

Physical Therapy Order Requirements

Public Acts 260 and 263, which were signed into law June 26, 2014, allows a physical therapist to treat a patient without a prescription from a health care professional under specific circumstances. Please refer to Public Acts 260 and 263 for more detailed requirements of these new State Acts.

These Acts also state that insurers would not have to provide benefits or reimburse for services provided by a physical therapist or physical therapist assistant unless that service had been provided under a prescription from a health care professional. In accordance with Physicians Health Plan's (PHP) certificate of coverage, rehabilitation services must be prescribed by a licensed physician. Therefore, PHP will require submission of the physician prescription, in addition to the progress notes for physical therapy services which require authorization, at the time of a request for physical therapy. If the prescription is not received, the request will be considered incomplete and will be denied for lack of information. Requests that are initially denied for lack of information are accepted as a new review once the required documentation is submitted, without going through the appeal process.

If you have any questions on where to submit your authorization requests, or need additional information, please contact your Provider Relations Coordinator at 517.364.8312 or the Medical Resource Management Department at 517.364.8560.

We Listen to you and Want your Feedback

Each year PHP conducts a Provider Satisfaction Survey and utilizes the results and feedback throughout many areas within the health plan. The feedback we receive is used to assist in developing enhancements to existing programs, processes and to improve our service to you. Based on the feedback from the 2013 Survey scores and comments, we have implemented several changes to improve your experience with PHP, including;

- Decreased turnaround time for Medical and Pharmacy authorizations
- Removed authorization requirements on Durable Medical Equipment
- Removed authorization requirements on High Tech Imaging
- Implemented a policy that no more than two formulary alternatives in the same drug class require approval for a non-preferred agent
- Decreased claims processing time
- Increased efficiencies to assist in the accuracy of the claims processing



We appreciate your assistance in our process improvement initiatives and look forward to hearing from you during our next survey coming in October. Your feedback will ensure that we continue to perform in a collaborative partnership. PHP Network Services encourages you to take a few minutes and let us know how we are doing.

Enclosures

- PHP Quality Spotlight
- Notification/Authorization Table effective 10/1/2014

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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Fall 2014

Provider Connection



PHP's Annual Commercial HMO Adult Member Satisfaction Survey Results and Rankings

Each year we participate in the CAHPS 5.0H survey, which measures many aspects of member satisfaction. Physicians Health Plan (PHP) Commercial HMO and Medicaid members are asked a wide variety of questions about how they feel about their health plan, their health care and their physicians. CAHPS survey scores use the top box score as the standard measurement with other health plans across the country. Top box scores include those members who responded to questions with Always or Usually. Results for all health plans are then grouped into percentile rankings.

PHP is pleased to announce that our 2014 Commercial HMO Adult member satisfaction survey scores showed improvement in many areas. We increased our percentile ranking in all but one measure and in that measure, we remained in the 90th percentile. Access to care is one of PHP's 2014 strategic goals and CAHPS questions relating to access (Getting Care Quickly and Getting Needed Care) showed marked improvement. We appreciate your help improving our member's access to care.

PHP also ranked 1st in Michigan in two key categories that are directly influenced by physicians and providers. PHP Commercial HMO Adult members ranked your ability to communicate and their overall health care higher than any other health plans in Michigan.

PHP's 2014 Commercial HMO Adult CAHPS 5.0H survey results are below. Medicaid scores are released but not ranked yet; more news to come on how PHP's FamilyCare Medicaid members feel about their health plan, their health care and you, their physicians.

Measure	2014 Rate	2014 Percentile	2013 Rate	2013 Percentile
Claims Processing	89.01%	50th	87.99%	25th
Customer Service	91.13%	75th	88.37%	50th
Getting Care Quickly	89.32%	75th	84.88%	25th
Getting Needed Care	91.51%	75th	87.98%	25th
How Well Doctors Communicate	97.65%	90th	94.66%	25th
Rating of Health Care	86.25%	90th	79.47%	75th
Rating of Health Plan	79.51%	90th	76.14%	90th
Rating of Personal Doctor	89.18%	75th	82.55%	25th
Rating of Specialist Seen Most Often	86.16%	50th	80.97%	25th

Reminder to use the 2/12 1500 Claim Form as of 4/1/14

As a reminder, the updated 2/12 1500 form was effective as of April 1, 2014. All claims submitted after April 1, 2014 must be in compliance with the new 2/12 1500 form. As of September 1, 2014 PHP began to return any paper claim submissions not on the new 2/12 1500 claim form. EDI claim submissions will be rejected by the clearinghouse(s) if received without the required segments completed as required.

More information is available on NUCC website, www.nucc.org or by contacting your PHP Provider Relations Coordinator at 517.364.8312.

Have you reviewed your PHP Membership Rosters

PHP sends quarterly membership rosters to all PCP's for Commercial, FamilyCare, and SPHN products. The membership rosters will identify members who have designated you as their primary care physician. It is important to review the quarterly membership roster(s) and verify that the members listed are correctly linked to you or your practice. This will ensure you or your practice receives proper credit for all members who are assigned. If you identify a member that is **not** your patient, check the box to the left of the name and send that information to PHP. If you have a PHP member that is your patient but is **not listed** on this roster, please fill out the information needed by utilizing the blank page that will be provided within your packet to add the patient information.

The membership rosters will be a useful tool to ensure all members you are seeing are reflected. As a reminder, membership is one of the criteria used to determine eligibility in the incentive programs administered by PHP.

PHP strongly encourages offices to review these membership rosters and ensure the accuracy of the rosters by returning all changes to PHP **via the US postal service or fax to 517.364.8412**. Keeping the membership rosters up-to-date will also ensure appropriate notices are provided for coordination of care between PHP, the member and the assigned PCP's. For additional information please contact your Provider Relations Coordinator at 517.364.8312.

Triple Aim Incentive Reports Sent

PHP recently sent the 2014 status reports for the PHP Commercial, Medicaid and the SPHN Triple Aim Incentive Programs. These reports are a valuable resource in identifying the patients that qualify for the TAIP measures, ensuring the patients have had the care and determining whether it has been billed to PHP. These reports are a critical component in receiving a successful outcome in this incentive program. PHP strongly encourages providers to review the status reports to ensure you are receiving credit for the quality care that is being provided.

If you have any questions about the TAIP or are interested in an educational session with your Provider Relations Coordinator please contact us at 517.364.8312.

Vaccine Reminder

As a reminder to our providers PHP members that have a Pharmacy benefit with PHP can go to an In-Network Pharmacy to have the Injectable Flu Vaccine, Pneumonia Vaccine or the Shingles Vaccine* administered at no charge. The Pharmacy must be able to administer the medication on-site. Pharmacies will be reimbursed for the vaccine and the administration fee.

*Shingles Vaccine is only covered for members that are 50 years of age and older

Claim Denial Appeals

Providers have the right to appeal a claim payment rejection in writing within ninety (90) days from the date of rejection. You may submit a letter or use a printed copy of the appeal form located in the Provider Section of the PHP website at www.phpmichigan.com. It is recommended that you submit your appeal request with a paper copy of the claim attached. It is important to include additional information that would support the reason for the appeal. This would include information not previously submitted regarding the reason and rationale for the appeal. Additional information may include charts and office notes, radiology or lab/pathology report(s), operative notes or surgery reports.

You may mail or fax the appeal to:

Physicians Health Plan
ATTN: Customer Service, Provider Appeals
PO Box 30377
Lansing, MI 48909
(Fax): 517.364.8411

It is important to note that claim appeal requests received after ninety (90) days from the date of rejection will not be eligible for review and consideration.



Prescription Requirement Change

Due to Federal Mandate, all Hydrocodone Combination Products (HCPs) will be classified as Schedule II controlled substances. Prescription refills of these drugs will no longer be valid after October 6, 2014. Scheduled II controlled substance prescriptions by law are not allowed to be faxed or phoned into a pharmacy.

Included under this mandate are several hundred brand name and generic hydrocodone products marketed with the most frequently prescribed combination being hydrocodone and acetaminophen (e.g., Norco®, Vicodin®, Lorcet®, Lortab®). Currently marketed HCPs approved as cough suppressants include Hycodan®, Mycodone®, Tussionex®, Pennkinetic®, Tussion®, and several generics. For more information, please see the links below:

<http://www.justice.gov/dea/divisions/hq/2014/hq082114.shtml>

<https://www.federalregister.gov/articles/2014/08/22/2014-19922/schedules-of-controlled-substances-rescheduling-of-hydrocodone-combination-products-from-schedule>

For additional information please contact PHP Pharmacy department at 517.364.8513.

PHP's Prescription Drug List for all products are available in electronic formats. All Prescription Drug Lists can be accessed at www.phpmichigan.com by clicking on *Providers* and then selecting *General Forms and Information*. Hardcopy lists are available upon request by contacting PHP's 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's Quality Improvement HEDIS Spotlight

This quarter's spotlight focuses on meeting designated timeframes on focused HEDIS measures.

CIS Childhood Immunization Status

Goal: Vaccines administered by the child's 2nd birthday. Four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines **by their second birthday.**

Codes:

CPT: (DTaP) 90698, 90700, 90721, 90723 (IPV), 90698, 90713, 90723 (MMR) 90707, 90710 (Measles) and (Rubella) 90708 (Measles) 90705 (Mumps) 90704 (Rubella) 90706 (HiB) 90645-90648, 90698, 90721, 90748 (Hep B) 90723, 90740, 90744, 90747, 90748 90710, 90716 (PCV) 90669, 90670 (Hep A) 90633 (RV) 90680, 90681 (flu) 90655, 90657, 90661, 90662, 90673, 90685, **HCPCS:** G0008, G0010 (VZV), G0009

W15 Well-Child Visits in the First 15 Months of Life

Goal: Children who turned 15 months old during the measurement year and who had **at least six well-child visits prior to turning 15 months.** The well-child visit must occur with a Primary Care Provider (PCP), but the PCP does not have to be the practitioner assigned to the child.

Codes:

V70.8 V70.9.

CPT: 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439 with diagnosis codes **ICD9:** V20.2 V20.31, V20.32, V70.0, V70.3, V70.5, V70.6,

W34 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Goal: Children 3–6 years of age who had **one or more well-child visits with a PCP during the measurement year.**

Codes:

CPT: 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439 with diagnosis codes **ICD9:** V20.2 V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8 V70.9.

*WCC Weight
Assessment and
Counseling for
Nutrition and
Physical Activity*

Goal: Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Codes:

Outpatient CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 **HCPCS:** G0402, G0438, G0439, G0463

BMI percentile ICD9: V85.1, V85.2, V85.3, V85.4

Counseling for nutrition CPT: 97802-97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470, **ICD9:** V65.3

Counseling for physical activity ICD9: V65.41, **HCPCS:** G0447, S9451

Tip: Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source.

Either of the following meets criteria for BMI percentile:

- BMI percentile
- BMI percentile plotted on age-growth chart

For members who are younger than 16 years of age on the date of service, only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria. A BMI value is not acceptable for this age range.

*LSC Lead
Screening in
Children*

Goal: Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning **by their second birthday**.

Codes:

CPT 83655

Tip: All children insured by Medicaid must be tested for Lead—no exceptions or waivers exist. Lead testing equipment can be supplied to your practice free of charge. Call 877.803.2551 for more information.

*PPC Prenatal
and Postpartum
Care*

Goal: A postpartum visit for a pelvic exam or postpartum care on or **between 21 and 56 days after delivery,**

Codes:

CPT: 57170, 58300, 59430, 99501, 0503F **HCPCS:** G0101 **ICD9:** V24.1, V24.2, V25.11, V25.12, V25.13, V72.31, V72.32, V76.2, 89.26

TIP: Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

- Evaluation of weight, BP, breasts and abdomen
- Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component
- Pelvic Exam

Notation of postpartum care, including, but not limited to:

- Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.
- A preprinted “Postpartum Care” form in which information was documented during the visit.

A two week incision check does not qualify for a postpartum visit

Did You Know?

Physicians Health Plan does not require a 365 day interval between physical exam dates.



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









PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

PHP Notification/Prior Authorization/Prior Approval Table-All Products Effective October 1, 2014.																
	Physicians Health Plan		Physicians Health Plan		PHP FamilyCare		PHP FamilyCare MICHild		Physicians Health Plan		Sparrow Physicians Health Network		Sparrow Physicians Health Network		PHP Insurance Company	
	Commercial & Metal Plans		Lansing Board of Water and Light		Medicaid		MICHild		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	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	**** 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)	√ *		√		√ *		Refer to CMH		**** 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	N/A	N/A	N/A	N/A	√
Bariatric surgery		** √		√		** √		** √		** √		** √		** √		Δ √
Behavioral Health Services- certain outpatient services		√ *		√ (ECT)		√	Refer to CMH	Refer to CMH	**** N/A	**** N/A		√		√		√
Behavioral Health Services- day treatment		√		√	N/A	N/A	Refer to CMH	Refer to CMH	**** N/A	**** N/A		√		√		√
Dental anesthesia: pediatric/adult		√	N/A	N/A		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Dental services-accidental		√		R		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Durable medical equipment: Implantable devices, e.g. insulin and infusion pumps, bone stimulators; power wheelchairs and/or mobility devices; automatic external defibrillators; chest wall oscillation vest		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Endoscopy and intestinal imaging (capsule only)		√	N/A	N/A		√		√		√	**** 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	**** N/A	**** N/A		√
Gamma knife procedures		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A









PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

	Physicians Health Plan		Physicians Health Plan		PHP FamilyCare		PHP FamilyCare MICHild		Physicians Health Plan		Sparrow Physicians Health Network		Sparrow Physicians Health Network		PHP Insurance Company	
	Commercial & Metal Plans		Lansing Board of Water and Light		Medicaid		MICHild		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
Genetic testing		√		√		√		√		√		√		√		√
Home care visits		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Hospice services		√	N/A	N/A		√		√		√	**** N/A	√ Non-network	**** N/A	√ Non-network	**** N/A	**** N/A
Hyperbaric oxygen therapy		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Infertility treatment	**** N/A	**** N/A	N/A	N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√		√	**** N/A	**** N/A
Long term acute care admission		√		√		√		√		√		*** √		*** √		√
Neuropsychiatric testing		√ *		R		√		Refer to CMH		√	**** N/A	**** N/A		√		√
Non-urgent ambulance requests		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Outpatient home infusion services		√	N/A	N/A		√		√		√		√ Non-network		√ Non-network	**** N/A	**** N/A
Outpatient speech therapy		√		√		√		√		√		N/A		N/A		√
Outpatient rehab therapy (PT/OT/Cardiac/ Pulmonary)		√	N/A	N/A		√		√		√		N/A		N/A		√
Procedures that under some conditions may be considered cosmetic: Abdominoplasty, Breast Reduction, Procedures for Gynecomastia, Breast Reconstruction, Gender Reassignment, Jaw Surgeries, Photodynamic Therapy & Special Dermatologic Procedures, Sclerotherapy, Vein Surgery, including stripping and ligation, Eyelid Repair (blepharoplasty, brow ptosis, blepharoptosis), Rhinoplasty, Keloid Scar Revision.		√		R		√		√		√		√		√		√
Surgical Treatment of Femoroacetabular Impingement (FAI)		√		R		√		√		√		√		√		√
Private duty nursing				√												
Prosthetic devices over \$1000		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Psychodiagnostic testing		√ *		R		√		√		√		√		√		√
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		**** N/A		**** N/A
Skilled nursing facility, subacute nursing & rehabilitation services		√		√		√		√		√		√		√		√
Spinal cord stimulation & sacral nerve stimulation		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Temporomandibular Joint Dysfunction/Syndrome Treatment		√ for Metal Plans	N/A	N/A												
Transplant services including screening and evaluation (If benefit: includes travel and lodging)		√		√		√		√		√		√		√		√
Unproven/investigational services including emerging technology/category III codes		√		R		√		√		√		√		√		√










PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

		 Physicians Health Plan	 Physicians Health Plan	 PHP FamilyCare	 PHP FamilyCare MICHild	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company						
		Commercial & Metal Plans	Lansing Board of Water and Light	Medicaid	MICHild	Self Funded (L0000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO						
Uvulopalatopharyngoplasty (UPPP)		√	N/A	N/A	√	√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A
Vision services (contact lenses)		N/A	N/A	N/A	N/A	√	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Weight management services including evaluation, management, surgery & post-surgical procedures		√	N/A	N/A	√	√	√	√	√	√	√	√	√	√	Δ √
code	NAME	√	√	√	√	√	√	√	√	√	√	√	√	√	√
C9023	# testosterone undecanoate, 1 mg (Andriol)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
C9025	# ramucirumab, 5 mg (Cyramza)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
C9026	# vedolizumab, 1 mg (Entyvio)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
C9135	# antihemophilic factor, recombinant Factor IX, Alprolix, per 10 IU	√	√	√	√	√	√	√	√	√	√	√	√	√	√
90378	# palivizumab (Synagis)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0129	# abatacept (Orencia)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0135	# adalimumab (Humira) +	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0178	# aflibercept Eylea	√	√	√	√	√	√	√	√	√	√	√	√	√	√
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)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0365	# aprotinin (Trasylol)	√	√	▲	▲	√	√	√	√	√	√	√	√	√	√
J0401	# aripiprazole (Abilify)	√	√	▲	▲	√	√	√	√	√	√	√	√	√	√
J0485	# belatacept (Nulojix)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0490	# belimumab (Benlysta)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0585- J0588	# 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	√	√	√	√	√
J0712	# ceftaroline fosamil (Teflaro)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0716	# centruroides immune f(ab) (Anascorp)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0717- J0718	# certolizumab pegol (Cimzia)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0775	# collagenase, clostridium histolyticum (Xiaflex)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J0795	# corticorelin ovine triflutate (Acthrel)	√	√	▲	▲	√	√	√	√	√	√	√	√	√	√
J0800	# corticotropin (Acthar)	√	√	▲	▲	√	√	√	√	√	√	√	√	√	√
J0881- J0882	# darbepoetin alfa (Aranesp)	√	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A	√	√	√	√	√
J0885- J0886	# epoetin alfa (Epogen, Procrit)	√	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A	√	√	√	√	√
J0897	# denosumab (Prolia-Exgeva)	√	√	√	√	√	√	√	√	√	√	√	√	√	√
J1290	# ecallantide (Kalbitor)	√	√	▲	▲	√	√	√	√	√	√	√	√	√	√










PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

		 Physicians Health Plan	 Physicians Health Plan	 PHP FamilyCare	 PHP FamilyCare MICHild	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
		Commercial & Metal Plans	Lansing Board of Water and Light	Medicaid	MICHild	Self Funded (L0000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO
J1300	# eculizumab (Soliris)	√	√	▲	▲	√	√	√	√
J1324	# enfuvirtide (Fuzeon)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A
J1325	# epoprostenol (Flolan)	√	√	√	√	√	√	√	√
J1438	# etanercept (Enbrel) +	√	√	√	√	√	√	√	√
J1440- J1442 & J1446	# filgrastim (G-CSF), (Neupogen)	√	√	√	√	√	√	√	√
J1458	# galsulfase (Naglazyme)	√	√	▲	▲	√	√	√	√
J1459	# immune globulin (Privigen)	√	√	√	√	√	√	√	√
J1556- J1557	# Immune globulin	√	√	√	√	√	√	√	√
J1559	# immune Globulin (Hizentra)	√	√	√	√	√	√	√	√
J1561	# Immune globulin	√	√	√	√	√	√	√	√
J1566	# immune globulin	√	√	√	√	√	√	√	√
J1568- J1569	# immune globulin	√	√	√	√	√	√	√	√
J1602	# Golimumab (Simponi) IV	√	√	√	√	√	√	√	√
J1640	# panhematin (Hemin)	√	√	▲	▲	√	√	√	√
J1650	# enoxoprin (Lovenox) +	√	√	√	√	**** 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
J1830	# Interferon Beta-1B (Betaseron) +	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A
J1931	# laronidase (Aldurazyme)	√	√	▲	▲	√	√	√	√
J1955	# levocarnitine (Carnitor)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A
J2170	# mecasermin (Increlex)	√	√	√	√	√	√	√	√
J2212	# methylnaltrexone (Relistor)	√	√	√	√	√	√	√	√
J2260	# millrinone 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)	√	√	√	√	√ eff 9/1/13	√ eff 9/1/13	√ eff 9/1/13	√
J2507	# pegloticase (Krystexxa)	√	√	√	√	√	√	√	√
J2562	# plerixafor (Mozobil)	√	√	√	√	√	√	√	√













PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

		 Physicians Health Plan	 Physicians Health Plan	 PHP FamilyCare	 PHP FamilyCare MICHild	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
		Commercial & Metal Plans	Lansing Board of Water and Light	Medicaid	MICHild	Self Funded (L0000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO
J2724	# protein c concentrate (Ceprotrin)	√	√	▲	▲	√	√	√	√
J2778	# ranibizumab (Lucentis) Prior Notification required for all diagnoses other than 362.07, 362.35, 362.36, 362.52, 362.53, 362.62	√	√	√	√	√	√	√	√
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
J3060	# taliglucerase alfa (Elelyso)	√	√	√	√	√	√	√	√
J3095	# televancin (Vibativ)	√	√	√	√	√	√	√	√
J3110	# teriparatide (Forteo) 	√	√	√	√	√	√	√	√
J3262	# tocilizumab, (Actemra)	√	√	√	√	√	**** N/A	**** N/A	**** N/A
J3285	# treprostinil (Remodulin)	√	√	√	√	√	√	√	√
J3357	# ustekinumab (Stelara)	√	√	√	√	√	√	√	√
J3385	# velaglucerase alfa (VPRIV)	√	√	▲	√	√	√	√	√
J3485	# zidovudine (Retrovir)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A
J3487	# zoledronic acid (Zometa) De'd 1/1/14	√	√	√	√	√	√	√	√
J3488	# zoledronic acid (Reclast) De'd 1/1/14	√	√	√	√	√	√	√	√
J3489	# zoledronic acid (Zometa/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 362.07, 362.35, 362.36, 362.52, 362.53, 362.62), Corifact/Factor XIII, glucarpidase (Voraxaze) testosterone undecanoate (Andriol), ramucirumab (Cyramza), vedolizumab (Entyvio), antihemophilic factor (Alprolix Factor IX), epoetin beta & siltuximab (Sylvant)	√	√	√	√	√	√	√	√
J3590	# Unclassified biologics	√	√	√	√	√	√	√	√
J7178	# human fibrinogen concentrate (RiaStap)	√	√	▲	▲	√	√	√	√
J7180	# Factor products	√	√	▲	▲	√	√	√	√
J7183- J7187	# Factor products	√	√	▲	▲	√	√	√	√
J7189- J7199	# Factor products	√	√	▲	▲	√	√	√	√
J7301	# levonorgestrel (Skyla) IUD	√	√	√	√	√	√	√	√
J7308	# aminolevulinic acid HCl (Levulan Kerastick)	√	√	√	√	√	√	√	√
J7309	# methyl aminolevulinate (MAL), (Metvixia)	√	√	√	√	√	√	√	√
J7312	# dexamethasone (Ozurdex)	√	√	√	√	√	√	√	√
J7316	# ocriplasmin (Jetrea)	√	√	√	√	√	√	√	√
J7508	# tacrolimus (Prograf)	√	√	√	√	√	√	√	√

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

		 Physicians Health Plan	 Physicians Health Plan	 PHP FamilyCare	 PHP FamilyCare MICHild	 Physicians Health Plan	 Sparrow Physicians Health Network	 Sparrow Physicians Health Network	 PHP Insurance Company
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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)	✓	✓	✓	✓	✓	✓	✓	✓
J8565	# gefitinib (Iressa)	✓	✓	▲	▲	✓	✓	✓	✓
J8700	# temozolomide (Temodar)	✓	✓	✓	✓	✓	✓	✓	✓
J9002	# doxorubicin hydrochloride liposomal doxil (Lipodox)	✓	✓	✓	✓	✓	✓	✓	✓
J9019	# asparaginase (Erwinaze)	✓	✓	✓	✓	✓	✓	✓	✓
J9027	# clofarabine (Clolar)	✓	✓	✓	✓	✓	✓	✓	✓
J9033	# bendamustine hydrochloride (Treanda)	✓	✓	✓	✓	✓	✓	✓	✓
J9035	# bevacizumab (Avastin)	✓	✓	✓	✓	✓	✓	✓	✓
J9041	# bortezomib (Velcade)	✓	✓	▲	▲	✓	✓	✓	✓
J9042	# brentuximab vedotin (Adcetris)	✓	✓	✓	✓	✓	✓	✓	✓
J9043	# cabazitaxel (Jevtana)	✓	✓	✓	✓	✓	✓	✓	✓
J9047	# carfilzomib (Kyprolis)	✓	✓	✓	✓	✓	✓	✓	✓
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)	✓	✓	✓	✓	✓	✓	✓	✓
J9262	# omacetaxine mepesuccinate (Synribo)	✓	✓	✓	✓	✓	✓	✓	✓
J9268	# pentostatin (Nipent)	✓	✓	✓	✓	✓	✓	✓	✓
J9302	# ofatumumab (Arzerra)	✓	✓	✓	✓	✓	✓	✓	✓
J9306	# pertuzumab (Perjeta)	✓	✓	✓	✓	✓	✓	✓	✓
J9307	# pralatrexate	✓	✓	✓	✓	✓	✓	✓	✓
J9310	# rituximab (Rituxan)	✓	✓	✓	✓	✓	✓	✓	✓
J9315	# romidepsin (Istodax)	✓	✓	✓	✓	✓	✓	✓	✓
J9328	# temozolomide (Temodar)	✓	✓	✓	✓	✓	✓	✓	✓
J9351	# topotecan (Hycamtin)	✓	✓	✓	✓	✓	✓	✓	✓
J9354	# ado-trastuzumab emtansine (Kadcyla)	✓	✓	✓	✓	✓	✓	✓	✓
J9355	# trastuzumab (Herceptin)	✓	✓	✓	✓	✓	✓	✓	✓
J9371	# vincristine sulfate liposome (Marqibo)	✓	✓	✓	✓	✓	✓	✓	✓
J9400	# ziv-aflibercept (Zaltrap)	✓	✓	✓	✓	✓	✓	✓	✓
J9999	# Unclassified biologics	✓	✓	✓	✓	✓	✓	✓	✓
Q0090	# levonorgestrel (Skyla) IUD De'd 1/1/14	✗	✗	✗	✗	✗	✗	✗	✗

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

									
		Commercial & Metal Plans	Lansing Board of Water and Light	Medicaid	MICHild	Self Funded (L0000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO
Q2050	# doxorubicin hydrochloride liposomal doxil (Lipodox)	√	√	√	√	√	√	√	√
Q2051	# zoledronic acid De'd 1/1/14	√	√	√	√	√	√	√	√
Q3026	# Interferon Beta-1A (Rebif) 					**** N/A	**** N/A	**** N/A	**** N/A
Q4081	# epoetin alfa (Epogen, Procrit)	√	√	√	√	√	√	√	√
Q4096	# antihemophilic factor (Alphanate)	√	√			√	√	√	√
Q9972	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	√	√	√	√	√	√	√	√
Q9973	Injection, epoetin beta, 1 microgram, (non-ESRD use)	√	√	√	√	√	√	√	√
# Compounded drugs: all		√	√	√	√	**** N/A	**** N/A	√	√
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, be covered at the non-network benefit level, not be a covered benefit. 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.									
△ 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 claims for Medicaid/FamilyCare, Childrens Special Health Care Services (CSHCS) or MICHild CSHCS to Magellan/Michigan Department of Community Health (MDCH) for the services indicated. MDCH may have authorization requirements. You must contact Magellan at 1-877-864-9014. 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 member's card.									
√ * Check member's identification card to determine who is to be notified of service.									
R - Lansing Board of Water and Light: It is recommended the service be reviewed to determine medical necessity in advance of the service. If it is not clinically reviewed prior to the service medical necessity will be determined when the claim is received for processing.									