



# Provider Connection

THIRD QUARTER 2018

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# Upcoming 2018 PHP sponsorships

## Greater Lansing Area Race Series

PHP is proud to sponsor the Greater Lansing Area Race Series events for 2018. The series consists of 12 races in the greater Lansing area. The remaining races are listed below. If you are interested in joining us for one of these events, more information and registration can be found at [GreaterLansingRaceSeries.com](http://GreaterLansingRaceSeries.com).

Race	Date
25 <sup>th</sup> Annual Fifth Third Capital City River Run Half Marathon	Sunday, Sept. 23
25 <sup>th</sup> Annual Playmakers Autumn Classic – 8K Run/Walk - 1 & 2 Mile Walks	Sunday, Sept. 30
MSUFCU Dinosaur Dash 5K	Sunday, Oct. 7

presented by  Physicians Health Plan

## Struggling with diabetes?

Tri-County Office on Aging and Physicians Health Plan invites PHP members to participate in a 6-week workshop called Diabetes PATH (Personal Action Toward Health)

Michigan's version of the award-winning Diabetes Self-Management Program developed by Stanford University.

Diabetes PATH workshops are offered to learn about:

- » Healthy eating and how to make meal plans
- » Fitness and exercise
- » Preventing complications and sick days; caring for skin and feet
- » Monitoring blood sugar and preventing low blood sugar
- » Relaxation techniques and stress management
- » Working with your healthcare professional
- » Communication and dealing with difficult emotions
- » Goal-setting, decision-making, problem-solving...and more!

### Upcoming Workshops

Physicians Health Plan  
1400 E. Michigan Avenue, Lansing  
Meet in the Board Room | 6-8:30 p.m.

- » Wednesdays | Sept. 12-Oct. 17, 2018
- » Tuesdays | Oct. 16-Nov. 20, 2018

Workshop is FREE to PHP members  
(limited to 15 attendees per session)

A book and healthy snack will be provided

To register, call PHP at **517.364.8466**

## Testimonials

from a past participant in the tri-county area:

*"I truly enjoyed being here every week. The snacks provided were not only delicious, but it gave me ideas of what to eat and made it seem more manageable and something I could handle."*



# Your voice counts

The results of the Provider Satisfaction Survey from 2017 have made an impact on what happens at PHP. We research survey results, including individual comments, and develop strategies to improve our processes. Our goal is to improve member outcomes, which are achieved by ensuring our providers have the tools and resources they need.

## Improvement initiatives PHP is working on in 2018:

- » Decreased turnaround times for prior authorizations/ approvals
- » Providing concise information regarding denials of prior authorization/approval requests
- » Updates to **PHPMichigan.com**, making it more user-friendly
- » Informational flyers and infographics explaining health topics such as Pharmacy Step Therapy and using our provider portal, MyPHP
- » Expanded provider orientation, including welcome calls to new providers
- » Reducing credentialing turnaround time

Watch for updates in the Provider Connection regarding continued improvements throughout 2018 that directly result from your suggestions.

## PHP has implemented the following improvements based on feed back from past years' Provider Satisfaction Surveys:

- » Decreased claim processing times
- » Increased frequency of check writes to twice a week
- » Increased visits from the Provider Relations Team
- » Initiated a new web portal, MyPHP
- » Frequent website updates to include notices, training opportunities, and more
- » Decreased hold times and improved communication response times throughout PHP

Please remember that the 2018 Provider Satisfaction survey is important to PHP and it is essential to make improvements. This year's survey will be mailed in August and we hope to hear from you! If you have any concerns or issues, please contact the Provider Relations Team at **[PHPPProviderRelations@phpmm.org](mailto:PHPPProviderRelations@phpmm.org)**.



# Utilization Management news and updates

## 3rd Quarter 2018

A comprehensive list of procedures and services requiring prior authorization/approval is available online. Visit [PHPMichigan.com/Providers](http://PHPMichigan.com/Providers) and select “Forms” to locate the Authorization-Notification Table.

Please contact the PHP Customer Service Department to inquire about a member’s benefit plan coverage for services or if you have any authorization/approval questions. The Customer Service Department can be reached at **517.364.8500** or **800.832.9168** between the hours of 8:30 a.m. and 5:30 p.m., Monday through Friday.

Reminder: prior authorization requests may be submitted via the Utilization Management fax at **517.364.8409** from 8 a.m. to 5 p.m., Monday through Friday.

Changes to Coverage for Services			
Code(s)	Procedure or Service	Action	Implementation Date
44705, G0455	Fecal Bacteriotherapy	Change from PA to covered without review	10/1/2018
93668	Peripheral arterial disease (PAD) rehabilitation – see BCP-08 Cardiac Rehabilitation policy	Change from not covered to covered without review	10/1/2018
64450	Injection, anesthetic agent; other peripheral nerve or branch	Change from PA to covered without review	10/1/2018
64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636	Facet Joint Injections and Facet Rhizotomy for Pain Management	Change review criteria from PHP-developed policy to MCG CareWebQI® Guidelines	10/01/18
A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, K0903	Therapeutic Shoes and Inserts for Diabetic Patients	New policy for benefit coverage	10/1/2018
L0112 – L4631	Orthotics	Removed PA requirement for orthotics >\$1,000	10/1/2018
95970, 95971, 95972	Electronic analysis of implanted neurostimulator	Change from PA to covered without review	10/1/2018
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Replacement allowable changed from one every year to one every three years; see member’s DME benefit language	9/1/2018

## Continued success with turnaround times

At Physicians Health Plan, we strive to reduce turnaround times for prior authorizations/approvals. The Utilization Team at PHP continues to improve processes to decrease the turnaround time for our department. New improvements include a monitoring system to ensure that our providers receive the most efficient response time. Urgent requests are currently resolved the same day and our non-urgent requests continue to be resolved within five days or less.

Our goal is to continue to improve turnaround times, which increases satisfaction for you and our members.



# Outpatient Rehabilitation/Habilitation Therapy reminders

Cardiac and Pulmonary Rehabilitation services no longer require prior approval as of 7/1/2018.

Peripheral Arterial Disease (PAD) Rehabilitation is now a covered service and is included in policy BCP-08 Cardiac Rehabilitation.

PHP requires prior authorization/approval for outpatient physical therapy, occupational therapy and speech therapy after the initial evaluation. Services must be started within 30 calendar days of the order/referral signed by an appropriate health care provider (M.D., D.O., DPM, DDS, PA or NP). The following must be submitted with a prior authorization/approval request and are conditions of coverage for payment:

- » A signed Physician order or signed Plan of Care (POC). A signed POC is required for all visits after the initial order has expired.
- » Scripts are valid for the frequency and/or duration specified OR up to 90 days.
- » An initial evaluation with a treatment plan that includes a home exercise plan.
- » For an extension of approved services, re-evaluation every 30 calendar days by each therapy that includes an assessment of progress towards goals and the POC.

Please contact PHP's Customer Service Department at **517.364.8500** to obtain benefit limits for members for all outpatient rehabilitation/habilitative services.

For additional information refer to PHP's Benefit Coverage Policies posted on the PHP Portal:

- » BCP-06 Outpatient Rehabilitative-Habilitation Services – Physical and Occupational Therapy
- » BCP-07 Outpatient Pulmonary Rehabilitation Therapy Services
- » BCP-08 Outpatient Cardiac Rehabilitation Therapy Services
- » BCP-57 Outpatient Rehabilitation-Habilitation Services – Speech Therapy

# Top 10 reasons for clinical edit denials

PHP uses clinical edits in the processing and payment of all medical claims. All providers' medical claims for payment are subject to PHP clinical edits. Clinical edits focus upon correct coding methodologies and accurate adjudication of claims.

The top reasons for clinical edit denials:

- 1 Code is bundled into another procedure provided on same date of service
- 2 Lab code not eligible for separate professional component payment
- 3 Payment not allowed for Status B code, bundled professional services
- 4 NCCI disallows procedure billed with another procedure on same date of service without an NCCI modifier
- 5 Status N codes are not separately reimbursable
- 6 No response to medical record requests
- 7 Code bundled when other services provided on same date of service
- 8 Medically unlikely units billed for a procedure
- 9 New Patient visit is not allowed outside of 3-year timeframe
- 10 Payment for supplies are included in operative procedure

PHP clinical edits are processed with an explanation code defining the reason for the denial. Any services denied due to PHP's clinical edits, such as bundling, clinical daily maximums, or other payment logic may not be billed to the member.

When billing PHP, please make sure to review general industry billing standards prior to submitting your claim, including, but not limited to, the American Medical Association's (AMA) CPT Manual, Centers for Medicare and Medicaid Services (CMS) and National Correct Coding Initiative for Medicare Services (NCCI). Claims submitted in accordance with appropriate coding and clinical edit rules are more likely to process without delay!



# Pharmacy news and updates

## 3rd Quarter 2018

PHP's Prescription Drug List (PDL) is available online at [PHPMichigan.com/Providers](http://PHPMichigan.com/Providers). Select "Forms" to find the current drug list.

Additionally, criteria for medications requiring prior authorization/approval are also available online at [PHPMichigan.com/Providers](http://PHPMichigan.com/Providers) and then select: "Pharmacy Services." If you have any pharmacy questions, please call the Pharmacy Department at **517.364.8545** or email us at [PHPPharmacy@phpmm.org](mailto:PHPPharmacy@phpmm.org).

Drug	New Drugs to Market	Added to Formulary
Biktarvy	Added to formulary, Tier 2	5/1/18
Lutathera	Added to formulary, Medical Prior Authorization/Approval required	5/1/18
Alunbrig	Added to formulary, Tier 3/4, Prior Authorization/Approval required	5/1/18

Drug	Formulary Changes	Effective Date
Cheratussin AC	Not FDA approved, exclude from formulary	10/1/18
Chlordiazepoxide/Clid 5-2.5mg	Not FDA approved, exclude from formulary	10/1/18
Donnatal	Not FDA approved, exclude from formulary	10/1/18
Folbee	Not FDA approved, exclude from formulary	10/1/18
Foltx	Not FDA approved, exclude from formulary	10/1/18
Hydrocortisone Suppositories	Not FDA approved, exclude from formulary	10/1/18
K-Effervescent 25 MEQ	Not FDA approved, exclude from formulary	10/1/18
Lidocaine/Hydrocortisone 3-0.5%	Not FDA approved, exclude from formulary	10/1/18
Salicylic Acid 6% & 27.5%	Not FDA approved, exclude from formulary	10/1/18
Sodium Sulfacetamide Wash, all strengths	Not FDA approved, exclude from formulary	10/1/18
Tetracaine Hcl 0.5% ophth	Not FDA approved, exclude from formulary	10/1/18
Urea 40%	Not FDA approved, exclude from formulary	10/1/18
Virt-Caps 1mg	Not FDA approved, exclude from formulary	10/1/18

2nd Quarter Newsletter Corrections			
Drug	Coverage Change	Effective Date	Comments
Arnuity Ellipta	Tier 3	1/1/18	2nd quarter newsletter incorrectly identified drug as an excluded product
Linzess	Removed PA requirement, Tier 2	2/7/18	2nd quarter newsletter effective date of 2/28/18 is incorrect
Fiasp	Added to formulary, Tier 2	2/28/18	2nd quarter newsletter effective date of 1/1/18 is incorrect
Eylea, Lucentis, Macugen	Requires Medical PA, Avastin will be preferred agent	6/1/18	2nd quarter newsletter effective date of 2/28/18 is incorrect





## Formulary changes

### Changes effective Oct. 1, 2018 for non-FDA-approved Medications

The following Medications are no longer FDA approved and have been removed from the formulary:

- » Guaifenesin with Codeine Syrup
- » Librax Capsules/Chlordiazepoxide-Clidinium Bromide Capsules
- » Donnatal Tablets/Belladonna Alkaloids-Phenobarbital Tablets
- » Effervescent Potassium Tablets
- » Foltx Tablets
- » Foltanx RF Tablets
- » Folbee Tablets
- » Hydrocortisone Rectal Suppositories and Cream
- » Lidocaine-Hydrocortisone Rectal Cream
- » Salicylic Acid Topical
- » Sulfacetamide Wash/Lotion/Shampoo/Gel
- » Sulfacetamide with Sulfur Wash/Lotion/Cream
- » Tetracaine Ophthalmic Solution
- » TL Gard Rx Tablets
- » Virt-Caps
- » Urea 40% CreamIf

If Patients have an active prior authorization for any of the above medications, that will remain in place through the end of the prior authorization period on the authorization letter.

# Utilization Management

## Opioid update

Effective July 1, 2018, some opioid pain products will be subject to utilization changes to help ensure safe use of opioid pain management medications.

- » Prescriptions for Patients already receiving opioid therapy will be rejected at the pharmacy if the Patient's therapy is not adjusted to be at or below the limit.
- » Coverage limits are based on coverage for up to 90 morphine milligram equivalents (MME) per day and may accumulate across opioid products to help avoid duplicate therapy and high doses. Please note, if your Patient is taking more than one opioid product, the limit may be exceeded even if the quantity of each individual product is less than the limit.
- » If you decide a different quantity of medication is right for your Patient, you may request a prior authorization/approval for coverage.
- » Prior authorization/approval request forms can be found at [PHPMichigan.com](http://PHPMichigan.com) under the Providers tab, then "Forms."
- » Please note, opioid pain medications used to treat cancer pain are not subject to these utilization management changes.
- » For Patients that who start opioid therapy, please consider the coverage limits below prior to prescribing opioid therapy.

Product Type	Utilization Management
Immediate-Release (IR) Opioid Products (new utilizers)	Coverage up to seven days for Patients who are new to therapy (based on history of an opioid prescription)
Extended-Release (ER) Opioid Products (new utilizers)	An immediate-release product must be utilized before an extended-release product will be covered
Extended-Release and Immediate-Release Opioid Products (new/existing utilizers)	Coverage for up to 90 MME per day



# Specialty Pharmacy Network changes:

## Effective Oct. 1, 2018 Physicians Health Plan's Specialty Pharmacy Network will change.

Who does this affect? Commercial members, Exchange members, and Dart members. PHP will move to an exclusive specialty medication network with CVS Caremark

- » There will be no change to the specialty medications that a member is currently taking - only where these medications are dispensed.
- » A member's current prior authorizations and/or copay will not change.
- » CVS mailed letters to members and providers on Aug. 1, 2018, to inform them of this change.
- » CVS is reaching out to providers and pharmacies to assist with transferring prescriptions into CVS Specialty Pharmacy.
- » No disruption or delays are expected.
- » This network change only impacts specialty medications.

**Sparrow Caregivers:** There will be no change to the current pharmacy network for all Sparrow plans (L0001269 & L0000264).



# Frequently Asked Questions on Pharmaceutical Step Therapy

## » What is step therapy?

- » Step therapy is an approach to formulary management to control the costs and risks posed by prescription medications. The practice begins by prescribing medication for a medical condition that represents the most cost-effective and safest drug therapy approach, and then progresses to other more costly or uncertain therapies if needed.

## » Why is step therapy necessary?

- » Step therapy requirements ensure that an established and cost-effective therapy is utilized prior to progressing to other therapies. It can also effectively help avoid inappropriate drug use and promote the use of evidence-based drug therapy. Step therapy is just one of many ways to help minimize overall medical costs and improve member access to more affordable care.

## » How does step therapy work?

- » When a non-preferred medication requires step therapy, a preferred medication must be utilized first (generally, this means your Patient must try the medication for a minimum of 30 days). If the preferred medication does not work or causes undesirable side effects, the system is configured to allow a claim for the non-preferred medication to go payable automatically (provided there is a paid claim for the preferred medication).

## » How do I know which medications require step therapy?

- » Medications that require step therapy are identified in the Preferred Drug List (PDL), which can be found at [PHPMichigan.com/Providers](https://www.phpmichigan.com/Providers) under Forms. Medications that require step therapy have “ST” following the drug name on the PDL.

## » What can I do to ensure that my Patients get their medication without delay?

- » Review the PDL before prescribing a medication to ensure that it is a covered drug
- » E-scribe the prescription (send the prescription to the pharmacy electronically via computer). When you e-scribe the prescription you are notified immediately if the medication is covered.

## » The Patient took the preferred medication years ago and it did not work. Do we have to try it again?

- » No. Since there are not any claims for the preferred medication in the pharmacy fill history, you need to submit a Prior Authorization request to PHP, including chart notes detailing the failure on the preferred medication.

## » I prescribed a non-preferred medication because the Patient feels the preferred medication is not appropriate for them. What do I do now?

- » You need to submit a Prior Authorization request to PHP explaining why the preferred medication is not appropriate for the Patient.





## The truth about medication samples and copayment savings cards

Patients like going home with free samples because it saves them a trip to the drugstore and a copay. At times, you as the provider can fill this request, because samples help Patients get started on treatment right away. But is this really helping the Patients? PHP has put together a few points to keep in mind when distributing samples and coupons.

- » Giving Patients samples and coupon cards\* for drugs can inadvertently increase the cost to the health plan, which could potentially increase the Patient's premiums when their plan renews.
- » Drugs for which samples are given tend to be higher cost, non-preferred drugs. Once the Patient becomes stable on the sample drug and tries to fill the prescription at the pharmacy, they may find that the drug requires prior authorization/approval, which can potentially cause an interruption in therapy.
- » Most copay assistance cards have fine print detailing the card's limitations. For example, they may only contribute a certain dollar amount per month/year or only allow the card to be used once per lifetime. This may leave your Patient unable to afford their drug.

How can I help my Patients avoid these issues?

- » Take advantage of ePrescribing. When ePrescribing, you are able to determine right away whether or not the drug has any limitations or requires prior authorization/approval. The system also suggests possible lower cost alternatives, if applicable.
- » Avoid giving drug samples until you know the drug is covered and is affordable for your Patient.
- » Ensure that Patients understand the fine print on copay assistance cards.
- » Using the most cost-effective drug results in lower costs for your Patient as well as the Patient's health plan. Patients have a lower copay for the preferred drugs, and overall cost savings may drive their premiums down.

\* The IRS has indicated that the use of a pharmaceutical discount card that entitles a member to receive healthcare discounts (including discounts on prescription drugs) will not affect the member's eligibility to participate in an Health Savings Account (HSA), so long as the member is responsible for paying all costs of coverage (taking any discount provided by the card into account) until his or her deductible is satisfied. (See IRS Notice 2004-50, Q/A-9).

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

## Member Rights

Enrollment with PHP entitles you to:

1. Receive information about your rights and responsibilities as a member
2. Have access to language interpretation services
3. Be treated at all times with respect and recognition of your dignity and right to privacy
4. Choose and change a Primary Care Physician (PCP) from a list of network Physicians or practitioners
5. Receive information on all treatment options that you may have in terms you can understand so that you can give informed consent before treatment begins
6. Participate in decisions involving your healthcare, such as having treatment or not and what may happen
7. Voice complaints or file appeals without fear of punishment or retaliation and/or without fear of loss of coverage
8. Be given information about PHP, its services, and the providers in its network, including their qualifications
9. Make suggestions regarding PHP's Member Rights and Responsibilities policies
6. Provide complete and accurate information (to the extent possible) that PHP and providers need in order to provide care
7. Understand your health problems and develop treatment goals you agree on with your PHP provider
8. Follow the plans and instructions for care that you agree on with your PHP provider
9. Understand what services have cost shares to you, and pay them directly to the network provider who gives you care
10. Read your PHP member materials and become familiar with and follow health plan benefits, policies, and procedures
11. Report healthcare fraud or wrongdoing to PHP

## Member Responsibilities

As a covered person, you are expected to:

1. Select or be assigned a Primary Care Physician from PHP's list of network providers and notify PHP when you have made a change
2. Be aware that all hospitalizations must be authorized in advance by PHP, except in emergencies or for urgently needed health services
3. Use emergency department services only for treatment of a serious or life-threatening medical condition
4. Always carry your PHP ID card to providers each time you receive health services, never let another person use it, report its loss or theft to us, and destroy any old cards
5. Notify PHP of any changes in address, eligible family members and marital status, or if you acquire other health insurance coverage

## Unclaimed checks

Most businesses have unclaimed property resulting from normal operations. At PHP, this happens when checks are sent out and never cashed or deposited. The State of Michigan considers any asset, tangible or intangible, belonging to a third party that remains unclaimed for a specified period of time to be "unclaimed property."

Michigan's Uniform Unclaimed Property Act, Public Act 29 of 1995, as amended, requires businesses and government entities to report and remit to the Michigan Department of Treasury unclaimed property belonging to owners whose last known address is in Michigan. In addition, every business or government entity that is incorporated in Michigan must report and remit abandoned property belonging to owners where there is no known address.

Annually, PHP is required to send written notice to providers at their last known address informing them that we hold property subject to being turned over to the State. These notices give you options for acquiring the unclaimed property and must be mailed by April 15 every year. If the property remains unclaimed it is turned over to the State no later than July 1.

To find out if you or your business has any unclaimed property with the State, visit the Michigan Department of Treasury website at [Michigan.gov/Treasury](https://www.michigan.gov/Treasury).

# HEDIS CORNER

## Adolescent Well-Care Visits

The **Adolescent Well-Care Visits (AWC)** measure tracks the percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a Primary Care (PCP) or OB/GYN practitioner during the measurement year.

Many of our adolescent members see PCPs for illness/emergent care, but do not receive annual comprehensive well-care checks. This is an opportunity to schedule and educate the parent and Patient of the importance of a routine physical exam. Adolescence is a fundamental stage for a health risk behavior assessment, health education, and development of healthy habits and annual adolescent well-care visits are recommended to maintain health and monitor development.

Physicians Health Plan HMO/POS had a reported 2016 HEDIS® rate of 44.56% for AWC visits where the 2016 Quality Compass® National Average rate was 51.09%. Although our 2017 HEDIS-reported rate of 47.88% showed a slight increase, we continue to look for ways to improve our performance.

Complete and accurate coding of all claim submissions ensures the integrity of data. Included is a list of codes to identify AWC visits.

### CPT

**99384 or 99394:** Initial comprehensive preventive medicine evaluation & management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)

**99385 or 99395:** Initial comprehensive preventive medicine evaluation & management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; (age 18 through 39 years)

### HCPCS

**G0438:** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit

**G0439:** Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit

### ICD10

**Z00.00:** Encounter for general adult medical examination

**Z00.01:** Encounter for general adult medical examination with abnormal findings

**Z00.121:** Encounter for routine child health examination with abnormal findings

**Z00.129:** Encounter for routine child health examination without abnormal findings

**Z00.5:** Encounter for examination of potential donor of organ and tissue

**Z00.8:** Encounter for other general examination

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## PHP Notification/Prior Approval Table-All Products Effective Sept. 1, 2018

Services/Items/Procedures/Medication	Notification Requirement	
	Within 1 Business Day	Prior to Service
Acute admissions that are urgent or emergent (including direct admissions) except maternity admissions that fall within federal timelines (see below for exception)	•	
Acute maternity admissions that exceed federal mandated LOS (48 hours after vaginal delivery & 96 hours after cesarean section delivery)	•	
Acute pre-operative admission days		•
Acute psychiatric/substance abuse admissions that are urgent or emergent (facility notification)	•	
Acute rehabilitation admission		•
Acute scheduled admissions	•	
Acute scheduled psychiatric or substance abuse admissions (facility notification)		•
Autism Spectrum Disorders treatment		•
Bariatric surgery		•
Behavioral Health Services - certain outpatient services (e.g., ECT, neuro/cognitive/psychological testing, health and behavioral assessment, outpatient/ambulatory detoxification, etc.)		•
Behavioral Health Services - intermediate (day treatment, partial hospitalization, residential treatment)		•
Biofeedback training		•
Capsule endoscopy imaging		•
CAR-T Cell Immunotherapy		•
Cosmetic - procedures that under some conditions, may be considered cosmetic and not medically necessary: e.g., abdominoplasty, breast reduction, procedures for gynecomastia, breast reconstruction and associated implants, gender reassignment, jaw/orthognathic surgeries, photodynamic therapy & special dermatologic procedures, sclerotherapy, varicose vein procedures including stripping and ligation, eyelid repair		•
Dental services - accidental		•
Durable medical equipment: Implantable devices, (e.g. bone stimulators, infusion pumps); insulin pumps, continuous glucose monitors and supplies, power wheelchairs and accessories, mobility devices, automatic external defibrillators, chest wall oscillation vest		•
External ambulatory insulin delivery system (V-Go)		•
Experimental/ investigational/ unproven services, emerging technology/category III codes (including tissue engineered skinsubstitutes)		•
Facet Injections and Facet Neurotomy (rhizotomy): <b>policy changes effective 10/1/18</b>		•
Fecal Bacteriotherapy (Fecal Microbiota Transplant)		PA removed effective 10/1/18
Femoro-Acetabular Hip Impingement Surgery		•
Gender reassignment surgeries		•
Genetic Testing		•
Glaucoma surgery: iStent Trabecular Micro-bypass Stent		PA removed effective 7/1/18
Home care services		•
Home infusion services		•
Hospice services		•
Hyperbaric oxygen therapy		•
Infertility medications		•
Long term acute care admission		•
Neuropsychiatric testing		•
Prosthetic devices over \$1,000; including scleral shells, cochlear implants, bone-anchored hearing aids and replacement parts, spinal cord stimulators and associated supplies		•
Outpatient speech therapy		•
Outpatient rehab therapy (PT/OT)		•
Peripheral nerve neurostimulators		•
Private duty nursing		•
Psychodiagnostic testing		•
Sleep studies done out of network		•
Skilled nursing facility, subacute nursing & rehabilitation services		•
Spinal cord stimulators/sacral nerve stimulators and associated supplies (generator, transmitter, battery, leads, etc.)		•
Temporomandibular joint dysfunction/syndrome treatment		•
Total disc arthroplasty, cervical		•
Transplant (including evaluation and post-transplant) and related services; ventricular assist devices (VAD), travel and lodging reimbursement if a benefit		•



**PHP Notification/Prior Approval Table-All Products Effective Sept. 1, 2018**

Code	Drug Name	Notification Requirement	
		Within 1 Business Day	Prior to Service
90378	# palivizumab (Synagis)		•
90587	# dengue vaccine		•
90625	# cholera vaccine (Dukoral-ShanChol)		•
C9014	# cerliponase alfa, (Zinplava)		•
C9015	# C1 esterase inhibitor (human) (Haegarda)		•
C9024	# liposomal daunorubicin and cytarabine (Vyxeos)		•
C9028	# inotuzumab ozogamicin (Besponsa)		•
C9029	# guselkumab (Tremfya)		•
C9030	# Injection, copanlisib, 1mg		•
C9031	# Lutetium Lu 177, dotatate, therapeutic, 1 mCi		•
C9032	# Injection, voretigene neparvovec-rzyl, 1 billion vector genome		•
C9132	# factor products		•
C9136	# factor products		•
C9248	# clevidipine butyrate (Clevidipine)		•
C9293	# glucarpidase (Voraxaze)		•
C9462	# Injection, delafloxacin, 1mg		•
C9466	# Injection, benralizumab, 1mg		•
C9467	# Injection, rituximab and hyaluronidase, 10mg		•
C9468	# Injection, Factor IX (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 IU		•
C9482	# sotalol hydrochloride		•
C9488	# conivaptan hydrochloride (Vaprisol)		•
C9492	# durvalumab, 10 mg (Imfinzi)		•
C9493	# edaravone, 1 mg (Radicava)		•
J0129	# abatacept (Orencia)		•
J0135	# adalimumab (Humira)		•
J0178	# aflibercept (Eylea)		•
J0180	# agalsidease beta (Fabrazyme)		•
J0202	# alemtuzumab (Campath)		•
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)		•
J0270	# Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered). RX BENEFIT ONLY.		•
J0275	# Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered). RX BENEFIT ONLY.		•
J0365	# aprotinin (Trasylol)		•
J0401	# aripiprazole (Abilify)		•
J0485	# belatacept (Nulojix)		•
J0490	# belimumab (Benlysta)		•
J0565	# bezlotoxumab (Zinplava)		•
J0570	# buprenorphine (Probuphine)		•
J0571	# Buprenorphine, oral, 1 mg RX BENEFIT ONLY		•
J0572	# Buprenorphine/naloxone, oral, less than or equal to 3 mg RX BENEFIT ONLY		•
J0573	# Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg RX BENEFIT ONLY		•
J0574	# Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg RX BENEFIT ONLY		•
J0575	# Buprenorphine/naloxone, oral, greater than 10 mg RX BENEFIT ONLY		•
J0585-J0588	# Botox injections		•
J0596	# C-1 esterase inhibitor (Ruconest)		•
J0597	# C-1 esterase inhibitor (Berinert)		•

**PHP Notification/Prior Approval Table-All Products Effective Sept. 1, 2018**

Code	Drug Name	Notification Requirement	
		Within 1 Business Day	Prior to Service
J0598	# C-1 esterase inhibitor (Cinryze)		•
J0638	# canakimab (Ilaris)		•
J0695	# ceftolozane and tazobactam ( Kyocera)		•
J0712	# ceftaroline fosamil (Teflaro)		•
J0714	# ceftazidime and avibactam (Avycaz)		•
J0716	# centruroides immune f(ab) (Anascorp)		•
J0717	# certolizumab pegol (Cimzia)		•
J0775	# collagenase, clostridium histolyticum (Xiaflex)		•
J0795	# corticorelin ovine triflutate (Acthrel)		•
J0800	# corticotropin (Acthar)		•
J0875	# dalbavancin (Dalvance)		•
J0878	# Injection, daptomycin, 1 mg		•
J0881-J0882	# darbepoetin alfa (Aranesp)		•
J0885	# epoetin alfa (Epogen, Procrit)		•
J0887	# epoetin beta (for ESRD on dialysis)		•
J0888	# epoetin beta (for non-ESRD use)		•
J0890	# peginesatide (for non-ESRD use) (Omontys)		•
J0897	# denosumab (Prolia-Exgeva)		•
J1290	# ecallantide (Kalbitor)		•
J1300	# eculizumab (Soliris)		•
J1322	# elosulfase alfa (Vimizim)		•
J1325	# epoprostenol (Flolan)		•
J1428	# eteplirsen (Exondys 51)		•
J1438	# etanercept (Enbrel)		•
J1439	# Injection, ferric carboxymaltose, 1 mg (Injectafer)		•
J1442	# filgrastim (G-CSF), (Neupogen)		•
J1447	# Injection, tbo-filgrastim, 1 microgram RX BENEFIT ONLY		•
J1458	# galsulfase (Naglazyme)		•
J1459	# immune globulin (Privigen)		•
J1555-J1557	# Immune globulin		•
J1559	# immune Globulin (Hizentra)		•
J1561	# Immune globulin		•
J1566	# Immune globulin		•
J1568-J1569	# Immune globulin		•
J1572	# Immune globulin		•
J1575	# immune globulin/hyaluronidase (HyQvia)		•
J1602	# Golimumab (Simponi) IV		•
J1640	# panhematin (Hemin)		•
J1650	# enoxoprin (Lovenox)		•
J1675	# histrelin acetate		•
J1740	# ibandronate sodium (Boniva)		•
J1743	# idursulfase (Elaprase)		•
J1744	# icatibant (Firazyr)		•
J1745	# infliximab (Remicade)		•
J1786	# imiglucerase (Cerezyme)		•
J1826	# interferon Beta-1A (Avonex)		•
J1830	# Interferon Beta-1B (Betaseron)		•
J1833	# isavuconazonium (Cresemba)		•
J1931	# laronidase (Aldurazyme)		•
J1942	# aripiprazole lauroxil (Abilify)		•
J2170	# mecasermin (Increlex)		•
J2182	# mepolizumab (Nucala)		•
J2212	# methylNaltrexone (Relistor)		•
J2260	# milrinone lactate (Primacor)		•



**PHP Notification/Prior Approval Table-All Products Effective Sept. 1, 2018**

Code	Drug Name	Notification Requirement	
		Within 1 Business Day	Prior to Service
J2274	# Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg. Only covered via a Facility; otherwise PHP reviews for PA		•
J2323	# natalizumab (Tysabri)		•
J2326	# nusinersen (Spinraza)		•
J2350	# ocrelizumab, 1 mg (Ocrevus)		•
J2353-J2354	# octreotide (Sandostatin)		•
J2357	# omalizumab (Xolair)		•
J2358	# olanzapine (Zyprexa Relprevv)		•
J2407	# oritavancin (Orbactiv)		•
J2426	# paliperidone palmitate ER (Invega)		•
J2502	# pasireotide (Signifor LAR)		•
J2503	# pegaptanib (Macugen)		•
J2504	# pegademase bovine (Adagen)		•
J2505	# pegfilgrastim (Neulasta) RX BENEFIT ONLY		•
J2507	# pegloticase (Krystexxa)		•
J2562	# plerixafor (Mozobil)		•
J2704	# Injection, propofol, 10 mg. Only covered via a Facility; otherwise PHP Pharmacy reviews for a PA.		•
J2724	# protein c concentrate (Ceprotin)		•
J2778	# ranibizumab (Lucentis)		•
J2783	# rasburicase (Elitek)		•
J2786	# reslizumab (Cinqair)		•
J2793	# rilonacept (Arcalyst)		•
J2796	# romiplostim (Nplate)		•
J2840	# sebelipase alfa (Kanuma)		•
J2860	# siltuximab (Sylvant)		•
J2940	# somatrem (Protropin) RX BENEFIT ONLY		•
J2941	# somatropin (all growth hormones)		•
J3060	# taliglucerase alfa (Elelyso)		•
J3090	# tedizolid phosphate (Sivextro)		•
J3095	# televancin (Vibativ)		•
J3110	# teriparatide (Forteo)		•
J3121	# testosterone enanthate (Delatestryl)		•
J3145	# testosterone undecanoate (Andriol)		•
J3262	# tocilizumab, (Actemra)		•
J3285	# treprostinil (Remodulin)		•
J3357-J3358	# ustekinumab (Stelara)		•
J3380	# vedolizumab (Entyvio)		•
J3385	# velaglucerase alfa (VPRIV)		•
J3489	# zolendronic acid (Reclast, Xgeva) Only for claims that exceed \$3000.00		•
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) : glucarpidase (Voraxaze), dinutuximab (Unituxin),		•
J3590	# Unclassified biologics 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) : reslizumab (Cinqair)		•
J7175-J7209	# factor products		•
J7178	# methyl aminolevulinate (MAL), (Metvixia)		•
J7210-J7211	# factor products		•
J7309	# methyl aminolevulinate (MAL), (Metvixia)		•
J7311	# fluocinolone acetonide (Retisert)		•
J7312	# dexamethasone (Ozurdex)		•
J7313	# fluocinolone acetonide (Iluvien)		•
J7316	# ocriplasmin (Jetrea)		•
J7336	# Capsaicin patch		•
J7340	# carbidopa 5 mg/levodopa 20 mg enteral suspension (Duopa)		•

**PHP Notification/Prior Approval Table-All Products Effective Sept. 1, 2018**

Code	Drug Name	Notification Requirement	
		Within 1 Business Day	Prior to Service
J7342	# Installation, ciprofloxacin otic suspension, 6 mg RX BENEFIT ONLY		•
J7500	# Azathioprine, oral, 50 mg RX BENEFIT ONLY		•
J7502	# Cyclosporine, oral, 100 mg RX BENEFIT ONLY		•
J7503 & J7508	# tacrolimus (Prograf) RX BENEFIT ONLY		•
J7509	# Methylprednisolone oral, per 4 mg RX BENEFIT ONLY		•
J7510	# Prednisolone oral, per 5 mg RX BENEFIT ONLY		•
J7512	# prednisone, immediate release or delayed release, oral, 1 mg RX BENEFIT ONLY		•
J7515	# Cyclosporine, oral, 25 mg RX BENEFIT ONLY		•
J7516	# Cyclosporine, parenteral, 250 mg RX BENEFIT ONLY		•
J7517	# Mycophnolate mofetil, oral, 250 mg RX BENEFIT ONLY		•
J7518	# Mycophenolic acid, oral, 180 mg RX BENEFIT ONLY		•
J7520	# Sirolimus, oral, 1 mg RX BENEFIT ONLY		•
J7525	# Tacrolimus, parenteral, 5 mg RX BENEFIT ONLY		•
J7527	# everolimus (Zortress) RX BENEFIT ONLY		•
J7686	# treprostinil (Tyvaso)		•
J7699	# NOC drugs, inhalation solution administered through DME		•
J7799	# NOC drugs, other than inhalation drugs, administered through DME		•
J7999	# Compounded drug, not otherwise classified		•
J8498	# antiemetic drug, rectal/suppository, not otherwise specified		•
J8499	# prescription drug, oral, non chemotherapeutic, NOS		•
J8501	# aprepitant, oral, 5 mg (emend) RX BENEFIT ONLY		•
J8510	# busulfan, oral, 2 mg (Myleran) RX BENEFIT ONLY		•
J8515	# cabergoline, oral, 0.25 mg RX BENEFIT ONLY		•
J8520	# capecitabine, oral, 150 mg (Xeloda) RX BENEFIT ONLY		•
J8521	# capecitabine, oral, 500 mg (Xeloda) RX BENEFIT ONLY		•
J8530	# cyclophosphamide, oral, 25mg RX BENEFIT ONLY		•
J8540	# dexamethasone, oral, 0.25 mg RX BENEFIT ONLY		•
J8560	# etoposide, oral, 50 mg (Toposar) RX BENEFIT ONLY		•
J8562	# fludarabine phosphate (Oforta) RX BENEFIT ONLY		•
J8565	# gefitinib (Iressa) RX BENEFIT ONLY		•
J8597	# antiemetic drug, oral, not otherwise specified RX BENEFIT ONLY		•
J8600	# melphalan, oral, 2 mg (Alkeran) RX BENEFIT ONLY		•
J8610	# methotrexate, oral, 2.5 mg RX BENEFIT ONLY		•
J8650	# nabilone, oral, 1 mg (Cesamet) RX BENEFIT ONLY		•
J8655	# netupitant/palonosetron (Akynzeo)		•
J8670	# rolapitant, oral, 1 mg (Varubi) RX BENEFIT ONLY		•
J8700	# temozolomide (Temodar)		•
J8705	# topotecan, oral, 0.25 mg (Hycamtin) RX BENEFIT ONLY		•
J8999	# prescription drug, oral, chemotherapeutic, NOS		•
J9019	# asparaginase (Erwinaze)		•
J9022	# atezolizumab (Tecentriq)		•
J9023	# avelumab, 10 mg (Bavencio)		•
J9027	# clofarabine (Clolar)		•
J9032	# belinostat (Beleodaq)		•
J9033	# bendamustine hydrochloride (Treanda)		•
J9034	# bendamustine HCl (Bendeka)		•
J9035	# bevacizumab (Avastin)		•
J9039	# blinatumomab (Blincyto)		•
J9041	# bortezomib (Velcade)		•
J9042	# brentuximab vedotin (Adcetris)		•
J9043	# cabazitaxel (Jevtana)		•
J9047	# carfilzomib (Kyprolis)		•
J9050	# injection, carmustine, 100mg (BiCNU)		•
J9145	# daratumumab (Darzalex)		•

## PHP Notification/Prior Approval Table-All Products Effective Sept. 1, 2018

Code	Drug Name	Notification Requirement	
		Within 1 Business Day	Prior to Service
J9155	# degarelix (Firmagon)		•
J9160	# denileukin diftitox (Ontak)		•
J9176	# elotuzumab (Empliciti)		•
J9179	# eribulin (Halaven)		•
J9185	# fludarabine phosphate (Fludara)		•
J9203	# gemtuzumab ozogamicin (Mylotarg)		•
J9205	# irinotecan liposome (Onivyde)		•
J9225	# histrelin implant (Vantas)		•
J9226	# histrelin implant (Supprelin LA)		•
J9228	# Ipilimumab (Yervoy)		•
J9262	# omacetaxine mepesuccinate (Synribo)		•
J9264	# Injection, paclitaxel protein-bound particles, 1 mg (Abraxane)		•
J9266	# Injection, pegaspargase, per single dose vial (Oncaspar)		•
J9268	# pentostatin (Nipent)		•
J9271	# pembrolizumab (Keytruda)		•
J9285	# olaratumab (Lartruvo)		•
J9295	# necitumumab (Portrazza)		•
J9299	# nivolumab (Opdivo)		•
J9301	# obinutuzumab (Gazyva)		•
J9302	# ofatumumab (Arzerra)		•
J9306	# pertuzumab (Perjeta)		•
J9307	# pralatrexate(Folotyn)		•
J9308	# ramucirumab (Cyramza)		•
J9310	# rituximab (Rituxan)		•
J9315	# romidepsin (Istodax)		•
J9328	# temozolomide (Temodar)		•
J9352	# trabectedin (Yondelis)		•
J9354	# ado-trastuzumab emtansine (Kadcyla)		•
J9355	# trastuzumab (Herceptin)		•
J9371	# vincristine sulfate liposome (Marqibo)		•
J9400	# ziv-aflibercept (Zaltrap)		•
J9999	# Unclassified biologics		•
Q2041	# axicabtagene ciloleucel (Anti-CD19 CAR T Cells)		•
Q2049-50	# doxorubicin hydrochloride liposomal doxil (Lipodox)		•
Q4081	# epoetin alfa (Epogen, Procrit)		•
Q5103-04	# Infliximab, biosimilar inflextra/Renflexis (Remicade)		•
Q5105	# Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units		•
Q5106	# Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units		•
Q9991	# Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg		•
Q9992	# Injection, buprenorphine extended-release (Sublocade), greater than 100 mg		•
Q9995	# Injection, emicizumab-kxwh (Hemlibra), 0.5 mg		•
	# Compounded drugs: All		•

PHP Notification/Prior Authorization/Prior Approval Table shows all possible services and medications that may require prior approval/authorization. It depends on the member's specific plan as to which of these services or medications do require prior approval/authorization.

Not otherwise classified, unspecified, unlisted, miscellaneous CPT or HCPCS services- services will be reviewed prior to claim payment and may be denied as: criteria not met, cosmetic, investigational, experimental, unproven, or not medically necessary services.

Services requiring prior authorization must be reviewed in advance of the service even if PHP is a secondary payor.

PHP Notification/Prior Authorization/Prior Approval Table does not define benefit coverage. Benefit coverage is determined by the Member's COC or SPD. This means that there may be services and medications listed in this document that are not covered under a particular member's COC or SPD. This list is subject to change. For questions about a Member's benefit and coverage please contact the PHP Customer Service Department at **1.800.832.9186**.

Non-emergent/urgent requests for benefit review are to be submitted at least 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.

# Medications that are reviewed and processed by the pharmacy department.



## Contact us

Department	Contact Purpose	Contact Number	Email Address
Medical Resource Management	<ul style="list-style-type: none"> <li>» Notification of procedures and services outlined in the Notification/Authorization Table</li> <li>» To request benefit determinations and clinical information</li> <li>» To obtain clinical decision-making criteria</li> <li>» Behavioral Health Services, for information on mental health and/or substance use disorders services including prior authorizations, case management, discharge planning and referral assistance</li> </ul>	<p>517.364.8560</p> <p>866.203.0618 (toll free)</p> <p>517.364.8409 (fax)</p>	
Network Services	<ul style="list-style-type: none"> <li>» Credentialing - report changes in practice demographic information</li> <li>» Coding</li> <li>» Provider/Practitioner education</li> <li>» To report suspected Provider/Practitioner fraud and abuse</li> <li>» EDI claims questions</li> <li>» Initiate electronic claims submission</li> </ul>	<p>517.364.8312</p> <p>800.562.6197 (toll free)</p> <p>517.364.8412 (fax)</p>	<p><b>Credentialing</b> PHP.Credentialing@phpmm.org</p> <p><b>Provider Relations Team</b> PHPPProviderRelations@phpmm.org</p>
Quality Management	<ul style="list-style-type: none"> <li>» Quality Improvement programs</li> <li>» HEDIS</li> <li>» CAHPS</li> <li>» URAC</li> </ul>	<p>517.364.8000</p> <p>877.803.2551 (toll free)</p> <p>517.364.8408 (fax)</p>	<p><b>Quality</b> PHPQualityDepartment@phpmm.org</p>
Customer Service	<ul style="list-style-type: none"> <li>» To verify a covered person's eligibility, benefits, or to check claim status</li> <li>» To report suspected member fraud and abuse</li> <li>» To obtain claims mailing address</li> </ul>	<p>517.364.8500</p> <p>800.832.9186 (toll free)</p> <p>517.364.8411 (fax)</p>	
Pharmacy Services	<ul style="list-style-type: none"> <li>» Request a copy of our Preferred Drug List</li> <li>» Request drug coverage</li> <li>» Fax medication prior authorization forms</li> <li>» Medication Therapy Management</li> </ul>	<p>517.364.8545</p> <p>877.205.2300 (toll free)</p> <p>517.364.8413 (fax)</p>	<p><b>Pharmacy</b> PHPParmacy@phpmm.org</p>
Change HealthCare (TC3)	<ul style="list-style-type: none"> <li>» When medical records are requested</li> </ul>	<p><b>Mail To:</b> Change HealthCare 5755 Wayzata Blvd, St. Louis Park, MN 55416</p> <p>949.234.7603 (fax)</p> <p>952.949.3713</p>	<p>medicalrecords@changehealthcare.com</p>