

December 1, 2007

Dear Provider:

Attached you will find the Molina Healthcare of Michigan, Inc. (MHM) Authorization Requirements grid and the Summary of Authorization Changes.

The new authorization requirements are effective January 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.

MHM 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 - MHM does not require authorization (referrals).

Notification Required - MHM must be notified prior to receiving the services in this column but no clinical information is required. *(If MHM is not notified of the service, then the claim can not be paid.)*

Clinical Review Required - MHM requires prior authorization **and** supporting clinical information. *(If MHM 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.

MHM is also pleased to announce an enhancement to our electronic fax process which will take effect January 1, 2008 for all authorization requests including inpatient hospitalizations. Please use 1-800-594-7404 for faxed authorization requests.

Thank you for providing services for MHM members.

Sincerely,

Donald Beam, M.D.
Medical Director

Attachments: Authorization Requirements
MHM Pharmacy Program Specialty Drug list
Summary of Changes

Molina Healthcare of Michigan (MHM) Medicaid Authorization Requirements

Authorization Not Required	Notification Required	Authorization Required
<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 \$250 per line item (preferred/contracted provider) Doppler studies EEG, EKG, EMG Endoscopic procedures (EGD, ERCP, Sigmoidoscopy, Colonoscopy, Bronchoscopy, Cystoscopy) Hearing aid evaluation and testing Laboratory services Mammograms Maternal Infant Health Program (MIHP) up to 9 visits Non emergent transportation provided by MTM 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 \$250 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 Ultrasonounds (with or without biopsy) Urgent care Wound care office visit</p>	<p>Must request authorization prior to obtaining service Diabetic Self Management Training (DSMT)/Diabetic Education (with HgbA1C) Dialysis Home health care (skilled nursing visits – first 3 visits (RN)) Hospice (outpatient) MRI Non infantile circumcisions (under age 21, excluding during initial birth hospitalization) 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 Sterilization procedures (with member consent) Wound care surgical treatment</p>	<p>Must request authorization with clinical information within 14 days prior to service 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 (in an outpatient facility) Developmental delay treatment DME (non contracted provider) DME more than \$250 per line item rental or purchase price (preferred/contracted provider) Genetic Testing and Counseling 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)* Maternal Infant Health Program (MIHP) (more than 9 visits) Neuropsychiatric testing Orthotics and prosthetics (non contracted provider) Orthotics and prosthetics more than \$250 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 or investigational services and procedures Referral to out of state provider Specialty Injectable Authorizations (any setting: refer to MHM Pharmacy Program Specialty Drug list) Remicade/Orcencia (beginning 1/21/2008, through MHM Pharmacy Department) Speech therapy (treatment) Transplant (evaluation and services) Wound Vac (Negative Pressure Wound Therapy) </p>

Service must be a Michigan Medicaid benefit
**Preferred Provider Network:
DME / P&O – Wright & Filippis 1-800-482-0222
Mental Health & Substance Abuse – CompCare 1-800-435-5348

MTM Transportation – 1-877-490-8681
March Vision Care – 1-888-493-4070
Pharmacy Department -Fax 888-373-3059

*Including inpatient hospice, rehab services, skilled nursing and subacute care
Contact MHM at 1-888-898-7969 when the determination is made to admit the patient
Utilization Management Department Phone Number – 888-898-7969 or 866-449-6828
Utilization Management Department Fax Number – 800-594-7404
Pharmacy Department -Phone Number 1-888-898-7969, option 1, then 5



Molina Healthcare of Michigan (MHM) Summary of Authorization Changes

May 1, 2007 Grid	January 1, 2008 Grid
Authorization Not Required column	Verbiage change:
Cardiac stress tests (without nuclear studies)	Cardiac stress tests (with or without nuclear studies)
CT Scans	CT Scans (with or without biopsy)
Emergency Ambulance Transportation	Ambulance Transportation (emergent)
Office visit and treatment (provided by a specialist)	Office visit and treatment (provided by a specialist, other than services listed in Clinical Review Column)
Ultrasounds (unlimited OB ultrasounds)	Ultrasounds (with or without biopsy)
Notification required column	Verbiage change:
Cardiac stress test (without nuclear studies)	Cardiac stress test (with or without nuclear studies) - Authorization Not Required
Observation Stays	Observation Stays - Authorization Not Required
Nuclear Scans	Nuclear Scans - Authorization Not Required
Sleep Study (titration only)	Sleep Study - Authorization Not Required
Clinical Review Required column	Verbiage Change
DME more than \$250 per line item (preferred/contracted provider)	DME more than \$250 per line item rental or purchase price (preferred/contracted provider)
	In office diagnostics or procedures requiring general anesthesia
MRI: chest, pelvis, abdomen, extremities (not including hip, knee, shoulder)	MRI - Notification Required
MRI (repeat within one (1) year)	MRI - Notification Required
Non emergent ambulance transportation	Ambulance transportation (non emergent)
Pediatric dental anesthesia (under 21 only; over 21 not a benefit) (in an outpatient facility)	Dental general anesthesia (in an outpatient facility)
Sleep study (initial)	Wound Vac (Negative Pressure Wound Therapy)
	Sleep study- Authorization Not Required
	AICD (Automatic Implantable Cardioverter Defibrillator)
Specialty Pharmacy (any setting: refer to MHM Pharmacy Program Specialty Drug List	Specialty Injectable Authorizations (any setting: refer to MHM Pharmacy Program Specialty Drug list) Remicade/Orencia (beginning 1/21/2008 through MHM Pharmacy Department)

Authorization not required – Provider may perform services without prior authorization from MHM.
 Notification required – Provider submits authorization form to MHM. No clinical information required.
 Clinical review required – Provider submits authorization form to MHM with clinical information.

Specialty Drugs Approved Exclusively Through MHM Pharmacy Department

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

ACTIMMUNE	INFERGEN	REBETRON	WHINRHO S/D
ADVATE	INTRON A	REBIF	XELODA
ALPHANATE	KINERET	RECOMBINATE	XOLAIR
ALPHANINE	KOATE	REFACTO	ZOLADEX
APLIGRAF	KOGENATE	REMODULIN	
ARANESP	LEUKINE	REVATIO	
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	SUTENT	
ENBREL	NEXAVAR	SYNAGIS	
EPOGEN	NORDITROPIN	SYNAREL	
EUFLEXXA (HYLAGAN)	NORDITROPIN NORDIFLEX	SYNVISC (HYLAGAN)	
FEIBA-VH	NOVANTRONE	TEMODAR	
FORTEO	NOVOSEVEN	TEV-TROPIN	
FRAGMIN	NUTROPIN	THALOMID	
GENOTROPIN	NUTROPIN AQ	THROMATE III	
GLEEVEC	OCTREOTIDE	THYROGEN	
HELIXATE	PEGASYS	TOBI	
HEMOFIL	PEG-INTRON	TRACLEER	
HERCEPTIN	PROCRIT	TRELSTAR	
HUMATE P	PROFILNINE SD	VIADUR	
HUMATROPE	PROPLEX	VIDAZA	
HUMIRA	PULMOZYME	VANTAS	
HYALGAN	RAPTIVA	VISUDYNE	
INCRELEX	REBETOL	VIVITROL	

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

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BEBULIN	LUPRON DEPOT / KIT	RIBAVIRIN	
BENEFIX	MONARC M	ROFERON	
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BOTOX	MONONINE	SANDOSTATIN	
COPAXONE	MYOBLOC	SEROSTIM	
COPEGUS	NEULASTA	SPRYCEL	
DDAVP	NEUMEGA	STIMATE	
ELAPRASE	NEUPOGEN	SUTENT	
ENBREL	NEXAVAR	SYNAGIS	
EPOGEN	NORDITROPIN	SYNAREL	
EUFLEXXA (HYLAGAN)	NORDITROPIN NORDIFLEX	SYNVISC (HYLAGAN)	
FEIBA-VH	NOVANTRONE	TEMODAR	
FORTEO	NOVOSEVEN	TEV-TROPIN	
FRAGMIN	NUTROPIN	THALOMID	
GENOTROPIN	NUTROPIN AQ	THROMATE III	
GLEEVEC	OCTREOTIDE	THYROGEN	
HELIXATE	PEGASYS	TOBI	
HEMOFIL	PEG-INTRON	TRACLEER	
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