



October 2010

Dear Provider:

Attached you will find the Molina Healthcare of Michigan Authorization Requirements Grid and the Summary of Authorization Changes.

The authorization requirements have been updated and are effective for dates of services October 1, 2010 and after. The specific changes are listed on the “Summary of Authorization Changes”. Please take a few minutes to become familiar with the differences.

Please note the following columns:

Authorization Not Required – Molina Healthcare does not require authorization (referrals).

Notification Required – Molina Healthcare must be notified prior to receiving the services in this column but **no** clinical information is required. *(If Molina Healthcare is not notified of the service, then the claim cannot be paid – except for Elective C-section/Induction)*

Clinical Review Required – Molina Healthcare requires prior authorization **and** supporting clinical information. *(If Molina Healthcare does not receive notification of the service and accompanying clinical information, the service cannot be authorized and the claim cannot be paid.)*

If you have any questions about the new grid, please contact the Utilization Management Department at 1-888-898-7969.

Thank you for providing services for Molina Healthcare members.

Sincerely,

Donald Beam, M.D.
Medical Director

Enclosure: Summary of Changes
Authorization Requirements Grid
Molina Healthcare Pharmacy Program Specialty Drug List

Molina Healthcare of Michigan
Summary of Authorization Requirements Grid Changes
Effective October 1, 2010

Authorization Requirements Grid Footer

- Removed footer verbiage, “(*Covered services provided by Podiatrists include Routine Foot Care for diagnosis of Diabetes Mellitus only; all other Podiatry services are not Medicaid covered benefits for members age 21 and over)”.

Molina Healthcare of Michigan Medicaid/MIChild Authorization Requirements

Authorization Not Required	Authorization Required	
	Notification Required Must request authorization prior to obtaining service	Clinical Review Required Must request authorization with clinical information within 14 days prior to service
Ambulance Transportation (Emergent) Amniocentesis Apnea Monitor (Rental basis for up to 3 months from date of discharge for infants discharged on a monitor) Bone density studies Cardiac stress tests (With/without nuclear studies) Chemotherapy (Outpatient) Chiropractic visits (Medicaid maximum 18 visits); (Not a Medicaid covered benefit for members age 21 and over); (MIChild maximum 24 visits) Developmental delay medical evaluation *DME less than \$500 per line item (Preferred/contracted provider) Doppler studies EEG, EKG, EMG (Routine) Endoscopic procedures (EGD, ERCP, Sigmoidoscopy, Colonoscopy, Bronchoscopy, Cystoscopy) Hearing aid evaluation and testing Laboratory services Mammograms *Non emergent transportation (call 1-888-898-7969 Option 2, then Option 3) (Medicaid benefit only) (Not a MIChild benefit) Observation Stays Office visit and treatment (Provided by a specialist, other than services listed in Authorization Required Columns) *Orthotics and prosthetics less than \$500 per line item (Preferred/contracted provider) PT, OT, and ST (Evaluation only) Pulmonary diagnostic testing Radiation therapy (Outpatient) Radiology, diagnostic (including CT Scans with or without biopsy, MRA, MRI, PET, SPECT) Sleep Study Transfusion services (Blood and blood products) Treatment for STDs Ultrasounds (With or without biopsy) Urgent care Wound care office visit	Dental general anesthesia (<7 years old) Diabetic Self Management Training (DSMT)/Diabetic Education (With HgbA1C) Dialysis Elective C-section/Induction Genetic Testing and Counseling (Submit CPT codes) Home health care (Skilled nursing visits – first 3 visits (RN)) Hospice (Outpatient) Occupational therapy (First 8 visits) Outpatient surgical procedures (Other than those listed in Clinical Review Required column) Pain management injections (First 6 sessions) Physical therapy (First 8 visits) Transplant (Evaluations) Weight loss clinic counseling for morbid obesity (Only a MIChild benefit) Wound care surgical treatment	Acupuncture (Only a MIChild benefit) Ambulance Transportation (Non emergent) Apnea Monitor (Rental for more than 3 months from discharge for infants discharged on a monitor) Bariatric surgery Chiropractic service (More than 18 visits); (Not a Medicaid covered benefit for members age 21 and over) Occupational therapy (More than 8 visits) Physical therapy (More than 8 visits) Pain management sessions (After initial 6 sessions) Dental general anesthesia ≥7 years old (Outpatient facility) Developmental delay treatment DME (Non contracted provider) *DME more than \$500 per line item rental or purchase price (Preferred/contracted provider) Elective termination of pregnancy Hearing aids (Not a Medicaid covered benefit for members age 21 and over) Home health care (PT, OT, continuation of skilled nursing visits (RN)) (ST – Only a MIChild benefit) Home infusion In office diagnostics or procedures requiring general anesthesia **Inpatient Admissions (Elective, Urgent, and Emergent) Neuropsychiatric testing Orthotics and prosthetics (Non contracted provider) Orthotics and prosthetics more than \$500 per line item (Preferred/contracted provider) Outpatient surgical procedures including, but not limited to: <ul style="list-style-type: none"> • Abdominal surgeries (Potentially cosmetic, example: panniculectomy) • AICD (Automatic Implantable Cardioverter Defibrillator) • Breast surgeries • Erectile dysfunction procedures • Eyelid surgeries (Example: blepharoplasty, ptosis) • Foot surgeries • Head and neck lesions • Jaw reconstruction • Nasal surgeries (Example: rhinoplasty, septoplasty) • Potentially cosmetic surgeries (Example: scar revision) • Procedures likely to result in an inpatient admission • UPPP surgery (Uvulopalatopharyngoplasty) • Vagal nerve stimulation • Varicose veins Potentially experimental, investigational, or cosmetic services and procedures Referral to out of state provider Specialty Injectables: Pharmacy Department – Remicade/Orencia (attached Specialty Pharmacy Drug List) ; Utilization Management Department - Soliris Speech therapy (Treatment) Transplant (Services) Wound Vac (Negative Pressure Wound Therapy)

Service must be a Michigan Medicaid benefit

*Preferred Provider Network:

DME / Orthotics & Prosthetics – Wright & Filippis 1-800-482-0222

March Vision Care – 1-888-493-4070

Mental Health & Substance Abuse – CompCare 1-800-435-5348 (Medicaid benefit)

Transportation 1-888-898-7969, Option 2, then Option 3 (Medicaid benefit)

**Including inpatient hospice, rehab services, skilled nursing and subacute care

Contact Molina Healthcare at 1-888-898-7969 when an admission determination is made

Utilization Management Department Phone Number – 1-888-898-7969 or 1-866-449-6828

Utilization Management Department Fax Number – 1-800-594-7404

Pharmacy Department -Phone Number 1-888-898-7969, option 1, then Option 5

Pharmacy Department -Fax 1-888-373-3059



Specialty Drugs Approved Exclusively Through Molina Healthcare Pharmacy Department

For Prior Authorization, please contact Molina Healthcare Pharmacy Department at 1-888-898-7969 (option 1, then 5) OR fax a Drug Prior Authorization form to 1-888-373-3059.

ACTIMMUNE	INCRELEX	REBETOL	VANTAS
ADVATE	INFERGEN	REBETRON	VISUDYNE
ALPHANATE	INTRON A	REBIF	VIVITROL
ALPHANINE	KINERET	RECOMBINATE	WHINRHO S/D
APLIGRAF	KOATE	REFACTO	XELODA
ARIXTRA	KOGENATE	REMODULIN	XOLAIR
ARANESP	LEUKINE	REVATIO	ZOLADEX
AUTOPLEX T	LOVENOX	REVLIMID	
AVONEX	LUCENTIS	RHOGAM	
BEBULIN	LUPRON DEPOT / KIT	RIBAVIRIN	
BENEFIX	MONARC M	ROFERON	
BETASERON	MONCLATE	SAIZEN	
BOTOX	MONONINE	SANDOSTATIN	
COPAXONE	MYOBLOC	SEROSTIM	
COPEGUS	NEULASTA	SPRYCEL	
DDAVP	NEUMEGA	STIMATE	
ELAPRASE	NEUPOGEN	SUPARTZ	
ENBREL	NEXAVAR	SUTENT	
EPOGEN	NORDITROPIN	SYNAGIS	
EUFLEXXA (HYALGAN)	NORDITROPIN NORDIFLEX	SYNAREL	
FEIBA-VH	NOVANTRONE	SYNVISIC (HYLAGAN)	
FORTEO	NOVOSEVEN	TEMODAR	
FRAGMIN	NUTROPIN	TEV-TROPIN	
GENOTROPIN	NUTROPIN AQ	THALOMID	
GLEEVEC	OCTREOTIDE	THROMATE III	
HELIXATE	PEGASYS	THYROGEN	
HEMOFIL	PEG-INTRON	TOBI	
HERCEPTIN	PROCRIT	TRACLEER	
HUMATE P	PROFILNINE SD	TYKERB	
HUMATROPE	PROPLEX	TRELSTAR	
HUMIRA	PULMOZYME	VIADUR	
HYALGAN	RAPTIVA	VIDAZA	

If approved, these medications will be filled exclusively by Caremark Specialty Pharmacy.

Please Note: Remicade, Orencia, Sensipar, Tarceva, and Hepsera are also handled by the Caremark Coordinator.