

ICD 10

Physicians Health Plan (PHP) is working through ongoing preparations for the industry wide switch over to the ICD-10 coding system coming later this year. We will remain in compliance with the October 1, 2015 effective date, established by the Department of Health and Human Services (HHS).

Listed below are a few useful reminders that we would like to make our providers aware of.

Helpful Tips:

- All claims submitted with dates of service 10/1/2015 and forward must include the ICD-10 coding.
- PHP will not translate ICD-9 codes to ICD-10 codes at any time.
- Claims cannot contain both ICD-9 and ICD-10 codes.
- Any claims submitted after the 10/1/2015 effective date that do not include the ICD-10 code sets will be rejected.

For resources and training on ICD-10, please visit the following links:

www.cms.gov/icd10

<http://www.michigan.gov/5010ICD10>

Please contact a PHP Provider Relations Coordinator at 517.364.8312 if you have any questions or need further assistance.



Medication Disposal Locations

Enclosed in this newsletter is a listing of local Law Enforcement and Pharmacy locations that are accepting unwanted medications for safe disposal. This service is open to the public and includes many locations throughout the Ingham County area. The Law Enforcement sites accept CONTROLLED SUBSTANCES ONLY; the Pharmacy sites DO NOT ACCEPT CONTROLLED SUBSTANCES, but will accept and dispose of all other medications. For additional details on proper medication disposal and other resources, please visit www.takebackmeds.org.

Enclosures

- Notification/Authorization Table effective 05/01/2015
- PHP Quality Improvement HEDIS Spotlight
- Medication Take-Back Locations

Please contact a Provider Relations Coordinator if you have any questions about the details or articles in this publication.

We welcome your comments and article ideas for future publications.

This Update is Produced By:

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PO Box 30377, Lansing, MI 48909-7877

Visit our website at: www.phpmichigan.com

517.364.8312 800.562.6197

Provider Satisfaction Survey Results

Physicians Health Plan (PHP) would like to announce the results from the 2014 Physician and Practice Manager Satisfaction Survey conducted by The Myers Group (TMG), a National Committee for Quality Assurance Certified Survey Vendor.

PHP surveys its participating physicians and practice managers every year to gauge their opinions on our quality and efficiency. It is one of our most important tools we have to help us learn about how we can help our providers and office staff.

Results of the 2014 satisfaction survey reflected 92% of our network would recommend PHP to other physician practices, 89% would recommend PHP to their patients and 82% indicate an overall satisfaction with PHP.

While we are pleased with the results of the survey, PHP will continue to work on ways to decrease the administrative hurdles of the authorization process and will continue to communicate with you regular updates and changes as we work to streamline our processes.

As a way to thank our participants, PHP held a drawing from the list of offices that responded to our Provider Satisfaction Survey. The two offices that were drawn each received a new Apple iPad.

PHP knows it can, and will, improve by learning about your changing needs and how we can serve you better. Thank you for taking the time to respond to the satisfaction survey each year as we strive towards service excellence. We look forward to hearing from you in 2015!

PHP Provider Satisfaction Focus Groups

Physicians Health Plan recently hosted our first round of Focus Groups in an effort to gather detailed feedback from providers within our PHP network. We received valuable information during these sessions and enjoyed hearing the comments from those who attended. Thank you to all offices that participated in these sessions; we truly enjoyed meeting with you!

Stay tuned for future announcements on upcoming topic-specific Focus Group sessions.

If you are interested in participating in one of our future groups, please contact a PHP Provider Relations Coordinator at 517.364.8312.

Sparrow PHP Product Reminders

Sparrow PHP Healthy Michigan Plan (HMP)

Healthy Michigan Plan members are not responsible for payment of any applicable co-payments to providers at the time of service. Instead, members are notified by mail at a later date through their MI Health Account if a co-payment is due.

Members with questions regarding co-payments or contributions related to their MI Health Account, may call the Beneficiary Help Line at 1.800.642.3195 for assistance.

Sparrow PHP Customer Service Department is also available at 800.661.8299.

Additional information on services that require co-payments can also be found at: www.michigan.gov/healthymichiganplan.

Completion of a Health Risk Assessment (HRA) for the Healthy Michigan Plan (HMP)

Process for completion:

- *Patient* completes Sections 1- 3 prior to, or at the time of service.
- *Primary Care Provider* completes Section 4.
- Discuss chosen healthy behaviors with your patient and be sure you fill in any results needed for the selected healthy behaviors.
- Please complete the Primary Care Provider Attestation and sign the form; be sure to include your NPI number.

Return the completed HRA to Sparrow PHP by:

- PHP website: <http://www.phpmichigan.com/Contact-PHP> click the “Contact Us Form” link on the bottom of the page and attach the scanned HRA image
- Mail: Sparrow PHP, P.O. Box 30377, Lansing, MI 48909-7877, Attn: Quality Department
- Fax: 517.364.8408

Reimbursement for HRA Services:

Providers may submit CPT code 99420 for reimbursement of the completed HRA, along with the healthy visit CPT code for the services rendered.

Applicable HEDIS measurements are eligible for the Sparrow PHP Triple Aim Incentive Program (TAIP) bonus rewards.

Sparrow PHP Product Reminders

Early Periodic Screening, Diagnosis and Treatment (EPSDT) Developmental Screening

Reminder- Development/behavioral assessments are **required at each scheduled EPSDT Well Child visit** from birth through adolescence as recommended by the American Academy of Pediatrics (AAP) periodicity schedule. A maximum of three objective standardized screenings may be performed in one day for the same beneficiary by a single provider.

Developmental screening uses an objective validated and standardized screening tool such as Ages and Stages Questionnaire (ASQ) or Parents' Evaluation of Developmental Status (PEDS).

Billing for Developmental Screening

- MI Medicaid will reimburse for up to 3 developmental screens per beneficiary, per provider, per day.
- Please bill the appropriate CPT code **96110** or **96111** based on the screening and services provided.

Transportation Assistance

Sparrow PHP offers non-emergency transportation assistance to all Medicaid participants. This is available to Sparrow PHP, Children with Special Health Care Services (CSHCS), MiChild, and Healthy Michigan Plan (HMP) members. If your patients are having difficulty arriving to an appointment for covered services due to lack of transportation, please advise them of this resource.

Please contact Sparrow PHP Customer Service at 800.661.8299 for assistance with arranging transportation.

PHP Quarterly Campaign Notifications

PHP's Medical Resource Management Department recently mailed quarterly Disease Management Program letters to identified members. If your patient has been identified as having a qualifying diagnosis, they received program letters and educational materials related to topics including Understanding Diabetes and Asthma, and appropriate Emergency Room utilization. Qualifying members are identified using information provided from claims that have been submitted with a corresponding encounter code.

If you would like to see a copy of this information please contact a PHP Provider Relations Coordinator at 517.364.8312.

PHP's Prescription Drug List for all products is 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.










PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

PHP Notification/Prior Authorization/Prior Approval Table-All Products Effective May 1, 2015																
	Physicians Health Plan		Physicians Health Plan		Sparrow PHP		Sparrow PHP		Physicians Health Plan		Sparrow Physicians Health Network		Sparrow Physicians Health Network		PHP Insurance Company	
	Commercial & Market Place 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
Genetic testing		√		√		√		√		√		√		√		√
Home care visits		√	N/A	N/A		√		√		√		√		√	*** N/A	*** N/A









PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

	Physicians Health Plan		Physicians Health Plan		Sparrow PHP		Sparrow PHP		Physicians Health Plan		Sparrow Physicians Health Network		Sparrow Physicians Health Network		PHP Insurance Company	
	Commercial & Market Place 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	
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		√		√		√		√		√		√
Low-dose computed tomography (CT) for lung cancer screening		√				√		√		√		√		√		
Uvulopalatopharyngoplasty (UPPP)		√	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	N/A











PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

									
		Commercial & Market Place Plans	Lansing Board of Water and Light	Medicaid	MICild	Self Funded (L0000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO
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	# anthemophilic 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
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
J0885- J0886	# epoetin alfa (Epogen, Procrit)	√	√	√	√	√	**** N/A	**** N/A	**** N/A
J0887	# epoetin beta (for ESRD on dialysis)	√	√	√	√	√	√	√	√
J0888	# epoetin beta (for non-ESRD use)	√	√	√	√	√	√	√	√
J0897	# denosumab (Prolia-Exgeva)	√	√	√	√	√	√	√	√
J1290	# ecallantide (Kalbitor)	√	√	▲	▲	√	√	√	√
J1300	# eculizumab (Soliris)	√	√	▲	▲	√	√	√	√
J1322	# elosulfase alfa (Vimizim)	√	√	√	√	√	√	√	√
J1324	# enfuvirtide (Fuzeon)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A









PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

									
		Commercial & Market Place 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
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	# milrinone lactate (Primacor)	√	√	√	√	√	√	√	√
J2323	# natalizumab (Tysabri)	√	√	√	√	√	√	√	√
J2353- J2354	# octreotide (Sandostatin)	√	√	√	√	√	√	√	√
J2357	# omalizumab (Xolair)	√	√	√	√	√	√	√	√
J2358	# olanzapine (Zyprexa Relprevv)	√	√	▲	√	√	√	√	√
J2426	# paliperidone Palmitate ER (Invega)	√	√	▲	√	√	√	√	√
J2504	# pegademase bovine (Adagen)	√	√	▲	▲	√	√	√	√
J2505	# pegfilgrastim (Neulasta)	√	√	√	√	√ eff 9/1/13	√ eff 9/1/13	√ eff 9/1/13	√
J2507	# pegloticase (Krystexxa)	√	√	√	√	√	√	√	√
J2562	# plerixafor (Mozobil)	√	√	√	√	√	√	√	√
J2724	# protein c concentrate (Ceprotin)	√	√	▲	▲	√	√	√	√
J2778	# ranibizumab (Lucentis) Prior Notification required for all diagnoses other than 362.07, 362.35, 362.36, 362.52, 362.53, 362.62	√	√	√	√	√	√	√	√
J2793	# riloncept (Arcalyst)	√	√	▲	√	√	√	√	√









PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

									
		Commercial & Market Place Plans	Lansing Board of Water and Light	Medicaid	MiChild	Self Funded (L000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO
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
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	√	√	▲	▲	√	√	√	√
J7181	# factor XIII A-subunit	√	√	▲	▲	√	√	√	√
J7182	# factor VIII (NovoEight)	√	√	▲	▲	√	√	√	√
J7183- J7187	# Factor products	√	√	▲	▲	√	√	√	√
J7189- J7199	# Factor products	√	√	▲	▲	√	√	√	√
J7200	# factor IX (Rixubis)	√	√	▲	▲	√	√	√	√
J7201	# factor IX FC fusion protein	√	√	▲	▲	√	√	√	√
J7308	# aminolevulinic acid HCl (Levulan Kerastick)	√	√	√	√	√	√	√	√
J7309	# methyl aminolevulinate (MAL), (Metvixia)	√	√	√	√	√	√	√	√
J7312	# dexamethasone (Ozurdex)	√	√	√	√	√	√	√	√
J7316	# ocriplasmin (Jetrea)	√	√	√	√	√	√	√	√
J7508	# tacrolimus (Prograf)	√	√	√	√	√	√	√	√
J7527	# everolimus (Zortress) 	√	√	√	√	√	√	√	√
J7686	# treprostinil	√	√	√	√	√	√	√	√
J7699	# NOC drugs, inhalation solution administered through DME	√	√	√	√	√	√	√	√
J7799	# NOC drugs, other than inhalation drugs, administered through DME	√	√	√	√	√	√	√	√

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

		 Physicians Health Plan		 Physicians Health Plan		 Sparrow PHP		 Sparrow PHP		 Physicians Health Plan		 Sparrow Physicians Health Network		 Sparrow Physicians Health Network		 PHP Insurance Company	
		Commercial & Market Place 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	
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 diftiox (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)		√		√		√		√		√		√		√		√
J9267	# paclitaxel (Taxol)		√		√		√		√		√		√		√		√
J9268	# pentostatin (Nipent)		√		√		√		√		√		√		√		√
J9301	# obinutuzumab (Gazyva)		√		√		√		√		√		√		√		√
J9302	# ofatumumab (Arzerra)		√		√		√		√		√		√		√		√
J9306	# pertuzumab (Perjeta)		√		√		√		√		√		√		√		√
J9307	# pralatrexate (Folotyn)		√		√		√		√		√		√		√		√
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		√		√		√		√		√		√		√		√
Q2050	# doxorubicin hydrochloride liposomal doxil (Lipodox)		√		√		√		√		√		√		√		√
Q3026	# Interferon Beta-1A (Rebif) +		√		√		√		√	**** N/A	**** N/A	**** 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)		√		√		√		√		√		√		√		√

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

									
		Commercial & Market Place 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
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 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 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.									

PHP's Quality Improvement HEDIS Spotlight

Measures that require more than one event to satisfy the numerator



What does this mean?

The following measures require multiple visits to be compliant and each visit **must be at least 14 days apart**:

- (CIS) Childhood Immunization Status.
- (HPV) Human Papillomavirus Vaccine for Female Adolescents.
- (W15) Well-Child Visits in the First 15 Months of Life (Medicaid only).

For example - Well child visits must be at least 14 days apart.



(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)
- Two influenza (flu) vaccines

(See back for list of billing codes for this measure)

(HPV) Human Papillomavirus Vaccine for Female Adolescents

Goal: At least three HPV vaccinations with different dates of service on or between the member's 9th and 13th birthdays.

Codes: CPT 90649, 90650, 90651

(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: 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**

DTap	At least four DTaP vaccinations CPT 90698, 90700, 90721, 90723 , with different dates of service on or before the child's second birthday.
IPV	At least three IPV vaccinations CPT 90698, 90713, 90723 , with different dates of service on or before the child's second birthday.
MMR	Any of the following with a date of service on or before the child's second birthday meet criteria: <ul style="list-style-type: none"> • At least one MMR vaccination CPT 90707, 90710; At least one measles and rubella vaccination 90708 and at least one mumps vaccination 90704 on the same date of service or on different dates of service. • At least one measles vaccination 90705 and at least one mumps vaccination 90704 and at least one rubella vaccination 90706 on the same date of service or on different dates of service. • History of measles ICD9: 055.79, 055.8, 055.71, 055.9, 055.0, 055.2, 055.1, mumps 072.79, 072.8, 072.2, 072.71, 072.1, 072.0, 072.3, 072.72, 072.9 or rubella 056.71, 056.79, 056.8, 056.01, 056.09, 056.00, 056.9 illness.
HiB	At least three HiB vaccinations CPT 90645, 90646, 90647, 90648, 90698, 90721, 90748 with different dates of service on or before the child's second birthday.
Hepatitis B	Either of the following on or before the child's second birthday meet criteria: <ul style="list-style-type: none"> • At least three hepatitis B vaccinations CPT 90723, 90740, 90744, 90748 or HCPCS G0010, with different dates of service. • History of hepatitis illness ICD9 ;V02.61, 070.21, 070.20, 070.31, 070.30, 070.23, 070.22, 070.33, 070.32
VZV	Either of the following on or before the child's second birthday meet criteria: <ul style="list-style-type: none"> • At least one VZV vaccination CPT 90710, 90716 with a date of service on or before the child's second birthday. • History of varicella zoster (e.g., chicken pox) illness ICD9 053.11, 053.79, 053.8, 053.22, 053.21, 053.19, 053.10, 053.71, 053.0, 053.14, 053.9, 053.29, 053.20, 053.13, 053.12, 052.0, 052.2, 052.7, 052.8, 052.1, 052.9
Pneumococcal conjugate	At least four pneumococcal conjugate vaccinations CPT 90669, 90670 or HCPCS G0009 with different dates of service on or before the child's second birthday.
Hepatitis A	Either of the following on or before the child's second birthday meet criteria: <ul style="list-style-type: none"> • At least one hepatitis A vaccination CPT 90633 with a date of service on or before the child's second birthday. • History of hepatitis A illness ICD9 070.1, 070.0
Rotavirus	Any of the following on or before the child's second birthday meet criteria: <ul style="list-style-type: none"> • At least two doses of the two-dose rotavirus vaccine CPT 90681 on different dates of service. • At least three doses of the three-dose rotavirus vaccine CPT 90680 on different dates of service. • At least one dose of the two-dose rotavirus vaccine 90681 and at least two doses of the three-dose rotavirus vaccine 90680, all on different dates of service.
Influenza	At least two influenza vaccinations CPT 90655, 90657, 90661, 90662, 90673, 90685 or HCPCS G0008 , with different dates of service on or before the child's second birthday.

MEDICATION TAKE-BACK LOCATIONS

County	Law Enforcement Name	Street Address	City	Zip Code
Ingham	East Lansing Police Department	409 Park Lane	East Lansing	48823
Ingham	MSU Police Department	1120 Red Cedar Road	East Lansing	48823
Ingham	Ingham County Sheriff Delhi Post	2045 North Cedar Street	Holt	48842
Ingham	State Police Lansing Post # 11	7119 North Canal Road	Lansing	48913
Ingham	Lansing Township Police Department	3209 West Michigan Avenue	Lansing	48917
Ingham	Lansing Police Department, Headquarters	120 West Michigan Avenue	Lansing	48933
Ingham	Leslie Police Department	107 East Bellevue Street	Leslie	49251
Ingham	Mason Police Department	201 West Ash Street	Mason	48854
Ingham	Ingham County Sheriff's Office	630 North Cedar Street	Mason	48854
Ingham	Meridian Twp. Police Department	5151 Marsh Road	Okemos	48864
Ingham	Village of Stockbridge	210 Wood Street, Suite 101 Room # 6	Stockbridge	49285
Ingham	Village of Webberville Police Department	115 South Main Street	Webberville	48892
Ingham	Williamston Police Department	1500 West Grand River Avenue	Williamston	48895

County	Pharmacy Name	Street Address	City	Zip Code
Ingham	MSU Clinical Center	804 Service Road	East Lansing	48824
Ingham	MSU Olin Health Center	East Circle Drive	East Lansing	48824
Ingham	Advanced Care Pharmacy	6250 South Cedar Street, Suite 2	Lansing	48910
Ingham	Knight Drugs # 21	1540 Lake Lansing Road	Lansing	48912
Ingham	McLaren Drug Shop	401 West Greenlawn Avenue	Lansing	48910
Ingham	Patient Careway Pharmacy	3955 Patient Care Way	Lansing	48911
Ingham	Sparrow Pharmacy Plus # 1 (Medical Center West)	1100 West Saginaw Street	Lansing	48915
Ingham	Sparrow Pharmacy Plus # 10 (Sparrow Medical Supply)	915 East Michigan Avenue	Lansing	48912
Ingham	Sparrow Pharmacy Plus # 11 (Professional Building)	1200 East Michigan Avenue, Suite 310	Lansing	48912
Ingham	Leslie Welcome Pharmacy	826 West Bellevue Street	Leslie	49251
Ingham	PGPA Pharmacy	3544 Meridian Crossing Drive	Okemos	48864
Ingham	Stockbridge Pharmacy	110 South Clinton Street	Stockbridge	49285
Ingham	Sparrow Pharmacy Plus # 2 (Williamston)	129 South Putnam Street	Williamston	48895