



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.

The following questions/answers were taken from the CMS WPS Insurance Corporation provider's guide for Michigan physicians:

Q 18. Who can perform the History of Present Illness (HPI) portion of the patient's history?

A 18. The history portion refers to the subjective information obtained by the physician or ancillary staff. Although ancillary staff can perform the other parts of the history, that staff cannot perform the HPI. Only the physician can perform the HPI.

Q 19. If the nurse takes the HPI, can the physician then state, "HPI as above by the nurse" or just "HPI as above in the documentation"?

A 19. No. The physician billing the service must document the HPI.

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.

Enclosures

- Notification/Authorization Table effective 4/1/14
- Access to Care



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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**Second Quarter 2014
Provider Connection**



We are Proud of our Provider Satisfaction

PHP is proud to announce the results from the 2013 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 of our quality and efficiency, and to spotlight administrative concerns. In turn, PHP can address the issues and opportunities suggested to ensure we continue to provide the best service possible for our physicians, practice managers and members.

Results of the 2013 satisfaction survey reflected, 95% of our network would recommend PHP to other physician practices, 91% would recommend PHP to their patients and 84% indicate an overall satisfaction with PHP.

While we are pleased with the results of the survey, PHP will continue to find ways to improve our services to you. PHP has listened to your comments about our Authorizations, Formulary ease, claims processing, and a larger Behavioral Health Network. PHP has a number of projects underway to complete this year to make improvements based on your survey responses. We have immediately implemented changes to our Authorization process to improve the turnaround times to decrease your wait on approval responses in both our Medical Resource Department and Pharmacy Departments. We are continuing 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.

PHP knows it can, and will, improve by learning about your changing needs and how we can serve you better. Our Provider Satisfaction survey is one way we learn about how we can do that and we thank you for your responses to assist us in meeting your needs as the health care industry advances.

Thank you for taking the time to respond to the satisfaction survey each year as we strive towards service excellence.

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

As a reminder the updated 2/12 1500 form was effective as of April 1, 2014. All claims submitted after April 1, 2014 must be in compliance with the new 2/12 1500 form. Any EDI claim submissions without the required segments completed will be rejected at the clearinghouse. Any paper claim submissions not on the new 2/12 1500 claim form will not be accepted for processing and will be returned. The new 2/12 1500 was designed to align the form with ICD-10 reporting needs and to be in compliance with changes in the 5010 837P processes.

The most notable changes to the form are the addition of an ICD indicator, an increase in the number of diagnosis codes that can be reported, and the removal of several fields. The ICD indicator, added in Item Number 21, will identify the version of the diagnosis code set being reported, i.e., ICD-9 or ICD-10. Users of the form will now be able to report up to 12 diagnosis codes in Item Number 21.

PHP encourages providers to talk to your vendors to ensure compliance has been met to avoid any reimbursement issues. More information is available on NUCC website, www.nucc.org or by contacting your Provider Relations Coordinator at 517.364.8412.

Prior Authorization Requirements-Genetic Testing

Genetic testing requires a prior authorization for ALL PHP policies. PHP has medical criteria for genetic tests; following the prior authorization process allows for the medical review to take place *before* the test occurs. If you do not obtain prior authorization for genetic testing, you and/or the member may be liable for the cost of the test. Retrospective authorization requests are not granted for genetic tests.

Genetic tests are included on PHP's Notification and Authorization Table. A copy of the most current Notification and Authorization Table is enclosed for PHP Commercial, PPO, TPA, SPHN and PHP FamilyCare products. This is also available on our website, www.phpmichigan.com.

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



Communication Resources for PHP Members

If there is a barrier to communication for our members PHP offers services to assist with written and spoken languages. PHP has many options available to assist members.

For language barriers, PHP utilizes the AT&T Language Line and is available to help members who have trouble speaking or understanding English. You can call Customer Service at 1.800.832.9186 to indicate the language needed. We will have an interpreter join the call to translate your questions and explain the answers.

For PHP members who are deaf or hard of hearing, or who have problems speaking, PHP has a service that uses a Teletypewriter (TTY) or a Telecommunication Device for the Deaf (TDD). Call 1.800.649.3777 to reach the Michigan Relay Center. At that time Michigan Relay Center will call the PHP Customer Service Department and initiate assistance.

ICD-10 Delayed

The ICD-10 implementation has been delayed until 2015. The next several months will be a critical time for vendors and their clients to prepare for the intricately detailed code set. Physicians Health Plan will continue with our current project timelines to ensure compliance by implementation dates. Testing with vendors will continue in the third quarter of this year and will be extended out to the fourth quarter 2014. Please continue to work closely with your vendors and practice management systems to ensure that compliance will be achieved with the next announcement of effective dates. For more information on PHP's ICD-10 projects and continuation of readiness please contact your Provider Relations Coordinator at 517.364.8312.



Healthy Michigan is here!

As you know, Public Act 107 of 2013 expands the Michigan Medicaid Program to increase the health care benefits available to low-income Michigan residents through the Healthy Michigan Plan (HMP). We are very pleased, that as of April 1, 2014, PHP began participating in the HMP through our PHP FamilyCare program. The member identification card, benefits and coverage will be administered in the same way as PHP FamilyCare.

As a participating provider with PHP FamilyCare, you play a vital role in the overall management and care of our Healthy Michigan members. In your role as the Primary Care Provider (PCP), the newly enrolled HMP member is required to schedule an initial appointment for routine care within the first 60 days of enrollment in PHP FamilyCare. During the initial appointment it is recommended that an initial health evaluation for all HMP members includes a Health Risk Assessment (HRA). These HRAs are essential for all members at the time of their visit and annually thereafter. The HRA will need to be completed by both the provider and the member. A copy of the HRA form is available on our website www.phpmichigan.com.

PHP FamilyCare will pay an incentive for completion/submission of the HRA data. Please submit CPT code 99420, with the healthy visit CPT code for the services rendered to receive the incentive. All other services are reimbursed at the Michigan Medicaid rate of reimbursement established for the services rendered. Providers will not be responsible for collecting any co-payments, co- insurance, or cost- share for any services covered by PHP FamilyCare. PHP FamilyCare will work with MI Health Account to administer/collect any amounts due by the members.

Completed HRA's can be returned to PHP FamilyCare by:
Fax: 517.364.8408

Website: www.phpmichigan.com, Contact Us Page, attach the scanned HRA image
Mail: PHP FamilyCare, P.O. Box 30377, Lansing, MI 48909-7877, Attn: Quality Department

If you need further assistance or have additional questions please feel free to contact your Provider Relations Coordinator at 517.364.8312.

PHP's Prescription Drug List for all products are available in electronic formats. All Prescription Drug Lists can be accessed at www.phpmichigan.com by clicking on *Providers* and then selecting *General Forms and Information*. Hardcopy lists are available upon request by contacting PHP's Customer Service at 1.800.832.9186.

To report any suspected fraud or abuse by either a PHP member or provider, please call 517.267.9990 and press 1 to reach PHP's

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

PHP Notification/Prior Authorization/Prior Approval Table-All Products Effective April 1, 2014.																
	Physicians Health Plan		Physicians Health Plan		PHP FamilyCare		PHP FamilyCare MICHild		Physicians Health Plan		Sparrow Physicians Health Network		Sparrow Physicians Health Network		PHP Insurance Company	
	Commercial & Metal Plans		Lansing Board of Water and Light		Medicaid		MICHild		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
SERVICES / ITEMS / PROCEDURES	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
Abortion services	**** N/A	**** N/A	N/A	N/A		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A
Acute admissions that are urgent or emergent (including direct admissions) except maternity services for delivery (see below for exception)	√		√		√		√		√		√		√		√	
Acute maternity admissions that exceed federal mandated LOS (48 hours after delivery for vaginal delivery & 96 hours after cesarean section delivery)	√		√		√		√		√		√		√		√	
Acute pre-operative days admission		√		√		√		√		√		*** √		*** √		√
Acute psychiatric/substance abuse admissions that are urgent or emergent (facility notification)	√ *		√		√ *		Refer to CMH		**** N/A	**** N/A	√		√		√	
Acute rehabilitation admission		√		√		√		√		√		*** √		*** √		√
Acute scheduled admissions	√		√		√		√		√		√		*** √		*** √	
Acute scheduled psychiatric or substance abuse admissions (facility notification)		√ *		√		√ *		√ *		√		√		√		√
Autism & Autism Spectrum Disorder Treatment		√ *	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	√
Bariatric surgery		** √		√		** √		** √		** √		** √		** √		Δ √
Behavioral Health Services- certain outpatient services		√ *		√ (ECT)		√	Refer to CMH	Refer to CMH	**** N/A	**** N/A		√		√		√
Behavioral Health Services- day treatment		√		√	N/A	N/A	Refer to CMH	Refer to CMH	**** N/A	**** N/A		√		√		√
Dental anesthesia: pediatric/adult		√	N/A	N/A		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Dental services-accidental		√		R		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Durable medical equipment: ALL repair/replacement		√		Omnipod only		√		√		√		√		√	**** N/A	**** N/A
Durable medical equipment: over \$500-purchase price or cumulative rental		√	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		√









PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

	Physicians Health Plan		Physicians Health Plan		PHP FamilyCare		PHP FamilyCare MICHild		Physicians Health Plan		Sparrow Physicians Health Network		Sparrow Physicians Health Network		PHP Insurance Company	
	Commercial & Metal Plans		Lansing Board of Water and Light		Medicaid		MICHild		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
Gamma knife procedures		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Genetic testing		√		√		√		√		√		√		√		√
HealthHelp Consult Programs (CT, CTA, MRI, MRA, cardiac nuclear medicine, PET, Medical or Radiation Oncology procedures, diagnostic cardiac catheterizations, cardiac implantable device procedures)		√	N/A	N/A		√		√		√		√		√		√
Home care visits		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Hospice services		√	N/A	N/A		√		√		√	**** N/A	√ Non-network	**** N/A	√ Non-network	**** N/A	**** N/A
Hyperbaric oxygen therapy		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Infertility treatment	**** N/A	**** N/A	N/A	N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A		√		√	**** N/A	**** N/A
Long term acute care admission		√		√		√		√		√		*** √		*** √		√
Neuropsychiatric testing		√ *		R		√		Refer to CMH		√	**** N/A	**** N/A		√		√
Non-urgent ambulance requests		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Outpatient home infusion services		√	N/A	N/A		√		√		√		√ Non-network		√ Non-network	**** N/A	**** N/A
Outpatient speech therapy		√		√		√		√		√		N/A		N/A		√
Outpatient rehab therapy (PT/OT/Cardiac/ Pulmonary)		√	N/A	N/A		√		√		√		N/A		N/A		√
Procedures that under some conditions may be considered cosmetic: Abdominoplasty, Breast Reduction, Procedures for Gynecomastia, Breast Reconstruction, Gender Reassignment, Jaw Surgeries, Photodynamic Therapy & Special Dermatologic Procedures, Sclerotherapy, Vein Surgery, including stripping and ligation, Eyelid Repair (blepharoplasty, brow ptosis, blepharoptosis), Rhinoplasty, Keloid Scar Revision.		√		R		√		√		√		√		√		√
Surgical Treatment of Femoroacetabular Impingement (FAI)		√		R		√		√		√		√		√		√
Private duty nursing				√												
Prosthetic devices over \$1000		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Psychodiagnostic testing		√ *		R		√		√		√		√		√		√
Referral to or services by any non-network or referral network provider including scheduled surgery		**** N/A	N/A	N/A		√		√		**** N/A		**** N/A		**** N/A		**** N/A
Skilled nursing facility, subacute nursing & rehabilitation services		√		√		√		√		√		√		√		√
Spinal cord stimulation & sacral nerve stimulation		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Temporomandibular Joint Dysfunction/Syndrome Treatment		√ for Metal Plans	N/A	N/A												









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Transplant services including screening and evaluation (If benefit: includes travel and lodging)		√		√		√		√		√		√		√		√
Unproven/investigational services including emerging technology/category III codes		√		R		√		√		√		√		√		√
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
Weight management services including evaluation, management, surgery & post-surgical procedures		√	N/A	N/A		√		√		√		√		√		Δ √
code NAME		√		√		√		√		√		√		√		√
90378 # palivizumab (Synagis)		√		√		√		√		√		√		√		√
J0129 # abatacept (Orencia)		√		√		√		√		√		√		√		√
J0135 # adalimumab (Humira) +		√		√		√		√		√		√		√		√
J0178 # aflibercept Eylea		√		√		√		√		√		√		√		√
J0180 # agalsidease beta (Fabrazyme)		√		√		▲		▲		√		√		√		√
J0205 # alglucerase (Ceredase)		√		√		▲		▲		√		√		√		√
J0220 # alglucosidase alfa (Myozyme)		√		√		√		√		√		√		√		√
J0221 # alpha alglucosidase alfa (Lumizyme)		√		√		√		√		√		√		√		√
J0256 # alpha 1 - proteinase inhibitor - human, (Aralast, Aralast NP, Prolastin, Prolastin-C, Zemaira)		√		√		√		√		√		√		√		√
J0257 # alpha 1 Antitrypsin-AAT (Glassia)		√		√		√		√		√		√		√		√
J0365 # aprotinin (Trasylol)		√		√		▲		▲		√		√		√		√
J0401 # aripiprazole (Abilify)		√		√		▲		√		√		√		√		√
J0485 # belatacept (Nulojix)		√		√		√		√		√		√		√		√
J0490 # belimumab (Benlysta)		√		√		√		√		√		√		√		√
J0585- J0588 # Botox injections		√		√		√		√		√	**** N/A	**** N/A		√		√
J0597 # c1 esterase inhibitor (Berinert)		√		√		▲		▲		√		√		√		√
J0598 # c1 esterase inhibitor (Cinryze)		√		√		▲		▲		√		√		√		√
J0638 # canakimab (Ilaris)		√		√		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
J0712 # ceftaroline fosamil (Teflaro)		√		√		√		√		√		√		√		√
J0716 # centruroides immune f(ab) (Anascorp)		√		√		√		√		√		√		√		√
J0717- J0718 # certolizumab pegol (Cimzia)		√		√		√		√		√		√		√		√
J0775 # collagenase, clostridium histolyticum (Xiaflex)		√		√		√		√		√		√		√		√
J0795 # corticorelin ovine triflutate (Acthrel)		√		√		▲		▲		√		√		√		√
J0800 # corticotropin (Acthar)		√		√		▲		▲		√		√		√		√
J0881- J0882 # darbepoetin alfa (Aranesp)		√		√		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
J0885- J0886 # epoetin alfa (Epogen, Procrit)		√		√		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
J0897 # denosumab (Prolia-Exgeva)		√		√		√		√		√		√		√		√
J1290 # ecallantide (Kalbitor)		√		√		▲		▲		√		√		√		√
J1300 # eculizumab (Soliris)		√		√		▲		▲		√		√		√		√









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		Commercial & Metal 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
J1324	# enfuvirtide (Fuzeon)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A
J1325	# epoprostenol (Flolan)	√	√	√	√	√	√	√	√
J1438	# etanercept (Enbrel) +	√	√	√	√	√	√	√	√
J1440- J1442 & J1446	# filgrastim (G-CSF), (Neupogen)	√	√	√	√	√	**** N/A	**** N/A	√
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	√
J1675	# histrelin acetate	√	√	√	√	√	√	√	√
J1725	# hydroxyprogesterone caproate (Makena)	√	√	√	√	√	√	√	√
J1740	# ibandronate sodium (Boniva)	√	√	√	√	√	√	√	√
J1743	# idursulfase (Elaprase)	√	√	√	√	√	√	√	√
J1744	# icatibant (Firazyr) +	√	√	√	√	√	√	√	√
J1745	# infliximab (Remicade)	√	√	√	√	√	√	√	√
J1785- J1786	# imiglucerase (Cerezyme)	√	√	▲	▲	√	√	√	√
J1826	# interferon Beta-1A (Avonex) +	√	√	√	√	**** N/A	**** N/A	**** N/A	√
J1830	# Interferon Beta-1B (Betaseron) +	√	√	√	√	**** N/A	**** N/A	**** N/A	√
J1931	# laronidase (Aldurazyme)	√	√	▲	▲	√	√	√	√
J1955	# levocarnitine (Carnitor)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A
J2170	# mecasermin (Increlex)	√	√	√	√	√	√	√	√
J2212	# methylnaltrexone (Relistor)	√	√	√	√	√	√	√	√
J2260	# millrinone lactate (Primacor)	√	√	√	√	√	√	√	√
J2323	# natalizumab (Tysabri)	√	√	√	√	√	√	√	√
J2353- J2354	# octreotide (Sandostatin)	√	√	√	√	√	√	√	√
J2357	# omalizumab (Xolair)	√	√	√	√	√	√	√	√
J2358	# olanzapine (Zyprexa Relprevv)	√	√	√	√	√	√	√	√
J2426	# paliperidone Palmitate ER (Invega)	√	√	√	√	√	√	√	√
J2504	# pegademase bovine (Adagen)	√	√	▲	▲	√	√	√	√
J2505	# pegfilgrastim (Neulasta)	√	√	√	√	√ eff 9/1/13	√ eff 9/1/13	√ eff 9/1/13	√
J2507	# pegloticase (Krystexxa)	√	√	√	√	√	√	√	√
J2562	# plerixafor (Mozobil)	√	√	√	√	√	√	√	√
J2724	# protein c concentrate (Ceprotrin)	√	√	▲	▲	√	√	√	√














PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

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		Commercial & Metal Plans	Lansing Board of Water and Light	Medicaid	MICHild	Self Funded (L0000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO
J2778	# ranibizumab (Lucentis) Prior Notification required for all diagnoses other than 362.07, 362.52, 362.53, 362.62, 362.83	√	√	√	√	√	√	√	√
J2793	# riloncept (Arcalyst)	√	√	▲	▲	√	√	√	√
J2796	# romiplostim (Nplate)	√	√	√	√	√	√	√	√
J2940	# somatrem (Protropin)	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A
J2941	# somatropin (all growth hormones)	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A
J3060	# taliglucerase alfa (Elelyso)	√	√	√	√	√	√	√	√
J3095	# televancin (Vibativ)	√	√	√	√	√	√	√	√
J3110	# teriparatide (Forteo) +	√	√	√	√	√	√	√	√
J3262	# tocilizumab, (Actemra)	√	√	√	√	√	**** N/A	**** N/A	**** N/A
J3285	# treprostinil (Remodulin)	√	√	√	√	√	√	√	√
J3357	# ustekinumab (Stelara)	√	√	√	√	√	√	√	√
J3385	# velaglucerase alfa (VPRIV)	√	√	▲	√	√	√	√	√
J3485	# zidovudine (Retrovir)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A
J3487	# zoledronic acid (Zometa) De'd 1/1/14	√	√	√	√	√	√	√	√
J3488	# zoledronic acid (Reclast) De'd 1/1/14	√	√	√	√	√	√	√	√
J3489	# zoledronic acid (Zometa/Reclast)	√	√	√	√	√	√	√	√
J3490	# Unclassified drugs is a list of drugs without a specific HCPCs or CPT code assigned to it-PA is required for all of the following medications (the list is subject to change) : Bevacizumab/Avastin billed with J3490 for the eye: Notification required for all diagnoses other than 362.52, 362.53, 362.62, 362.83), Corifact/Factor XIII, Factor IX (Rixibus), Ferric Carboxymaltose (Injectafer)	√	√	√	√	√	√	√	√
J3590	# Unclassified biologics	√	√	√	√	√	√	√	√
J7178	# human fibrinogen concentrate (RiaStap)	√	√	√	√	√	√	√	√
J7180	# Factor products	√	√	▲	▲	√	√	√	√
J7183- J7187	# Factor products	√	√	▲	▲	√	√	√	√
J7189- J7199	# Factor products	√	√	▲	▲	√	√	√	√
J7301	# levonorgestrel (Skyla) IUD	√	√	√	√	√	√	√	√
J7308	# aminolevulinic acid HCl (Levulan Kerastick)	√	√	√	√	√	√	√	√
J7309	# methyl aminolevulinate (MAL), (Metvixia)	√	√	√	√	√	√	√	√
J7312	# dexamethasone (Ozurdex)	√	√	√	√	√	√	√	√
J7316	# ocriplasmin (Jetrea)	√	√	√	√	√	√	√	√
J7508	# tacrolimus (Prograf)	√	√	√	√	√	√	√	√
J7527	# everolimus (Zortress) +	√	√	√	√	√	√	√	√
J7686	# treprostinil	√	√	√	√	√	√	√	√
J7699	# NOC drugs, inhalation solution administered through DME	√	√	√	√	√	√	√	√

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J7799	# NOC drugs, other than inhalation drugs, administered through DME	√	√	√	√	√	√	√	√
J8498	# antiemetic drug, rectal/suppository, not otherwise specified	√	√	√	√	√	√	√	√
J8499	# prescription drug, oral, non chemotherapeutic, NOS	√	√	√	√	√	√	√	√
J8562	# fludarabine phosphate (Oforta)	√	√	√	√	√	√	√	√
J8565	# gefitinib (Iressa)	Health Help must Review	√	▲	▲	Health Help must Review	Health Help must Review	Health Help must Review	Health Help must Review
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)	Health Help must Review	√	▲	▲	Health Help must Review	Health Help must Review	Health Help must Review	Health Help must Review
J9042	# brentuximab vedotin (Adcetris)	√	√	√	√	√	√	√	√
J9043	# cabazitaxel (Jevtana)	√	√	√	√	√	√	√	√
J9047	# carfilzomib (Kyprolis)	√	√	√	√	√	√	√	√
J9155	# degarelix (Firmagon)	√	√	√	√	√	√	√	√
J9160	# denileukin diftitox (Ontak)	√	√	√	√	√	√	√	√
J9171	# docetaxel (Taxotere)	√	√	√	√	√	√	√	√
J9179	# eribulin (Halaven)	√	√	√	√	√	√	√	√
J9185	# fludarabine phosphate (Fludara)	√	√	√	√	√	√	√	√
J9225	# histrelin implant (Vantas)	√	√	√	√	√	√	√	√
J9226	# histrelin implant (Supprelin LA)	√	√	√	√	√	√	√	√
J9228	# Ipilimumab (Yervoy)	√	√	√	√	√	√	√	√
J9262	# omacetaxine mepesuccinate (Synribo)	√	√	√	√	√	√	√	√
J9268	# pentostatin (Nipent)	√	√	√	√	√	√	√	√
J9302	# ofatumumab (Arzerra)	√	√	√	√	√	√	√	√
J9306	# pertuzumab (Perjeta)	√	√	√	√	√	√	√	√
J9307	# pralatrexate	√	√	√	√	√	√	√	√
J9310	# rituximab (Rituxan)	√	√	√	√	√	√	√	√
J9315	# romidepsin (Istodax)	√	√	√	√	√	√	√	√
J9328	# temozolomide (Temodar)	√	√	√	√	√	√	√	√
J9351	# topotecan (Hycamtin)	√	√	√	√	√	√	√	√
J9354	# ado-trastuzumab emtansine (Kadcyla)	√	√	√	√	√	√	√	√
J9355	# trastuzumab (Herceptin)	√	√	√	√	√	√	√	√
J9400	# ziv-aflibercept (Zaltrap)	√	√	√	√	√	√	√	√
J9999	# Unclassified biologics	√	√	√	√	√	√	√	√
Q0090	# levonorgestrel (Skyla) IUD De'd 1/1/14	√	√	√	√	√	√	√	√

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Q2050	# doxorubicin hydrochloride liposomal doxil (Lipodox)		√		√		√		√
Q2051	# zoledronic acid De'd 1/1/14		√		√		√		√
Q3026	# Interferon Beta-1A (Rebif) 					**** N/A	**** N/A	**** N/A	**** N/A
Q4081	# epoetin alfa (Epogen, Procrit)		√		√		√		√
Q4096	# antihemophilic factor (Alphanate)		√				√		√
	# Compounded drugs: all		√		√	**** N/A	**** N/A		√
Not otherwise classified, unspecified, unlisted, miscellaneous CPT or HCPCS services- services will be reviewed prior to claim payment and may be denied as cosmetic, investigational, experimental, unproven, or not medically necessary services.									
* Non-emergent/urgent requests for benefit review are to be submitted >14 days in advance of the service or as soon as the service is determined to be appropriate by the practitioner. Urgent requests are requests for care or treatment for which a routine application of time periods for making the determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function or in the opinion of a practitioner would subject the member to severe pain that cannot be adequately managed without the care or treatment that is included in the request.									
** Bariatric surgery candidates must participate in the case management program with PHP's approved designee for a case management evaluation and interventions.									
*** Notification must occur at least five (5) business days before surgery is scheduled to occur.									
**** N/A - prior authorization is not required but the service may have a limited benefit, be covered at the non-network benefit level, not be a covered benefit. For mental health/substance use disorder services for commercial products contact Optum Health @ 800.608.2667. For inpatient mental health/substance use disorder services for Medicaid members contact Community Mental Health.									
# Medications that are reviewed and processed by the Pharmacy Department.									
Services requiring prior authorization must be reviewed in advance of the service even if PHP is a secondary payor.									
 Weight management and surgical treatment of obesity is covered for PPO products ONLY with a rider and, if rider is purchased, prior authorization is required.									
 Covered as a pharmacy benefit only with quantity limits									
 All Home Care Providers must bill claims for Medicaid/FamilyCare, Childrens Special Health Care Services (CSHCS) or MICHild CSHCS to Magellan/Michigan Department of Community Health (MDCH) for the services indicated. MDCH may have authorization requirements. You must contact Magellan at 1-877-864-9014. All other Providers must submit an authorization form to PHP for review. If the request is approved claims are billed to PHP. The PHP billing information is on the member's card.									
√ * Check member's identification card to determine who is to be notified of service.									
Health Help contact information: Phone: 1-877-883-5689 Fax: 1-877-820-7137 Web site: http://www.healthhelp.com/PHPMM									
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.									

What our Members Say About You and Their Access to Care

Physicians Health Plan (PHP) understands that receiving care when and where our members need it is a vital concern for our members and our provider network. PHP monitors access to care in various ways, including monitoring of appointment wait times in primary care offices, member complaints about access or availability with a physician office, and through a member satisfaction survey.

PHP's 2013 CAHPS survey was conducted by DSS, a NCQA-certified survey vendor. The survey is used to measure member satisfaction in a variety of areas, including member satisfaction with their health plan, their physicians and their own personal health care.

CAHPS survey scores use the top box score as the standard measurement with other health plans across the country. Top box scores include those members who responded to questions with *Always* or *Usually*. The tables below provide the PHP 2013 CAHPS survey satisfaction levels and ranking against other networks, related to Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate and Shared Decision Making.

PHP's results and ranking by PHP Commercial Adults:

	2013 Results	2013% Ranking	2012 Results	2012% Ranking
Getting Care Quickly	84.88%	25th	87.60%	50th
Getting Needed Care	87.98%	25th	91.22%	90th
How Well Doctor's Communicate	94.66%	25th	93.31%	25th
Shared Decision Making	74.37%	Percentile ranking not done for 2013	68.8%	90th

PHP's results and ranking by PHP FamilyCare Adults:

	2013 Results	2013% Ranking	2012 Results	2012% Ranking
Getting Care Quickly	76.01%	10th	78.20%	25th
Getting Needed Care	79.49%	25th	76.10%	25th
How Well Doctor's Communicate	87.16%	10th	85.10%	10th
Shared Decision Making	72.09%	Percentile ranking not done for 2013	60.20%	NA

Many of these areas reflect significant decreases or lower rankings in access to care for our members. We would like to partner with our physicians on ways to improve access to our members. Please contact your provider relations coordinator if you have ideas or suggestions on ways to improve access.

Because getting the needed care at the right time, every time, is important, PHP has the following access standards for our physicians and practitioners related to access and availability:

- Physicians/Practitioners must be available through regularly scheduled or on-call coverage 7 days a week, 24 hours a day.
- Patients with emergency needs are to be seen immediately/or referred to the emergency department if appropriate.
- Initial appointments are available within 8 weeks.
- Routine non-symptomatic appointments are available within 4 weeks.
- Non-urgent, symptomatic appointments are available within 5 days.
- Appointments for urgent needs are available within 24 hours.
- Waiting room times shall not routinely exceed more than 30 minutes from the time of the appointment until the physician or practitioner sees the patient.

Please contact your Provider Relations Coordinator if you have questions on our Access and Availability Appointment Standards, or if you would like to discuss these results in more detail.