Medical Record Documentation Reminders

Documentation of services is an important aspect of medical care. Claims submitted to Physicians Health Plan (PHP) should clearly represent the level of service provided and documentation should be accurately identified in the medical records. Two elements related to documentation are:

Diagnosis Coding

The diagnosis code identifies the reason services were provided. PHP recommends that all diagnoses discussed or found at that specific visit be billed along with the corresponding CPT code. If a provider is "ruling-out" a condition, that condition is not the appropriate billing diagnosis. Until the condition can be determined by the provider, the symptom is the appropriate billing diagnosis. To ensure proper claim processing, each diagnosis code billed must be coded to the highest specificity.

History of Present Illness (HPI)

According to Centers for Medicare and Medicaid Services (CMS), only the provider can perform and document the HPI portion of the patient's history. Ancillary staff can document other parts of the history but not the HPI. It is not acceptable to have ancillary staff document the HPI and then the provider later documenting they reviewed it (source: www.wps.medicare.com). PHP routinely audits medical records to ensure compliance with all guidelines.

Please refer to your current CPT Manual, ICD-9-CM Manual and/or Centers for Medicare & Medicaid Services (CMS) 1995 and 1997 Documentation Guidelines for Evaluation and Management Services for any questions regarding documentation.

Regardless of the practitioner's specialty, PHP expects that all claims submitted for reimbursement will be billed at the appropriate CPT code representing the level of service provided and is accurately documented in the medical records.

PHP Sales Update

PHP had 860 new members added with addition of the following new groups that became effective January 1, 2013; Charter Township of Delta, Clark Construction, Allor Manufacturing, Western School District, The ASU Group, Mandatory Poster Agency, Spartan Internet Consulting, Reed & Hoppes, Scofes & Associates, Jackson Grinding Company, and Michigan School of Canine Cosmetology. In addition, PHP had 98% of its January groups renew their PHP contracts for another year. PHP looks forward to servicing our new members and our existing members in the upcoming year.

Enclosures

- Notification/ Authorization Table effective 1/1/13
- False Claims Act Policy
- Advance Directives
- Requirement for exclusion database
- Practice Improvement

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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Physicians Health Plan

Provider Connection

First Quarter 2013

TAIP 2013 Welcomes More Incentive Opportunities

Physicians Health Plan (PHP) is pleased to announce the continuation of the PHP Triple Aim Incentive Program (TAIP) for 2013. Many of the basic features within the 2012 program remain unchanged in 2013. However, there are some noted improvements in the incentive rewards designed for improving the health of our members in cooperation with our Primary Care Providers.

Additional measures have been added to help improve care in areas such as Adolescent Well-Care Visits, Breast Cancer Screening , Cervical Cancer Screening, Chlamydia Screening in Women, Diabetes Care - Hemoglobin A1C testing, Diabetes Care – Retinal Eye Exam, Meaningful Use of Electronic Health Records (EHR). PHP and our PCPs can work together to ensure that all measures are met.

PHP remains committed to working with our PCPs to achieve the highest health status of our members, enhance the patient experience of care and to control the per-capita cost of care by recognizing and rewarding Primary Care Physicians for providing quality, evidence-based services. We are pleased with the improvements TAIP has had since beginning in 2011. We are also very excited to see how the new enhancements can help achieve the shared goal of our member's health.

PHP would like to thank you for your continued support of PHP's TAIP! Together, we are making a difference. If you would like to schedule an onsite meeting, or are interested in learning how you can make a difference please contact your Provider Relations Coordinator at 517.364.8312.

What do you know about being a Patient Centered Medical Home?

A patient centered medical home (PCMH) is a care team that is mainly led by a Primary Care Physician (PCP) which focuses on each patient's health goals and needs, and coordinates the patient's care across all health settings. The concept of a "medical home" is to better manage patient care, reduce unnecessary services being performed, to assure the most appropriate prescription of medications, and to lower the utilization of Emergency Room visits and Inpatient Stays.

The program strongly encourages or incentivizes coordination between PCPs and the other health care professionals involved in the patients care to ensure that the testing results are shared and that together, the best decision are being made.

This PCMH designation allows for the PCP to be the main contact for a patient's care and does mean that there are some changes that need to be done in the workflows of the office. Most notably, PCP led combined medical decision making helps ensure that the patient is getting the right care at the right time and in the right setting. This type of management often eases and comforts the members to know that one physician is their contact and is overseeing all their care.

If you are interested in learning how to become a Patient Center Medical Home, please contact your Provider Relations Coordinator for further assistance at 517.364.8312

Keeping PHP Informed Is Important!

As participating physicians and providers in our network, PHP requires updates regarding the status of your professional practice and other information relative to the services you provide. The notification as outlined in your participation agreement and the provider manual are:

- Changes in privileges (hospital or ambulatory care center)
- Changes in licensure – including Renewal of State or Controlled Substance, DEA license
- Changes in your prescribing ability or ability to perform professional duties
- Sanctions or debarment status
- Malpractice cases, filed or closed
- Renewal of Professional Liability coverage – the current Certificate of Coverage is required to be on file at all times.

Other changes that we require notification of are:

- Acceptance of new patients
- Address information including office location, remittance and billing address
- After hours availability
- Physicians joining or leaving the practice, or taking a leave of absence
- Tax ID number
- Telephone number

Review and update your CAQH at least every six months. Add updated documents to your CAQH file as they become available. These updates allow us to maintain accurate data that is referenced when assisting members with selecting new PCPs, finding a specialist, notification of a change in reimbursement, or issuing payment. Notification of these changes can be faxed to the Network Services Department at 517.364.8412 or mailed to PHP Network Services Department.

PHP responds to section 1202 of the Affordable Care Act (ACA)

PHP FamilyCare will comply with the ACA and will implement a temporary primary care rate increase for specific primary care services furnished by certain qualified primary care providers, according to MDCH and Center for Medicare and Medicaid Services (CMS) guidelines.

MSA Bulletin 12-66 documents the requirements related to the increased payments for services reimbursed by Medicaid fee-for-service (FFS) and PHP FamilyCare. It also outlines the specific details regarding eligible providers and the primary care services.

Important points for PHP FamilyCare providers:

- Providers must designate their primary specialty in the Community Health Automated Medicaid Processing System (CHAMPS) and provide applicable Board Certification. Review your CHAMPS profile to be sure you are listed correctly so you will be eligible for the increased payments from either FFS or PHP FamilyCare. If you have questions about the CHAMPS listing you can call 800.292.2550.

- MDCH will begin FFS payments according to the Bulletin sometime in February. MDCH will provide payment guidance to PHP FamilyCare when it is received from CMS. After the approval from CMS, PHPFC will pay the increase as soon as possible, including retro payments back to January 1, 2013 for the specific primary care services to our qualified providers. Watch for more details on this in letters from MDCH.

If you have any further questions or need assistance, please contact your Provider Relations Coordinator at 517.364.8312

PHP's Provider Directory

Do you need to know who can provide DME, holter monitoring services or where a PHP member can go for laboratory services? Did you know PHP has a Provider Directory available on our website at www.phpmm.org? This directory is the most up to date information available to help assist you in referring PHP members to an In-Network provider for services. When a member is referred to an out of network provider or facility for services, this often can result in an unexpected financial responsibility for the member. To help our members, please remember to check the Provider Director for all participating providers. If you need further assistance, please feel free to contact your Provider Relations Coordinator at 517.364.8312.

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.

With Flu Season at a High Point

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

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.

Be Part of the Practice Improvement MOVEMENT

The Chlamydia Practice Improvement Project (CPIP) is a proven effective intervention to assist providers in streamlining office practices to improve chlamydia screening rates.*

We will tailor CPIP to fit your needs at **NO CHARGE** to your plan or providers!

Contact us today to learn more!

Raise Your Providers' Rates 14% in 12 months!

Nancy Deising, STD Provider Liaison,
Michigan Department of Community Health, Division of Health, Wellness & Disease Control, STD Section
(313) 456-1277 deisingn@michigan.gov

*The National Committee for Quality Assurance (NCQA) has selected chlamydia screening as a HEDIS® measure for 16-24 year old sexually active females.

PHP NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS EFFECTIVE JANUARY 1, 2013

PHP Notification/Prior Authorization Table-All Products Effective January 1, 2013.												
	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)	**** 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		√
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 EFFECTIVE JANUARY 1, 2013

	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**
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
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
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

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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**
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	I# 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 alglucosidease 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		√
J0712	# ceftaroline fosamil (Teflaro)		√		√		√		√		√		√
J0716	centruroides immune f(ab) (Anascorp)		√		√		√		√		√		√
J0718	# certolizumab pegol (Cimzia)		√		√		√		√		√		√

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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
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 (Epogen, 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)		√				√		√		√		√
J2170	# mecasermin (Increlex)		√		√		√		√		√		√
J2212	# methylnaltrexone (Relistor)		√		√		√		√		√		√
J2260	# milrinone lactate (Primacor)		√		√		√		√		√		√

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	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
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		√		√		√		√		√		√
J3590	# Unclassified biologics		√		√		√		√		√		√
J7178	# human fibrinogen concentrate (RiaStap)		√		√		√		√		√		√
J7180	# Factor products		√		√		√		√		√		√

PHP NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS EFFECTIVE JANUARY 1, 2013

		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
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		√		√		√		√		√		√
~~J8561~~	~~# everolimus (Afinitor/Zortress)~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~
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)		√		√		√		√		√		√

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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**
J9315	# romidepsin (Istodax)		√		√		√		√		√		√
J9328	# temozolomide (Temodar)		√		√		√		√		√		√
J9999	# ziv-aflibercept (Zaltrap)		√		√		√		√		√		√
J9351	# topotecan (Hycamtin)		√		√		√		√		√		√
~~**Q0187**~~	~~# coagulation factor VIIA recomb (Novoseven)~~		~~√~~				~~√~~		~~√~~		~~√~~		~~√~~
~~**Q2011**~~	~~# panhematin (Hemin)~~		~~√~~				~~√~~		~~√~~		~~√~~		~~√~~
~~**Q2012**~~	~~# pegademase bovine (Adagen)~~		~~√~~				~~√~~		~~√~~		~~√~~		~~√~~
Q2041	# dendreon (Provenge)		√		√		√		√		√		√
~~**Q2046**~~	~~# aflibercept (Eylea)~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~
~~**Q2047**~~	~~# peginesatide (Omontys)~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~
~~**Q2048**~~	~~# doxorubicin hydrochloride liposomal (Doxil)~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~
~~**Q2049**~~	~~# doxorubicin hydrochloride liposomal (Lipodox)~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~		~~√~~
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); Firazyr (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			√		√		√		√		√		√

PHP NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS EFFECTIVE JANUARY 1, 2013

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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**
# 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)		√		√		√		√		√		√
# 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.

A row that is highlighted in yellow has had a change. Q-codes are temporary. If the Q-code is deleted then the new appropiate code has been added.

Advance Directive Standard

The Physicians Health Plan (PHP) Facility Site/Medical Record Review (FSMRR) standards include the following standard that applies to Primary Care Practitioners:

> *Is there documentation that advance directives have been discussed with adult patients?* (Standard #7)

To Score a "Yes" on the PHP FSMRR: Documentation must be present that advance directives have been discussed with adult patients. Documentation should include either that the member has declined an offer to receive additional information or if an advance directive has been executed, a copy is maintained in the patient's medical record.

> **What Are Advance Directives?** Advance care directives are specific instructions prepared in advance, that are intended to direct a person's medical care if he or she becomes unable to do so in the future. Advance care directives allow patients to make their own decisions regarding the care they would prefer to receive if they develop a terminal illness or a life-threatening injury. There are two types of advance directives. A durable power of attorney for health care allows the patient to name a "patient advocate" to act for the patient and carry out their wishes. A living will allows the patient to state their wishes in writing, but does not name a patient advocate.
>
> **Alternative Names for Advance Directives:** Durable Power of Attorney for Health Care, DNR (do not resuscitate), or Living Will.

Ways to Accomplish Compliance with this Standard: The question concerning advance directives could be included on the patient registration form or health history form. Having a question that asks if the patient has an Advance Directive with a box to check yes or no along with a statement that they may obtain more information regarding the subject from you would meet PHP's standard as well as the Federal Government's. The State Bar of Michigan has a website that is a great resource of information regarding Advance Directives. There are booklets and forms that you can download and print from your computer. The address is www.michbar.org/elderlaw/adpamphlet.cfm.

Why is there so much interest in Advance Directives? Questions about medical care at the end of life are of a great concern today, partly because of the growing ability of medical technology to prolong life and partly because of highly publicized legal cases involving comatose patients whose families wanted to withdraw treatment. "The Michigan Dignified Death Act" (Michigan law) and the Patient self-Determination Act (federal law) recognizes the rights of patients to make choices concerning their medical care, including the right to accept, refuse or withdraw medical and surgical treatment, and to write advance directives for medical care in the event they are unable to express their wishes.

> *The federal law requires all health care facilities (such as hospitals, nursing homes, hospices, home healthcare agencies and HMO's) receiving Medicaid and Medicare funds to ask adult patients and document whether they have a Durable Power of Attorney and to provide education materials to advise patients of their rights under the law.*

Advance care directives can reduce:

- Personal worry
- Futile, costly, specialized interventions
- Overall health care costs
- The feeling of helplessness and guilt for family members
- Legal concerns for everyone involved

REQUIREMENT FOR PROVIDERS TO MAINTAIN AND DISSEMINATE WRITTEN FRAUD & ABUSE AND FALSE CLAIMS ACT POLICIES

All providers that participate with federal programs such as Medicaid or Medicare have a responsibility to detect and prevent fraud and abuse and to understand and comply with the Federal False Claims Act. Additionally, the Michigan Department of Community Health (MDCH) and Section 1902(a)(68)(A) of the Social Security Act* requires that providers that receive $5 million or more dollars in Medicaid funds annually, maintain and disseminate written policies to their employees that include:

- Methods of identifying and detecting fraud, waste and abuse by employees, providers and members;
- A process to guard against (prevent) fraud, waste and abuse committed by employees, providers and members;
- Detailed information about the Federal False Claims Act and the Michigan Medicaid False Claims Act and other provisions named in Section 1902(a)(68)(A) of the Social Security Act*;
- Rights of employees to be protected as Whistleblowers.

This information must also be included in the employee handbook (if one exists).

Under Section 6032 of the Deficit Reduction Act of 2005, any employer who receives more than $5 million per year in Medicaid payments is required to provide information to its employees about the federal False Claims Act, any applicable state False Claims Act, the rights of employees to be protected as whistleblowers, and the employer's policies and procedures for detecting and preventing fraud, waste and abuse. This information must be provided to the employees through written policies and included in the employee handbook (if one exists).

Section 1902(a)(68)(A) of the Social Security Act: Provide that any entity that receives or makes annual payments under the State plan of at least $5,000,000, as a condition of receiving such payments, shall— (A) establish written policies for all employees of the entity (including management), and of any contractor or agent of the entity, that provide detailed information about the False Claims Act established under sections 3729 through 3733 of title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code, any State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs(as defined in section 1128B(f));

SUMMARY OF THE FEDERAL FALSE CLAIMS ACT

The federal False Claims Act is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare or Medicaid program. The act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment.

The term "knowingly" is defined to mean a person who:

- Has Actual knowledge of falsity of information in a claim;
- Acts in deliberate ignorance of the truth or falsity of the information in a claim; or
- Acts in reckless disregard of the truth or falsity of the information in a claim.

The act does not require proof of a specific intent to defraud the U.S. government. Instead, health care providers can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent claims to the government or its contractors, such as knowingly making false statements, falsifying records, double-billing for items or services, submitting bills for services never performed or items never furnished, or otherwise causing a false claim to be submitted.

For purposes of the federal False Claims Act, a "claim" includes any request or demand for money that is submitted to the U.S. government or its contractors.

Health care providers and suppliers who violate the False Claims Act can be subject to civil monetary penalties ranging from $5,500 to $11,000 for each false claim submitted. If a provider or supplier is convicted of a False Claims Act violation, the OIG may seek to exclude the provider or supplier from participation in federal health care programs.

To encourage individuals to come forward and report misconduct involving false claims, the False Claims Act includes a "qui tam" or whistleblower provision. This provision essentially allows any person with actual knowledge of allegedly false claims to the government to file a lawsuit on behalf of the U.S. government, and the individual may be eligible for a financial award.

SUMMARY OF THE MICHIGAN FALSE CLAIMS ACT

The Deficit Reduction Act of 2005 offered an incentive to states to enact their own False Claims Act requirements. Michigan has enacted both the Medicaid False Claim Act (MCL §§400.601 - 400.615) and the Health Care False Claim Act (MCL §§752.1001 - 752.1011). Persons who violate either the Medicaid False Claim Act or the Health Care False Claim Act are guilty of a felony punishable by imprisonment, a monetary fine or both. Under the State False Claim Acts, an employer is prohibited from discharging, demoting, suspending, threatening, harassing or discriminating against an employee because the employee initiates, assists or participates in an investigation under these Acts.

PHP'S COMPLIANCE PLAN AND POLICIES

Physicians Health Plan (PHP), through its Compliance Plan, policies, and actions is committed to the highest standards of ethical behavior, the payment of accurate claims to all providers, and adhering to mandates by federally-funded payers such as Medicaid.

PHP has an established Compliance Plan that includes policies to detect and prevent fraud, waste and abuse. This Plan helps to ensure appropriate claims are made to government programs such as Medicaid.

PHP has an established Billing Integrity Program which is a systematic method to audit and review provider records to detect provider billing fraud and abuse.

PHP has established expectations related to acceptable business practices for providers of health care services and their associates. These expectations have been communicated in the PHP Provider Manual.

It has always been a requirement that claims submitted for payment represent the services provided, and that documentation is complete, accurate and timely.

Examples of false claims include: billing for items or services not rendered or not provided, double billing resulting in duplicate payment, upcoding claims, miscoding claims to allow for billing services not covered, excluding diagnoses that could impact claim payment, etc.

HOW TO REPORT SUSPICIOUS OR FRAUDULENT ACTIONS

REPORTING TO PHP

If you have any knowledge of, or suspicion that, someone within your practice is involved in fraudulent actions; you may report this to PHP by any of the following methods:

- Call the Sparrow Health System Compliance Hotline: (517) 267-9990;
- Send a letter to: Physicians Health Plan, PO Box 30377, Lansing, MI 48909-7877; or
- Contact the PHP Compliance Department at (517) 364-8553 or (800) 562-6197.

All reports can remain anonymous and confidential.

REPORTING MEDICAID FRAUD TO THE STATE OF MICHIGAN

If you have any knowledge of, or suspicion that, someone within your practice is involved in fraudulent actions involving Medicaid claims or services; you may report this directly to the Michigan Department of Community Health (MDCH) Office of Inspector General (OIG) at the following:

In Writing:

Office of Inspector General
PO Box 30479
Lansing, MI 48909

By Phone:

1-855-MI-FRAUD (643-7283)

Online:

www.michigan.gov/fraud

All reports can remain anonymous and confidential. You can report directly to the Michigan OIG before or without reporting to PHP.

REQUIREMENT FOR PROVIDERS PARTICIPATING IN MEDICAID TO SCREEN EMPLOYEES AND CONTRACTORS FOR EXCLUSIONS

All providers that participate in the Michigan Medicaid program are required to screen their employees and contractors for individuals debarred by federal agencies. The following individuals are covered under this requirement:

- All of your employees, including but not limited to, directors, officers or partners;
- Your agents; and
- Any person with beneficial ownership of more than 5% of your equity.

Federal regulations prohibit those that participate in the Medicaid program from affiliation with individuals who have been debarred by federal agencies and preclude reimbursement for any services ordered, prescribed or rendered by a provider who is currently suspended or terminated from direct and indirect participation in the Michigan Medicaid program or federal Medicare program.

Pursuant to Section 42 CFR 438.610, as a participant in the Michigan Medicaid program, you may not knowingly have a director, officer, partner, managing employee or person with beneficial ownership of 5% or more of your equity who is currently debarred or suspended by any state or federal agency. Additionally, you are prohibited from having a contractual, employment, consulting, or any other agreement with a debarred or suspended person for the provision of items or services that are significant and material to your obligations as a Medicaid provider.

PHP does not allow providers who have been excluded from Medicaid/Medicare, or who have employees who have been excluded from Medicaid/Medicare to participate with PHP. Providers and any of their employees who have Medicaid/Medicare sanctions according to the Office of Inspector General (OIG) published listing, National Practitioner Data Bank (NPDB) Query, General Services Administration (GSA), and/or Excluded Parties List System (EPLS), as applicable, or have opted out of Medicare, or signed a private contract with a Medicare beneficiary will result in denial of continued participation for relevant products.

It is your obligation to screen all of your employees and contractors to determine if they have been excluded. The exclusion databases must be queried on a monthly basis.