

## 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 of the many 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 document they reviewed it.

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

#### **Who can perform the History of Present Illness (HPI) portion of the patient's history?**

- 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.

#### **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"?**

- 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 on 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 with the appropriate CPT code representing the level of service provided and is accurately documented in the medical records.*

#### Enclosures

- Notification/Authorization Table effective 01/01/2015
- Advance Directive Standard
- Sparrow PHP Member Rights and Responsibilities
- Commercial/HMO Membership Rights and Responsibilities
- Fraud & Abuse and False Claims Act Policies

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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**First Quarter 2015  
Provider Connection**

### New Joint Replacement Program Pilot Begins

PHP, along with Sparrow Hospital, has implemented a pilot program for our members based on best practice guidelines for total hip and knee replacements. The pilot started on January 1, 2015, and is a collaborative effort between PHP, Sparrow Home Care, Sparrow Orthopedic Surgeons, Sparrow Orthopedics Unit, Sparrow Joint Camp, and Sparrow Discharge Planners.

The program includes a home safety assessment by a physical therapist prior to surgery, attendance at Sparrow Joint Camp, and post-operative physical therapy. The goals of the program are to:

- Decrease length of stay
- Prevent readmissions
- Increase patient/member satisfaction

Members who have the pre-operative home safety assessment also receive a total joint replacement kit which consists of several assistive tools (e.g., long handled bath sponge). This program utilizes an integrated approach that begins at the time surgery is planned and continues through the patient/member being safe and functional at home again.

This is one more way PHP and Sparrow Hospital are teaming together to ensure optimal care!

### Behavioral Health Management Changes

As of January 1, 2015, Physicians Health Plan insourced the management of all behavioral health and substance use disorder services for our commercial members. This management was previously provided by OptumHealth/United Behavioral Health. With this change, PHP expands our services related to Behavioral Health to include assistance with:

- Care coordination for members with behavioral health and medical health needs
- Behavioral Health inpatient and outpatient authorizations, as required
- Identifying and accessing community resources
- Behavioral health/substance use disorder education
- Discharge planning and transitions from hospital to home

All questions regarding behavioral health or substance use disorder services, including what services require authorization, can be directed to our staff by contacting:

**517.364.8500 or Toll-free 800.832.9186 (AFTER HOURS) - 517.364.8400**

## MDCH Newborn Claims Requirements

Effective with discharges on or after October 1, 2014, Michigan Department of Community Health began requiring providers report birth weight value codes, type of admission codes, and cesarean sections or inductions related to gestational age codes. This requirement affects fee-for-service and managed care plans. Details and further information can also be found in the MDCH Medical Services Administration Bulletin, MSA 14-34.

MDCH has announced that, effective January 1, 2015, applicable codes not present on hospital discharge claims for newborns, will be denied. Below are examples of required codes that need to be present on newborn discharge claims:

### **Type of Admission Code:**

- Newborn admission is reported with code “4”, as well as needing a source of admission code.

### **Value Codes:**

- Value code “54” is required to report newborn birth weight, along with the newborn birth weight in grams. Birth weight needs to be reported as a whole number.

### **Condition codes:**

- Condition Code “81” – C-sections or inductions performed at less than 39 weeks gestation for medical necessity.
- Condition Code “82” – C-sections or inductions performed at less than 39 weeks gestation electively.
- Condition Code “83” – C-sections or inductions performed at 39 weeks gestation or greater.

If you have any questions regarding these new requirements, please contact PHP Provider Relations at 517.364.8312.

## Billing Requirements for “X” Modifiers

Effective January 1, 2015 PHP began following the Center for Medicare and Medicaid Services (CMS) policy and guidelines on billing the new HCPCS -X {EPSU} modifier code set as it is deemed necessary by billing and coding guidelines. PHP will continue to recognize modifier 59. In accordance with CMS policies it should not be used when there is a more descriptive modifier available. The -X {EPSU} modifiers are more selective versions of the 59 modifier, so it would be incorrect to include both modifiers on the same line.

The four (4) new modifier descriptions are defined as the following:

- **XE** Separate Encounter, a service that is distinct because it occurred during a separate encounter
- **XP** Separate Practitioner, a service that is distinct because it was performed by a different practitioner
- **XS** Separate Structure, a service that is distinct because it was performed on a separate organ/structure
- **XU** Unusual Non-Overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service

For more information please see the CMS website at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1503.pdf>

You may also contact a Provider Relations Coordinator at 517.364.8312 for additional assistance.

## ACA Incentive Payment Appeal Process

Please contact the PHP Network Services department with questions related to the ACA Incentive Payments and issues with the processing of these claims. PHP will follow internal protocol to research and review the referenced claim issue. In the event a claims discrepancy exists, PHP will submit a State of Michigan Appeal request form on behalf of the provider.

If you wish to appeal an ACA PCP Incentive Payment you may do so by contacting PHP. Any appeals can be directed to:

**PHP, Network Services Department**  
**PO BOX 30377**  
**Lansing, MI 48909-7877**

The appeal form can also be accessed using the link below: [http://www.michigan.gov/documents/mdch/MDCH\\_PCPIP ACTION REQUEST\\_appeal\\_458640\\_7.pdf](http://www.michigan.gov/documents/mdch/MDCH_PCPIP ACTION REQUEST_appeal_458640_7.pdf)

Please contact a Provider Relations Coordinator at 517.364.8312 if you need additional information on this process.

## 2015 TAIP Updates

Physicians Health Plan sent notice of the PHP TAIP 2015 changes in December, 2014. All additions, removals, and modifications are effective for dates of service January 1, 2015 and after. Most of the measures and reward dollar amounts from the previous year will remain the same; however the following modifications apply:

PHP has **adjusted** two measures for the 2015 program year:

- Primary Care Sensitive ER Diagnosis Measure – Increased reward dollars
- Ages 3-17 BMI Measure – must also include reporting of nutritional counseling and physical activity counseling at corresponding date of service

PHP has **added** the following measures:

- Reward physicians with 50 or more Medicaid Members
- Reward physicians with Medicaid Membership totaling 50 or more AND having office encounters for at least 50% of those members

PHP has **removed** the following measures:

- Generic Dispensing Rate
- Patient Centered Medical Home
- Diabetic LDL Screening

Your office will receive quarterly reports providing a status of where you are at with your TAIP measures. This report could be used to identify opportunities to submit data or initiate contact with a patient to schedule care. Providers have an opportunity to *resubmit* data throughout the measurement year in order to meet compliance requirements for TAIP.

All questions regarding TAIP can be directed to Network Services 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](http://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 January 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 & Metal Plans		Lansing Board of Water and Light		Medicaid		MIChild		Self Funded (L0000264; DAS00100, 200, 300)		SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)		SPHN (Non-Union, DAS01100)		PPO	
SERVICES / ITEMS / PROCEDURES	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service	Within 1 business day	Prior to Service
Abortion services	**** N/A	**** N/A	N/A	N/A		√		√	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A	**** N/A
Acute admissions that are urgent or emergent (including direct admissions) except maternity services for delivery (see below for exception)	√		√		√		√		√		√		√		√	
Acute maternity admissions that exceed federal mandated LOS (48 hours after delivery for vaginal delivery & 96 hours after cesarean section delivery)	√		√		√		√		√		√		√		√	
Acute pre-operative days admission		√		√		√		√		√		*** √		*** √		√
Acute psychiatric/substance abuse admissions that are urgent or emergent (facility notification)	√ *		√		√ *		Refer to CMH		**** N/A	**** N/A	√		√		√	
Acute rehabilitation admission		√		√		√		√		√		*** √		*** √		√
Acute scheduled admissions	√			√	√		√		√			*** √		*** √		√
Acute scheduled psychiatric or substance abuse admissions (facility notification)		√ *		√		√ *		√ *		√		√		√		√
Autism & Autism Spectrum Disorder Treatment		√ *	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	√
Bariatric surgery		** √		√		** √		** √		** √		** √		** √		Δ √
Behavioral Health Services- certain outpatient services		√ *		√ (ECT)		√	Refer to CMH	Refer to CMH	**** N/A	**** N/A		√		√		√
Behavioral Health Services- day treatment		√		√	N/A	N/A	Refer to CMH	Refer to CMH	**** N/A	**** N/A		√		√		√
Dental anesthesia: pediatric/adult		√	N/A	N/A		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Dental services-accidental		√		R		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Durable medical equipment: Implantable devices, e.g. insulin and infusion pumps, bone stimulators; power wheelchairs and/or mobility devices; automatic external defibrillators; chest wall oscillation vest		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A
Endoscopy and intestinal imaging (capsule only)		√	N/A	N/A		√		√		√	**** N/A	**** N/A		√	**** N/A	**** N/A
Facet Injections: diagnostic injections up to 3/cal year per level per side-notification only; diagnostic injections > 3 per calendar year & all neurolysis procedures-prior authorization required.		√	N/A	N/A		√		√		√	**** N/A	**** N/A	**** N/A	**** N/A		√
Gamma knife procedures		√	N/A	N/A		√		√		√		√		√	**** N/A	**** N/A










PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

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











PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

										
		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	
Low-dose computed tomography (CT) for lung cancer screening		√		√	√	√	√	√		
Uvulopalatopharyngoplasty (UPPP)		√	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	
Weight management services including evaluation, management, surgery & post-surgical procedures		√	N/A	√	√	√	√	√	Δ √	
code	NAME	√	√	√	√	√	√	√	√	
C9023	# testosterone undecanoate, 1 mg (Andriol)	√	√	√	√	√	√	√	√	
C9025	# ramucirumab, 5 mg (Cyramza)	√	√	√	√	√	√	√	√	
C9026	# vedolizumab, 1 mg (Entyvio)	√	√	√	√	√	√	√	√	
C9135	# antihemophilic factor, recombinant Factor IX, Alprolix, per 10 IU	√	√	√	√	√	√	√	√	
90378	# palivizumab (Synagis)	√	√	√	√	√	√	√	√	
J0129	# abatacept (Orencia)	√	√	√	√	√	√	√	√	
J0135	# adalimumab (Humira) +	√	√	√	√	√	√	√	√	
J0178	# aflibercept Eylea	√	√	√	√	√	√	√	√	
J0180	# agalsidease beta (Fabrazyme)	√	√	▲	▲	√	√	√	√	
J0205	# alglucerase (Ceredase)	√	√	▲	▲	√	√	√	√	
J0220	# alglucosidase alfa (Myozyme)	√	√	▲	▲	√	√	√	√	
J0221	# alpha alglucosidase alfa (Lumizyme)	√	√	√	√	√	√	√	√	
J0256	# alpha 1 - proteinase inhibitor - human, (Aralast, Aralast NP, Prolastin, Prolastin-C, Zemaira)	√	√	√	√	√	√	√	√	
J0257	# alpha 1 Antitrypsin-AAT (Glassia)	√	√	√	√	√	√	√	√	
J0365	# aprotinin (Trasylol)	√	√	▲	▲	√	√	√	√	
J0401	# aripiprazole (Abilify)	√	√	▲	▲	√	√	√	√	
J0485	# belatacept (Nulojix)	√	√	√	√	√	√	√	√	
J0490	# belimumab (Benlysta)	√	√	√	√	√	√	√	√	
J0585-	J0588 # Botox injections	√	√	√	√	√	**** N/A	**** N/A	√	
J0597	# c1 esterase inhibitor (Berinert)	√	√	▲	▲	√	√	√	√	
J0598	# c1 esterase inhibitor (Cinryze)	√	√	▲	▲	√	√	√	√	
J0638	# canakimab (Ilaris)	√	√	√	√	√	**** N/A	**** N/A	√	
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	√	
J0885-	J0886 # epoetin alfa (Epogen, Procrit)	√	√	√	√	√	**** 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	 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	
J0897	# denosumab (Prolia-Exgeva)	√	√	√	√	√	√	√	√	
J1290	# ecallantide (Kalbitor)	√	√	▲	▲	√	√	√	√	
J1300	# eculizumab (Soliris)	√	√	▲	▲	√	√	√	√	
J1324	# enfuvirtide (Fuzeon)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A	
J1325	# epoprostenol (Flolan)	√	√	√	√	√	√	√	√	
J1438	# etanercept (Enbrel) +	√	√	√	√	√	√	√	√	
J1440- J1442 & J1446	# filgrastim (G-CSF), (Neupogen)	√	√	√	√	√	√	√	√	
J1458	# galsulfase (Naglazyme)	√	√	▲	▲	√	√	√	√	
J1459	# immune globulin (Privigen)	√	√	√	√	√	√	√	√	
J1556- J1557	# Immune globulin	√	√	√	√	√	√	√	√	
J1559	# immune Globulin (Hizentra)	√	√	√	√	√	√	√	√	
J1561	# Immune globulin	√	√	√	√	√	√	√	√	
J1566	# immune globulin	√	√	√	√	√	√	√	√	
J1568- J1569	# immune globulin	√	√	√	√	√	√	√	√	
J1602	# Golimumab (Simponi) IV	√	√	√	√	√	√	√	√	
J1640	# panhematin (Hemin)	√	√	▲	▲	√	√	√	√	
J1650	# enoxoprin (Lovenox) +	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A	
J1675	# histrelin acetate	√	√	√	√	√	√	√	√	
J1725	# hydroxyprogesterone caproate (Makena)	√	√	√	√	√	√	√	√	
J1740	# ibandronate sodium (Boniva)	√	√	√	√	√	√	√	√	
J1743	# idursulfase (Elaprase)	√	√	▲	√	√	√	√	√	
J1744	# icatibant (Firazyr) +	√	√	√	√	√	√	√	√	
J1745	# infliximab (Remicade)	√	√	√	√	√	√	√	√	
J1785- J1786	# imiglucerase (Cerezyme)	√	√	▲	▲	√	√	√	√	
J1826	# interferon Beta-1A (Avonex) +	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A	
J1830	# Interferon Beta-1B (Betaseron) +	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A	
J1931	# laronidase (Aldurazyme)	√	√	▲	▲	√	√	√	√	
J1955	# levocarnitine (Carnitor)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A	
J2170	# mecasermin (Increlex)	√	√	√	√	√	√	√	√	
J2212	# methylnaltrexone (Relistor)	√	√	√	√	√	√	√	√	
J2260	# 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	√	

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS
















										
		Commercial & Metal Plans	Lansing Board of Water and Light	Medicaid	MiChild	Self Funded (L0000264; DAS00100, 200, 300)	SPHN (MNA, IUE, UAW & SEIU. DAS00600, 900, 1000, 1200)	SPHN (Non-Union, DAS01100)	PPO	
J2507	# pegloticase (Krystexxa)	√	√	√	√	√	√	√	√	
J2562	# plerixafor (Mozobil)	√	√	√	√	√	√	√	√	
J2724	# protein c concentrate (Ceprotrin)	√	√	▲	▲	√	√	√	√	
J2778	# ranibizumab (Lucentis) Prior Notification required for all diagnoses other than 362.07, 362.35, 362.36, 362.52, 362.53, 362.62	√	√	√	√	√	√	√	√	
J2793	# rilonacept (Arcalyst)	√	√	▲	√	√	√	√	√	
J2796	# romiplostim (Nplate)	√	√	√	√	√	√	√	√	
J2940	# somatrem (Protropin)	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A	
J2941	# somatropin (all growth hormones)	√	√	√	√	**** N/A	**** N/A	**** N/A	**** N/A	
J3060	# taliglucerase alfa (Elelyso)	√	√	√	√	√	√	√	√	
J3095	# televancin (Vibativ)	√	√	√	√	√	√	√	√	
J3110	# teriparatide (Forteo) 	√	√	√	√	√	√	√	√	
J3262	# tocilizumab, (Actemra)	√	√	√	√	√	**** N/A	**** N/A	**** N/A	
J3285	# treprostinil (Remodulin)	√	√	√	√	√	√	√	√	
J3357	# ustekinumab (Stelara)	√	√	√	√	√	√	√	√	
J3385	# velaglucerase alfa (VPRIV)	√	√	▲	√	√	√	√	√	
J3485	# zidovudine (Retrovir)	**** N/A	**** N/A	▲	▲	**** N/A	**** N/A	**** N/A	**** N/A	
J3487	# zoledronic acid (Zometa) De'd 1/1/14	√	√	√	√	√	√	√	√	
J3488	# zoledronic acid (Reclast) De'd 1/1/14	√	√	√	√	√	√	√	√	
J3489	# zoledronic acid (Zometa/Reclast)	√	√	√	√	√	√	√	√	
J3490	# Unclassified drugs is a list of drugs without a specific HCPCs or CPT code assigned to it-PA is required for all of the following medications (the list is subject to change) : Bevacizumab/Avastin billed with J3490 for the eye: Notification required for all diagnoses other than 362.07, 362.35, 362.36, 362.52, 362.53, 362.62), Corifact/Factor XIII, glucarpidase (Voraxaze) testosterone undecanoate (Andriol), ramucirumab (Cyramza), vedolizumab (Entyvio), antihemophilic factor (Alprolix Factor IX), epoetin beta & siltuximab (Sylvant)	√	√	√	√	√	√	√	√	
J3590	# Unclassified biologics	√	√	√	√	√	√	√	√	
J7178	# human fibrinogen concentrate (RiaStap)	√	√	▲	▲	√	√	√	√	
J7180	# Factor products	√	√	▲	▲	√	√	√	√	
J7183- J7187	# Factor products	√	√	▲	▲	√	√	√	√	
J7189- J7199	# Factor products	√	√	▲	▲	√	√	√	√	
J7301	# levonorgestrel (Skyla) IUD	√	√	√	√	√	√	√	√	
J7308	# aminolevulinic acid HCl (Levulan Kerastick)	√	√	√	√	√	√	√	√	
J7309	# methyl aminolevulinate (MAL), (Metvixia)	√	√	√	√	√	√	√	√	
J7312	# dexamethasone (Ozurdex)	√	√	√	√	√	√	√	√	

PHYSICIANS HEALTH PLAN NOTIFICATION/PRIOR AUTHORIZATION TABLE-ALL PRODUCTS

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J7316	# ocriplasmin (Jetrea)	√	√	√	√	√	√	√	√
J7508	# tacrolimus (Prograf)	√	√	√	√	√	√	√	√
J7527	# everolimus (Zortress) 	√	√	√	√	√	√	√	√
J7686	# trestonil	√	√	√	√	√	√	√	√
J7699	# NOC drugs, inhalation solution administered through DME	√	√	√	√	√	√	√	√
J7799	# NOC drugs, other than inhalation drugs, administered through DME	√	√	√	√	√	√	√	√
J8498	# antiemetic drug, rectal/suppository, not otherwise specified	√	√	√	√	√	√	√	√
J8499	# prescription drug, oral, non chemotherapeutic, NOS	√	√	√	√	√	√	√	√
J8562	# fludarabine phosphate (Oforta)	√	√	√	√	√	√	√	√
J8565	# gefitinib (Iressa)	√	√	▲	▲	√	√	√	√
J8700	# temozolomide (Temodar)	√	√	√	√	√	√	√	√
J9002	# doxorubicin hydrochloride liposomal doxil (Lipodox)	√	√	√	√	√	√	√	√
J9019	# asparaginase (Erwinaze)	√	√	√	√	√	√	√	√
J9027	# clofarabine (Clolar)	√	√	√	√	√	√	√	√
J9033	# bendamustine hydrochloride (Treanda)	√	√	√	√	√	√	√	√
J9035	# bevacizumab (Avastin)	√	√	√	√	√	√	√	√
J9041	# bortezomib (Velcade)	√	√	▲	▲	√	√	√	√
J9042	# brentuximab vedotin (Adcetris)	√	√	√	√	√	√	√	√
J9043	# cabazitaxel (Jevtana)	√	√	√	√	√	√	√	√
J9047	# carfilzomib (Kyprolis)	√	√	√	√	√	√	√	√
J9155	# degarelix (Firmagon)	√	√	√	√	√	√	√	√
J9160	# denileukin diftitox (Ontak)	√	√	√	√	√	√	√	√
J9171	# docetaxel (Taxotere)	√	√	√	√	√	√	√	√
J9179	# eribulin (Halaven)	√	√	√	√	√	√	√	√
J9185	# fludarabine phosphate (Fludara)	√	√	√	√	√	√	√	√
J9225	# histrelin implant (Vantas)	√	√	√	√	√	√	√	√
J9226	# histrelin implant (Supprelin LA)	√	√	√	√	√	√	√	√
J9228	# Ipilimumab (Yervoy)	√	√	√	√	√	√	√	√
J9262	# omacetaxine mepesuccinate (Synribo)	√	√	√	√	√	√	√	√
J9268	# pentostatin (Nipent)	√	√	√	√	√	√	√	√
J9302	# ofatumumab (Arzerra)	√	√	√	√	√	√	√	√
J9306	# pertuzumab (Perjeta)	√	√	√	√	√	√	√	√
J9307	# pralatrexate	√	√	√	√	√	√	√	√
J9310	# rituximab (Rituxan)	√	√	√	√	√	√	√	√
J9315	# romidepsin (Istodax)	√	√	√	√	√	√	√	√
J9328	# temozolomide (Temodar)	√	√	√	√	√	√	√	√
J9351	# topotecan (Hycamtin)	√	√	√	√	√	√	√	√
J9354	# ado-trastuzumab emtansine (Kadcyla)	√	√	√	√	√	√	√	√
J9355	# trastuzumab (Herceptin)	√	√	√	√	√	√	√	√
J9371	# vincristine sulfate liposome (Marqibo)	√	√	√	√	√	√	√	√
J9400	# ziv-aflibercept (Zaltrap)	√	√	√	√	√	√	√	√



**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	 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	
J9999	# Unclassified biologics	√	√	√	√	√	√	√	√	
Q0090	# levonorgestrel (Skyla) IUD De'd 1/1/14	√	√	√	√	√	√	√	√	
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 (Epoen, Procrit)	√	√	√	√	√	√	√	√	
Q4096	# antihemophilic factor (Alphanate)	√	√			√	√	√	√	
Q9972	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	√	√	√	√	√	√	√	√	
Q9973	Injection, epoetin beta, 1 microgram, (non-ESRD use)	√	√	√	√	√	√	√	√	
# Compounded drugs: all		√	√	√	√	**** N/A	**** N/A	√	√	
<b>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.</b>										
* 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.										
 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.										
<b>R - Lansing Board of Water and Light:</b> 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.										

## Advance Directive Standard

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

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

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

**What Are Advance Directives?** Advance directives allow patients to make their own decisions regarding the care they would prefer to receive if they develop a terminal illness or a life-threatening injury. There are three types of advance directives. A durable power of attorney for health care allows the patient to name a “patient advocate” to act for the patient and carry out their wishes. A living will allows the patient to state their wishes in writing, but does not name a patient advocate. A do-not-resuscitate declaration allows a patient to express their wishes in writing that if their breathing and heartbeat cease, they do not want anyone to resuscitate them.

**Ways to Accomplish Compliance with this Standard:** The question concerning advance directives could be included on the patient registration form or health history form. Having a question that asks if the patient has an Advance Directive with a box to check yes or no along with a statement that they may obtain more information regarding the subject from you would meet PHP’s standard.

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

Advance care directives can reduce:

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

Sparrow PHP Medicaid/MiChild/Healthy Michigan

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

***Membership Rights***

All Sparrow PHP staff and contracted providers will comply with all requirements concerning member rights.

**Enrollment with Sparrow PHP entitles you to:**

1. Be given information about your rights and responsibilities as a member.
2. Be treated at all times with respect, consideration, dignity and privacy.
3. Get information about all covered health services consistent with the contract with the State of Michigan, and State and Federal regulations. This includes clear details of how to locate and use them.
4. Receive quality health care as covered under the plan. The services must be from participating providers except as otherwise indicated in this handbook.
5. Know that your medical records and letters are treated in a private manner. They will only be given as required by law or permitted by you.
6. Review your medical record with your provider. You have the right to request and review your medical records obtained by Sparrow PHP at no cost. You have the right to correct or amend your medical records.
7. Choose a PCP from a list of participating providers. Read information about health care providers and practitioners who give health care.
8. Full information on the nature and effect of any treatment, test or procedure that may be involved in your health care, regardless of cost or benefit change.
9. Take part in decisions involving your care.
10. Make decisions to accept or refuse medical or surgical treatment.
11. Be given information on the effects of refusing or not following the treatment..
12. Refuse to participate in new research.
13. Use of the plan's problem resolution process. This includes the ability to voice complaints, grievances or appeals about PHP or the care provided. Also, without fear of being penalized and/or without fear of loss of coverage.
14. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
15. Choices on "Advance Directives". Advance Directives are instructions you write for your providers to let them know how you want to be treated if you are too sick to tell them. You write this before you become too sick to make the choice.
16. Be free from other discrimination prohibited by State and Federal regulations.
17. Make suggestions regarding Sparrow PHP's member rights and responsibilities policies.
18. Get a second medical opinion.
19. Get help with any special disability needs.
20. Get help with any special language needs.
21. Know if a co-payment or contribution is required.

## Sparrow PHP Medicaid/MiChild/Healthy Michigan

### ***Membership Responsibilities***

1. Select a primary care provider (PCP) from Sparrow PHP's list of providers. Schedule an appointment within 60-days of enrollment with Sparrow PHP and build a relationship with the provider you choose.
2. Obtain all medical care, except in emergencies, or as otherwise stated in the Member handbook, from a plan provider. All visits to non-participating providers must be approved first by Sparrow PHP.
3. Have approval for all hospitalizations. Your doctor will make the plans and contact Sparrow PHP. This does not apply to emergencies or for urgently needed health services.
4. Use Emergency Room (ER) services only for treatment of serious medical conditions. These would result from injury, sickness or mental illness, which arises suddenly and requires immediate care and treatment. ER treatment is needed generally within 24 hours of the problem.
5. Make visits with your PCP as far in advance as possible. Call if you are unable to keep an appointment.
6. Carry your Sparrow PHP ID card. Show your Medicaid mihealth card and other health plan cards each time you receive health services. Never let someone else use your cards.
7. Report any lost or stolen health cards. Call Sparrow PHP Customer Service if your health plan ID card is missing. Call the Beneficiary Helpline at 1-800-642-3195 if your mihealth card is missing.
8. Call our Customer Service Department if you have a question about your plan coverage.
9. Promptly apply for Medicare or other health insurance when you are able.
10. Notify the plan of any changes such as your address, family size and marital status. Also if you have other health insurance coverage.
11. Provide complete information about your health and health care to the health plan and your doctor. This helps in the care for you.
12. Work with your PCP to manage your health problems and treatment goals.
13. Follow the steps for care that you agree on with your PCP.

## Commercial HMO Members

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

#### ***Member Rights***

Enrollment with PHP entitles you to:

1. Be given information about your rights and responsibilities as a member.
2. Be treated at all times with respect and recognition of your dignity and right to privacy.
3. Choice of and ability to change a primary care physician (PCP) from a list of network physicians or practitioners.
4. Information on the nature and consequence of appropriate or medically necessary treatment options that may be involved in your health care, regardless of cost or benefit coverage in terms you can reasonably be expected to understand and so that you can give informed consent prior to initiation of any procedure and/or treatment.
5. The opportunity to participate in decisions involving your health care, including, making decisions to accept or refuse medical or surgical treatment and to be given information on the consequences of refusing or not complying with treatment.
6. Voice complaints or appeals about PHP or the care provided and/or use PHP's complaint/appeal procedure to resolve problems without fear of being penalized or retaliated against and/or without fear of loss of coverage.
7. Be given information about PHP, its services, and the physicians and practitioners who provide health services, including the qualifications of network providers.
8. Make suggestions regarding PHP's member rights and responsibilities policies.

#### ***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 and arranged by your PCP or network specialist, except in emergencies or for urgently needed health services.
3. Use emergency room services only for treatment of a serious medical condition resulting from injury, sickness or mental illness, which arises suddenly and requires immediate care and treatment (generally within twenty-four [24] hours of onset) to avoid jeopardy to your life or health.
4. Always carry your PHP ID card, present it to the provider each time you receive health services, never permit its use by another person, report its loss or theft to us and destroy any old cards.
5. Notify the health plan of any changes in address, eligible family members and marital status, or if you acquire other health insurance coverage.
6. Provide complete and accurate information (to the extent possible) that PHP and practitioners/providers need in order to provide care.
7. Participate in understanding your health problems and developing 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 deductibles, coinsurance and/or copays, and pay them directly to the network physician, practitioner or provider who gives you care.
10. Read your PHP certificate of coverage and other PHP member materials and become familiar with and follow health plan benefits, policies and procedures.
11. Report health care fraud or wrongdoing to PHP.

## Advance Directive Standard

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