



October 1, 2008

Dear Provider:

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

The new authorization requirements are effective for dates of services after November 1, 2008 and include modifications that simplify the authorization process. The specific changes are listed on the "Summary of Authorization Changes". Please take a few minutes to become familiar with the differences.

Molina Healthcare has implemented the new requirements after conducting an analysis of the volume, cost and denial rates of all services subject to authorization. The results of the analysis prompted the reduction in authorization requirements.

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 can not be paid.*)

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 can not be paid.*)

We hope you will find it easier to work with our authorization procedures. 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 11/1/08

Authorization Not Required

- MRI no longer requires authorization.

Notification Required

- Dental anesthesia (in an outpatient facility) for members <6 years old requires notification.
- Genetic Testing and Counseling requires notification and is to be submitted with CPT codes.
- Sterilization procedures performed in an outpatient facility setting require notification. The signed *Informed Consent to Sterilization* form (30 days prior to the procedure and no longer than 180 days prior to the procedure) **must** be submitted attached to the claim.
- Transplant evaluations require notification. Note: Transplant procedures require authorization with clinical review.

Clinical Review Required

- Dental anesthesia (in an outpatient facility) for members ≥ 6 years old requires authorization with clinical information.
- DME and Orthotics & Prosthetics authorization limit is increased from \$250 to \$500 **per item** rental or purchase (preferred/contracted provider).
- Elective termination of pregnancy requires authorization with clinical information.
- Potentially cosmetic services or procedures require authorization with clinical information.
- Soliris requires authorization with clinical information.

NOTE: Effective 10/1/08, Maternal Infant Health Program services no longer require authorization by the health plan.

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
<p>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 (maximum 18 visits) CT scans (with or without biopsy) Developmental delay medical evaluation Diagnostic radiology (plain film x-rays) **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 MRI Non emergent transportation 1-888-898-7969 Option 2, then Option 3 Nuclear Scans Observation Stays Office visit and treatment (provided by a specialist, other than services listed in Clinical Review Required Column) **Orthotics and prosthetics less than \$500 per line item (preferred/contracted provider) PT, OT, and ST (evaluation only) Pulmonary diagnostic testing Radiation therapy (out patient) Sleep Study Transfusion services (blood and blood products) Treatment for STDs Ultrasounds (with or without biopsy) Urgent care Wound care office visit</p>	<p>Dental general anesthesia (<6 years old) Diabetic Self Management Training (DSMT)/Diabetic Education (with HgbA1C) Dialysis 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 surgeries and procedures (other than those listed in Prior Auth Required column) Pain management injections (first 6 sessions) Physical therapy (first 8 visits) SPECT, MRA, and PET Scans Transplant (evaluations) Wound care surgical treatment</p>	<p>Ambulance Transportation (non-emergent) Apnea Monitor (rental for more than 3 months from date of discharge for infants discharged on a monitor) Bariatric surgery Continuation of chiropractic service (more than 18 visits) Continuation of occupational therapy (more than 8 visits) Continuation of physical therapy (more than 8 visits) Continuation of pain management sessions (after initial 6 sessions) Dental general anesthesia ≥6 years old (in an 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 (MDCH Hearing Aid Dealers Database) Home health care (PT, OT and ST, continuation of skilled nursing visits (RN)) Home infusion In office diagnostics or procedures requiring general anesthesia Inpatient Admissions (elective, urgent, and emergent)* Pharmacy Department: Specialty Injectables (attached Pharmacy Specialty Drug List) Remicade/Orencia Utilization Management Department: Soliris Neuropsychiatric testing Orthotics and prosthetics (non contracted provider) Orthotics and prosthetics more than \$500 per line item (preferred/contracted provider) Outpatient surgeries 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 stimulator • Varicose veins Potentially experimental, investigational, or cosmetic services and procedures Referral to out of state provider Speech therapy (treatment) Transplant (services) Wound Vac (Negative Pressure Wound Therapy)</p>

Service must be a Michigan Medicaid benefit

**Preferred Provider Network:

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

Mental Health & Substance Abuse –CompCare 1-800-435-5348

Transportation 1-888-898-7969 Option 2, then Option 3

March Vision Care – 1-888-493-4070

Pharmacy Department -Fax 1-888-373-3059

*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



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.