

## PHP Member ID card Change

One of the many improvement projects PHP completed in 2013 was a change with the vendor that produces our member ID cards. We are very excited to partner with a local company, HealthLogix, and are pleased to report that the transition was completed successfully this past August.

While you may not notice any change in PHP's current member ID cards, we want to make sure our providers are well informed about an upcoming change in our future card appearances. Beginning in January 2014, common copays will no longer be included on the front of the card. PHP is making this change due to the increasingly more complex benefit plans available that lead to a higher degree of variability for healthcare coverage's.

Copays and other member out of pocket information will still be available 24/7/365 through PHP's online access HealthWeb. You can access HealthWeb through our website, [www.phpmichigan.com](http://www.phpmichigan.com). If you are not a current user of HealthWeb and need assistance in getting registered please contact PHP's Network Services Department at 517.364.8312.

### Check us out online

Have you noticed that the PHP website has a new look? We recently launched a new website with a new design and updated features. We hope that you will find more references at your finger tips; from our Provider Directory, current notification table, to our Provider Manual. Please take a few moments to visit us at [www.phpmichigan.com](http://www.phpmichigan.com). If you need any assistance locating items please feel free to contact Network Services at 517.364.8312 for further assistance.

#### Enclosures

- PHP MRM Internal Policies List
- PHP's mission to Improve Health care
- HealthHelp– Medical Oncology
- Notification/Authorization Table effective 08/30/13

### ICD-10 Survey

PHP recently sent out an ICD-10 Readiness survey asking a series of questions, to identify where our provider network is in the transition to ICD-10. If you have not done so, please take a moment and complete the short survey online at [www.surveymonkey.com/s/VFSRLLC](http://www.surveymonkey.com/s/VFSRLLC). If you would like a paper version of this survey contact our Network Services Department at 517.364.8312.

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.

*This Update is Produced By:*  
**PHP, Network Services Department**  
PO Box 30377, Lansing, MI 48909-7877  
Visit our website at: [www.phpmichigan.com](http://www.phpmichigan.com)  
517.364.8312 800.562.6197  
fax: 517.364.8412



FALL 2013  
Provider Connection

### PHP's Triple Aim Incentive Program

The Triple Aim Incentive Program (TAIP) is a national effort toward improving the patient experience with the health care system, improving the health of the population as a whole, and reducing the per-capita cost of health care delivery. This is certainly a big task. PHP is working with our local physicians through our incentive program, TAIP to address all three of the main components in the Triple Aim core values. Many of our primary care physicians recently received payouts for their 2012 efforts at increasing generic drug utilization, meeting quality of care delivery targets for a wide array of illnesses and conditions, preventive care and for participating in Patient Centered Medical Home programs.

We are delighted to report that in conjunction with our valued providers, PHP has seen an increase in our well child visits, BMI reporting and childhood immunizations, however we still have opportunity for improvements. Our goal is to continue to support physicians who practice the highest quality medicine (using nationally recognized quality measures), to encourage all of our physicians to continue to reach out to all of their patients to manage their current medical problems and to implement prevention activities such as weight loss, tobacco avoidance, mammography and immunizations. We truly believe that these combined efforts between our valued providers and PHP, will improve the health of our members in the future. If you have any questions about TAIP or are interested in an education session with your Provider Relations Coordinator please contact us at 517.364.8312.

### MQIC

The Michigan Quality Improvement Consortium (MQIC) includes most of the health insurers in the State of Michigan. The purpose of the organization is to develop guidelines for commonly encountered medical problems or illnesses. The medical directors of the insurers and other interested physicians meet monthly to review currently established guidelines and to develop new guidelines as necessary. The group reviews best practice guidelines established by various medical societies and attempts to condense them into a user friendly format without compromising clinical integrity. While recognizing that complete consensus on all topics are unlikely. The goal is to provide physicians across the state a common framework for addressing the delivery of common health care issues in a uniform, evidence based, measurable, quality oriented fashion.

The MQIC guidelines cover a wide array of topics including diagnosis and treatment of such issues as low back pain, asthma, bronchitis (use of antibiotics), diabetes, obesity, hypertension, pregnancy, preventive medicine services, advance care planning and others. These guidelines are available in a downloadable format at: [mqic.org/guidelines.htm](http://mqic.org/guidelines.htm). The PHP Medical Directors have been and will continue to participate in this process to help improve the quality of care delivered across our population. If you would like more information please contact your Network Service Provider Relations Coordinator at 517.364.8312 for further assistance.

Most physicians see medicine as a one-on-one experience with their patients. Few see themselves as “population health managers”. We often think of that as the job of government agencies like the CDC or FDA or local health departments. Today, however, we are being challenged and incentivized to look at the health of our patient base (1500 to 2500 individuals for the typical primary care physician) and to reach out to each and every one of them and engage them in addressing their personal health issues. In the past, we would have simply expected those patients to come to us of their own volition. Today, however, insurers like PHP and government payers like Medicare and Medicaid are encouraging us to reach out to those who call us their doctors to engage them in improving their health. Reaching out to our patients to address chronic illnesses like diabetes and hypertension and to obtain preventive services like immunizations, mammography and colonoscopy is becoming expected and financially rewarded.

This is requiring significant change in our mind set and in our office structure. We need to learn to lead a team of individuals (nurses, nurse practitioners, medical assistants, clerks, billers and others) who will help us achieve these new goals. Fee-for-service for our day-to-day encounters and procedures is not going away any time soon **but** it is estimated that as much as 30% of the reimbursement of PCPs and even specialist physicians will come from incentive payments for population quality management within the next 5 years. These are challenging times but I think our patients will benefit from these changes. If you would like to discuss this or other health care delivery topics further, please feel free to contact PHP Network Services at 517.364.8312.

### Prior Authorization Requirements



To ensure that appropriate authorization requirements are being followed, please remember to review PHP’s Notification and Authorization Table prior to the member receiving services. If the services are not authorized in accordance with the Notification and Authorization requirements, PHP will deny services upon claims submission. Enclosed you will find the current Notification and Authorization Table for PHP Commercial, PPO, TPA and FamilyCare products.

If you have questions or concerns about benefit decisions or requirements made by Medical Resource Management (MRM), or if you do not understand why a health service was denied or the benefit reduced, you can reach staff in MRM during normal business hours (Monday through Friday 8:00 am – 5:00 pm) 517.364.8560 or toll free at 1.866. 203.0618.

### Authorization Requirements for Rehabilitative Services

Based on input from many of our providers, PHP has modified the authorization requirements for Physical Therapy (PT) and Occupational Therapy (OT) rehabilitative services in order to streamline the process for our valued providers. Effective immediately PHP will no longer require review for the first seven (7) PT/OT rehabilitation services.

This means, for new patients, for all products, the authorization process for PT and OT services are as follows:

- Initial Evaluation – no review/authorization required
- PT/OT visits 1- 6 provided without PHP review/authorization
- Beginning with therapy visit number 7, PHP review and authorization are REQUIRED
- Continued visits will be reviewed/approved in 6 visit increments
- Submit requests for continued authorization after the 5th visit to allow PHP time to respond to your request to avoid disruption of patient care.
- All requests should be submitted using the Outpatient Rehabilitation Authorization Request Form available at [www.phpmichigan.com](http://www.phpmichigan.com) and be accompanied by a copy of the physician order/script, initial evaluation and assessment of progress toward goals.

To request an authorization or a copy of PHP’s Medical Policy, please fax your request to the PHP Medical Resource Management Department at: **517.364.8409**

Please note that other rehabilitative services such as Speech, Pulmonary, and Cardiac Rehabilitation will continue to require prior authorization for the initial and subsequent visits.

### Upcoming Holiday Hours

PHP will be closed in observation of the upcoming holidays on the following days:

November 28, 2013	December 24, 2013	January 1, 2013
November 29, 2013	December 25, 2013	



If you have an issue that requires immediate assistance, our answering service will be available to assistance.

Prescription Drug List for all products are available in electronic format only. All Prescription Drug Lists can be accessed at [www.phpmichigan.com](http://www.phpmichigan.com) by clicking on *Providers* and then selecting *General Forms and Information*. 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.

# PHP Medical Resource Management (MRM)

## Department Internal Medical Policies

The following Medical benefit determination policies are used in making benefit coverage decisions. If you would like a copy of any policy that is listed please contact the MRM Department at 517.364.8560 or at 1.866.203.0618.

<b>Medical Benefit Determination (MRMBD) Policy Name</b>
Bone Marrow/Peripheral Stem Cell Transplantation Medical Policy (MRMBD27)
Coverage of Transplant Drugs Medical Policy (MRMBD22)
Dental Patients Requiring General Anesthesia Med Policy (MRMBD06)
Electrical Stimulation for Pain Medical Policy (MRMBD17)
Facet Injections Medical Policy (MRMBD01)
Heart Transplant Medical Policy (MRMBD14)
Hospice Services Medical Policy (MRMBD09)
Hyperbaric Oxygen Therapy Medical Policy (MRMBD25)
Kidney Transplant Medical Policy (MRMBD12)
Liver Transplant Medical Policy (MRMBD13)
Lung Transplantation Medical Policy (MRMBD20)
Morbid Obesity Program Medical Policy (MRMBD02)
Neuropsychiatric Testing Medical Policy (MRMBD11)
Non-emergency Ambulance Transport Medical Policy (MRMBD16)
Outpatient Rehabilitation Therapy Services (MRMBD28)
Pancreas-Kidney Transplant & Pancreas Transplant Alone Medical Policy (MRMBD15)
Psychodiagnostic Testing Medical Policy (MRMBD23)
Pulse Oximetry for Home Use Medical Policy (MRMBD19)
Spinal Cord Stimulation for Pain Management Medical Policy (MRMBD07)
Surgical Procedures for Varicose Veins Medical Policy (MRMBD02)
Surgical Treatment of FemoroAcetabular Impingement Medical Policy (MRMBD24)
Treatment of Obstructive Sleep Apnea Medical Policy (MRMBD10)
Wireless Esophageal pH Monitoring Medical Policy (MRMBD26)

# PHP's mission is to improve the health care status of our members

---

In a constant endeavor to fulfill the purpose of improving the health care status of our members, PHP recently mailed over 3,800 letters to inform our members their child is deficient in having a Well Child visit and to stress the importance of preventative care exams.

Please help us in the upcoming weeks by scheduling appointments for our members prior to the end of the year.

*Did you know –*

**You can change a sick visit into a well child visit by including**

- *A health and developmental history (physical and mental).*
- *A physical exam.*
- *Health education/anticipatory guidance.*

**You can change a sports physical into a Well Child visit by including**

- *Health education/anticipatory guidance*
- *Remember to include a copy of the sports physical card*

Participating Primary Care Physicians - are you missing an opportunity to enhance your payment by qualifying for a *Triple Aim Incentive Plan (TAIP)* payment?

*Insure your office is receiving the most it can by using the appropriate codes.*

We respect your time, and recognize that adding additional services to a visit is not ideal. However, this may be the only opportunity to complete this service, and ask you to partner with us in fulfilling our mission in improving the health care status of our members.

**BMI screening age 3 to 17 years-old-** *one (1) screening during the measurement year. BMI screenings are defined by submission of appropriate HCPC codes G8417, G8418, G8419, G8420 and ICD (CM codes V85.51, V85.52, V85.53, V85.54).*

**BMI screening age 18 or older-** *one (1) screening per measurement year. BMI screenings are defined by submission of appropriate HCPC codes G8417, G8418, G8419, G8420 and ICD9CM codes V85.0, V85.1, V85.21 thru V85.45.*

**Well Child visit-**

*Birth to 15 months - Six or more Well Child Visits. Well-child visits are defined by submission of appropriate CPT code, 99381, 99382 or 99391, 9392 or 99461 with diagnosis codes V20.2 V20.3, V70.0, V70.3, V70.5, V70.6, V70.8 V70.9.*

*Well child visits 3 to 6 years old - received one (1) or more well-child visit(s) Well-child visits are defined by submission of appropriate CPT codes 99382, 99383, 99392 or 99393 with diagnosis codes V20.2, V70.0, V70.3, V70.5, V70.6, V70.8 V70.9*

*Adolescent Well-Care visits 3 to 21 years - one (1) comprehensive well-care (benefit is available to our members any time of year) Adolescent Well-Care visits are defined by submission of appropriate CPT codes 99383, 99384, 99385 or 99393, 99394, 99395 with diagnosis codes V20.2, V70.0, V70.3, V70.5, V70.6, V70.8 V70.9*

**Childhood Immunizations (Combo 3)-** *Members who turned 2 years of age during the measurement year and who received four (4) diphtheria, tetanus and acellular pertussis (DTaP); three (3) polio (IPV); one (1) measles, mumps and rubella (MMR); three (3) H influenza type B (HiB); three (3) hepatitis B (HepB), one chicken pox (VZV); four (4) pneumococcal conjugate (PCV) vaccines by their second birthday. The measure is calculated for each vaccine.*

DTap	CPT 90698, 90700, 90721, 90723
IPV	90698, 90713, 90723
MMR	90707, 90710
Measles and rubella	90708
Measles	90705
Mumps	88141
Rubella	90706
HiB	90645-90648, 90698, 90721, 90748
Hepatitis B**	90723, 90740, 90744, 90747, 90748
VZV	90710, 90716
Pneumococcal conjugate	90669, 90670

Thank you for your support and providing quality care to our members.



## Why Medical Oncology

Cancer is the second most common cause of death in the United States and accounts for nearly 25 percent of deaths. Figures from The American Cancer Society suggest some 1,500 people die of cancer every day.

According to the National Institutes of Health, the estimated total cost of cancer care in the United States in 2020 is expected to reach \$157 billion, assuming the most recent observed patterns of incidence, survival, and cost remain the same. The future of cancer care is physicians working toward a common health goal and to reduce these growing costs.

**HealthHelp is innovative.** Having one point of contact throughout the process helps to ensure that patients receive the best possible care. In the past, radiologists, oncologists, and surgeons may have worked separately while only hoping their treatments result in the best health outcome for the patient. Coordinating radiation and chemotherapy regimens have shown to improve clinical efficiency, reduce cancer recurrence and decrease overall costs.

**HealthHelp is informative.** One of the program's strengths is the nurse review and peer-to-peer consultations. After a physician submits a request in the HealthHelp system, a nurse may evaluate requests on the basis of best practices established by the latest literature and professional society guidelines. If further discussion is needed on a request, a nurse may recommend peer-to-peer consultation. It is the stated goal of HealthHelp to advance healthcare with education programs that inform physicians of the latest research and trends to improve the quality and safety of patient care.

Consider the case of a 58-year-old female with lung cancer that has metastasized to the brain. She has undergone surgery to remove the brain tumor. After the surgery, further treatment options are considered.







The requesting provider wants to use 2D-3D radiation concurrently with chemotherapy to treat the metastasis to the brain. A HealthHelp physician conducting a peer-to-peer consultation reviews the guidelines for radiation therapy and sees there is a lack of data on its effectiveness when used concurrently with chemotherapy on the brain. Moreover, the HealthHelp physician notes the reason for the lower dose 2D-3D radiation to reduce neurologic deficit is negated if the patient is also treated with chemotherapy to the brain.

The HealthHelp physician recommends the delivery of brain radiation followed by radiation to the chest to treat the lung cancer as a better choice, noting that a solitary brain metastasis would likely be curable after the lung cancer treatment. There is no contraindication to the recommended treatment.

In this scenario, it is clear that the comprehensive approach makes HealthHelp an essential partner in effective, quality cancer care. At the heart of the HealthHelp model is a focus on collaboration, quality care, and safety. HealthHelp believes when evidence-based guidelines are followed, patient care is improved.







HealthHelp provides specialty benefits management to more than 20 million lives for commercial, Medicare, and Medicaid health plans with members in all 50 states and Puerto Rico for cardiology, oncology, radiology, spine and joint surgery, and pain management.

**PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS**







PHP Notification/Prior Authorization Table-All Products Effective August 30, 2013.												
	 Physicians Health Plan		 PHP FamilyCare		 Physicians Health Plan		 Sparrow Physicians Health Network		 Sparrow Physicians Health Network		 PHP Insurance Company	
	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	
SERVICES / ITEMS / PROCEDURES	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)	√ *		√ *		**** N/A	**** N/A	√		√		√	
Acute rehabilitation admission		√		√		√		*** √		*** √		√
Acute scheduled admissions	√		√		√			*** √		*** √		√
Acute scheduled psychiatric or substance abuse admissions (facility notification)		√ *		√ *		√		√		√		√
Autism & Autism Spectrum Disorder Treatment		√ *	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	√
Bariatric surgery		** √		** √		** √		** √		** √		Δ √
Behavioral Health Services- certain outpatient services		√ *		√	**** N/A	**** N/A		√		√		√
Behavioral Health Services- day treatment		√	N/A	N/A	**** 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









**PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS**

												
	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	
Endoscopy and intestinal imaging (capsule only)		√		√		√	**** N/A	**** N/A		√	**** N/A	**** N/A
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 procedures		√		√		√		√		√	**** N/A	**** N/A
Genetic testing		√		√		√		√		√		√
Home care visits		√		√		√		√		√	**** 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		√ *		√		√	**** 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) [effective 6/1/13]		√ (N/A for FEHB)		√		√		N/A		N/A		√
<b>Procedures that under some conditions may be considered cosmetic:</b> Abdominoplasty, Breast Reduction, Procedures for Gynecomastia, Breast Reconstruction, Jaw Surgeries, Photodynamic Therapy & Special Dermatologic Procedures, Sclerotherapy, Vein Surgery, including stripping and ligation, Eyelid Repair (blepharoplasty, brow ptosis, blepharoptosis), Rhinoplasty, Keloid Scar Revision.		√		√		√		√		√		√
Surgical Treatment of Femoroacetabular Impingement (FAI)		√		√		√		√		√		√
Prosthetic devices over \$1000		√		√		√		√		√	**** N/A	**** N/A
Psychodiagnostic testing		√ *		√		√		√		√		√
Referral to or services by any non-network or referral network provider including scheduled surgery		**** N/A		√		**** N/A		**** N/A		**** N/A		**** N/A








**PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS**

	 Physicians Health Plan	 PHP FamilyCare	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
	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
Skilled nursing facility, subacute nursing & rehabilitation services	√	√	√	√	√	√
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
Weight management services including evaluation, management, surgery & post-surgical procedures	√	√	√	√	√	Δ √
<b>90378</b> # palivizumab (Synagis)	√	√	√	√	√	√
<b>J0129</b> # abatacept (Orencia)	√	√	√	√	√	√
<b>J0178</b> # aflibercept Eylea	√	√	√	√	√	√
<b>J0135</b> # adalimumab (Humira) +	√	√	√	√	√	√
<b>J0180</b> # agalsidease beta (Fabrazyme)	√	▲	√	√	√	√
<b>J0205</b> # alglucerase (Ceredase)	√	▲	√	√	√	√
<b>J0220</b> # alglucosidase alfa (Myozyme)	√	√	√	√	√	√
<b>J0221</b> # alpha alglucosidase alfa (Lumizyme)	√	√	√	√	√	√
<b>J0256</b> # alpha 1 - proteinase inhibitor - human, (Aralast, Aralast NP, Prolastin, Prolastin-C, Zemaira)	√	√	√	√	√	√
<b>J0257</b> # alpha 1 Antitrypsin-AAT (Glassia)	√	√	√	√	√	√
<b>J0485</b> # belatacept (Nulojix)	√	√	√	√	√	√
<b>J0490</b> # belimumab (Benlysta)	√	√	√	√	√	√
<b>J0585- J0587</b> # Botox injections	√	√	√	**** N/A	**** N/A	√
<b>J0597</b> # c1 esterase inhibitor (Berinert)	√	▲	√	√	√	√
<b>J0598</b> # c1 esterase inhibitor (Cinryze)	√	▲	√	√	√	√
<b>J0638</b> # canakimab (Ilaris)	√	√	√	**** N/A	**** N/A	**** N/A **** N/A
<b>J0712</b> # ceftaroline fosamil (Teflaro)	√	√	√	√	√	√
<b>J0716</b> centrurptides immune f(ab) (Anascorp)	√	√	√	√	√	√
<b>J0718</b> # certolizumab pegol (Cimzia)	√	√	√	√	√	√
<b>J0775</b> # collagenase, clostridium histolyticum (Xiaflex)	√	√	√	√	√	√
<b>J0800</b> # corticotropin (Acthar)	√	▲	√	√	√	√
<b>J0881- J0882</b> # darbepoetin alfa (Aranesp)	√	√	√	**** N/A	**** N/A	**** N/A **** N/A








**PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS**

		 Physicians Health Plan	 PHP FamilyCare	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
		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
J0885- J0886	# epoetin alfa (Epogen, Procrit)	√	√	√	**** 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	√
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	√
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	√
J1830	# Interferon Beta-1B (Betaseron) +	√	√	**** N/A	**** N/A	**** N/A	√
J1931	# laronidase (Aldurazyme)	√	▲	√	√	√	√
J2170	# mecasermin (Increlex)	√	√	√	√	√	√
J2212	# methylnaltrexone (Relistor)	√	√	√	√	√	√
J2260	# milrinone lactate (Primacor)	√	√	√	√	√	√
J2323	# natalizumab (Tysabri)	√	√	√	√	√	√
J2353- J2354	# octreotide (Sandostatin)	√	√	√	√	√	√
J2357	# omalizumab (Xolair)	√	√	√	√	√	√
J2358	# olanzapine (Zyprexa Relprevv)	√	√	√	√	√	√










**PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS**

		 Physicians Health Plan	 PHP FamilyCare	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
		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
J2426	# paliperidone Palmitate ER (Invega)	√	√	√	√	√	√
J2504	# pegademase bovine (Adagen)	√	√	√	√	√	√
J2505	# pegfilgrastim (Neulasta)	√	√	√ eff 9/1/13	√ eff 9/1/13	√ eff 9/1/13	√
J2507	# pegloticase (Krystexxa)	√	√	√	√	√	√
J2562	# plerixafor (Mozobil)	√	√	√	√	√	√
J2724	# protein c concentrate (Ceprotrin)	√	√	√	√	√	√
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
J2941	# somatropin (all growth hormones)	√	√	**** N/A	**** N/A	**** N/A	**** N/A
J3095	# televancin (Vibativ)	√	√	√	√	√	√
J3110	# teriparatide (Forteo) 	√	√	√	√	√	√
J3262	# tocilizumab, (Actemra)	√	√	√	**** N/A	**** N/A	**** N/A
J3285	# trestipinil (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- <b>PA is required for all of the following medications (the list is subject to change)</b> : 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, Immune globulin (Bivigam), Omacetaxine mepesuccinate (Synribo), Ocriplasmin (Jetrea), pertuzumab (Perjeta), glucarpidase (Voraxaze), taliglucerase alfa (Elelyso), carfilzomib (Kyprolis), Aripiprazole (Abilify Maintena), Ado-trastuzumab emtansine (Kadcyla)	√	√	√	√	√	√
J3590	# Unclassified biologics	√	√	√	√	√	√
J7178	# human fibrinogen concentrate (RiaStap)	√	√	√	√	√	√
J7180	# Factor products	√	▲	√	√	√	√

**PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS**

		 Physicians Health Plan	 PHP FamilyCare	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
		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
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	# tadalafil (Cialis)	√	√	√	√	√	√
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)	√	√	√	√	√	√
J9307	# pralatrexate	√	√	√	√	√	√
J9310	# rituximab (Rituxan)	√	√	√	√	√	√
J9315	# romidepsin (Istodax)	√	√	√	√	√	√
J9328	# temozolomide (Temodar)	√	√	√	√	√	√

**PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS**

							
		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
J9999	# ziv-aflibercept (Zaltrap)	√	√	√	√	√	√
J9351	# topotecan (Hycamtin)	√	√	√	√	√	√
Q0090	# levonorgestrel (Skyla) IUD	√	√	√	√	√	√
Q2050	# doxorubicin hydrochloride liposomal doxil (Lipodox)	√	√	√	√	√	√
Q2051	# zoledronic acid	√	√	√	√	√	√
Q3026	# Interferon Beta-1A (Rebif) 			**** N/A	**** N/A	**** N/A	**** N/A
Q4081	# epoetin alfa (Epogen, Procrit)	√	√	√	√	√	√
# Compounded drugs: all		√	√	**** N/A	**** N/A	√	√
<b>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.</b>							
* 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.							
**** <b>N/A - prior authorization is not required but the service may have a limited benefit, be covered at the non-network benefit level, or not be a covered benefit.</b> For mental health/substance use disorder services for commercial products contact Optum 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.							
√ * Check member's identification card to determine who is to be notified of service.							