	Contract Exclusion for Grand-fathered groups	Contract Exclusion for Grand-fathered groups
# Weight loss medications: Adipex, Meridia 		√	Contract Exclusion per State Mandate	Contract Exclusion per State Mandate	**** N/A	**** N/A	Contract Exclusion	Contract Exclusion	Contract Exclusion	Contract Exclusion	Contract Exclusion for Grand-fathered groups	Contract Exclusion for Grand-fathered groups
Not otherwise classified, unspecified, unlisted, miscellaneous CPT or HCPCS services- services will be reviewed prior to claim payment and may be denied as cosmetic, investigational, experimental, unproven, or not medically necessary services.												
* Non-emergent/urgent requests for benefit review are to be submitted >14 days in advance of the service or as soon as the service is determined to be appropriate by the practitioner. Urgent requests are requests for care or treatment for which a routine application of time periods for making the determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function or in the opinion of a practitioner would subject the member to severe pain that cannot be adequately managed without the care or treatment that is included in the request.												
** Bariatric surgery candidates must participate in the case management program with PHP's approved designee for a case management evaluation and interventions.												
*** Notification must occur at least five (5) business days before surgery is scheduled to occur.												
**** N/A - prior authorization is not required but the service may have a limited benefit or not be a covered benefit. For mental health/substance use disorder services for commercial products contact United Behavioral Health @ 800.608.2667. For inpatient mental health/substance use disorder services for Medicaid members contact Community Mental Health.												
# Medications that are reviewed and processed by the Pharmacy Department.												
Services requiring prior authorization must be reviewed in advance of the service even if PHP is a secondary payor.												
Δ Weight management and surgical treatment of obesity is covered for PPO products ONLY with a rider and, if rider is purchased, prior authorization is required.												
 Covered as a pharmacy benefit only with quantity limits												
 All Home Care Providers must bill Medicaid/FamilyCare claims to MDCH as of 10/1/12. All other Providers must submit an authorization form to PHP for review. If the request is approved claims are billed to PHP. The PHP billing information is on the back of the member's card.												



NOTICE OF TRANSITION

Dear Provider,

We are writing to let you know about a change in the Health Insurance Program for Michigan or HIP Michigan.

Michigan, in an agreement with Physicians Health Plan (PHP) has been one of 27 states running its own Pre-Existing Condition Insurance Plan (PCIP) program. The remaining 23 states and Washington, D.C. have their state's PCIP run by the Federal government. That will change this July. Beginning July 1, 2013, PHP will no longer operate the state's PCIP program. As a result, members currently enrolled in HIP Michigan will need to activate a new PCIP benefit plan through the federally-run PCIP before July 1.

How This Affects Members

Members will still have health coverage if they choose to enroll in the federally-run PCIP program. In June, members will receive an Enrollment Letter from the National Finance Center, which is the enrollment administrator for the federally-run PCIP. The Enrollment Letter will include information about the federally-run PCIP plan, how much it costs, and how to activate their coverage. They will not need to complete a new application to qualify for the federally-run PCIP. **To activate their new coverage on July 1, and receive their PCIP ID card by that date, they must pay their first month's premium by the deadline stated in that letter.** If they choose to do that, they will be a member of the federally-run PCIP program—joining more than 45,000 PCIP enrollees nationwide. They'll be enrolled in the Transition Plan and have a new benefits administrator.

If they currently receive ongoing treatment, they will be mailed guidance about transition of care. It is critical that they follow required pre-authorization of benefits procedures for hospitalization, durable medical equipment or supplies, transplants, skilled nursing, long-term acute care or rehabilitation facility admission, spinal fusion surgery or cancer treatment plans anticipated to occur on or after July 1. This is necessary even if they were already authorized with HIP Michigan.

Members may have questions about how this transition will affect them; and along with our Federal partners, we will do our best to answer them.

They can get information about the Federal PCIP program at:

- Website - https://pcip.gov/Contact_Us.html.
- Call Center - National Finance Center is 1-866-717-5826 (TTY: 1-866-561-1604). The hours of operation are Monday-Friday, 8:00 am to 11:00 pm (EST) staffed with trained specialists available to answer your questions.

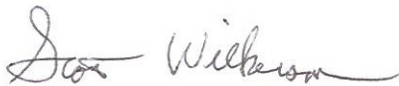
Next Steps

In June, members will receive an Enrollment Letter in the mail from the National Finance Center. It's very important that they act quickly on the instructions given in this letter.

After they pay the premium, they will receive their enrollment packet from the PCIP benefits administrator, including their new PCIP ID card and details about their new benefits plan. Members need to watch out for the letter in the mail, which will tell them exactly what they need to do to avoid losing their health coverage.

We at HIP Michigan have appreciated the opportunity to play a part in extending health coverage to more than 2,500 citizens in Michigan and appreciate your role in providing their care. We wish them good health in the future.

Sincerely,



Scott Wilkerson
President & CEO
Physicians Health Plan