



Network Notification

Date: April 29, 2011

Number: MI-P-2011-10

To: Michigan Providers

From: CareSource

Subject: New Prior Authorization Changes to Select Specialty Medications and Pain Management Process

Effective Date: Specialty Pharmacy – June 1, 2011

Effective Date: Pain Management Procedures – July 1, 2011

Specialty Pharmacy – Effective June 1:

CareSource will require prior authorization (PA) on multiple [specialty medications](#).

CareSource uses evidence-based guidelines to ensure health care services or medications meet the standards of excellent medical practice. In addition, these new policies have gone through an independent, external review process.

Michigan Providers: Specified specialty medications billed under both the medical and pharmacy benefit beginning June 1, 2011, will require PA.

What Medications will Require PA?

The following [list of medications](#) will require specialty pharmacy authorization.

How to Submit PA for Specialty Pharmacy?

Phone: Specialty Pharmacy – 1-800-390-7102

Fax: Specialty Pharmacy – 1-888-399-0271

- Please complete the [Prior Authorization](#) form
- Please attach supporting documentation along with your request

- Please include the J-code and/or NDC # with all requests
- Each policy is posted on our [Medical Policies](#) section and details the clinical criteria that must be met in order to be authorized.

How will Providers Know if the Request Was Approved?

CareSource will notify providers if the request was approved or denied by fax within 5 business days of the request if the drug is to be billed under the medical benefit; and within 24 hours if the drug is to be billed through the pharmacy benefit.

Pain Management Procedures PA Changes – Effective July 1:

CareSource is implementing a policy change for some interventional pain management procedures. Also included in this policy is a change in authorization for associated anesthesia services.

Procedures and CPT Codes Affected by this Policy Change:

- **Soft Tissue and Trigger Point Injections:** Maximum of 8 injections in a 12 month period by the same or multiple providers. **CPT Codes:** CPT 20550, 20551, 20552, 20553
- **Facet Joint and/or Facet Joint Nerve Injection:** Greater than 6 injections in a 12 month period by the same or multiple providers require prior authorization. **CPT Codes:** 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495
- **Epidural Steroid Injection and Selective Transforaminal Epidural Injection:** Greater than 3 injections in a 12 month period by same or any provider require prior authorization. **CPT Codes:** 62310, 62311.
- **Sacroiliac Joint Injection:** Greater than 6 injections in a 12 month period require prior authorization. **CPT Codes:** 27096
- **Monitored Anesthesia:** Monitored anesthesia will not be authorized for any interventional pain management procedures listed above. Conscious sedation, if preferred, does not require prior authorization, but services will be considered part of the procedure and are not eligible for additional reimbursement. **CPT Codes:** 01991, 01992, 01935, 01936

How to Submit for Prior Authorization?

Call: 1-800-390-7102

Fax: 1-888-577-5507

Online: Submit requests through our secure [Provider Portal](#)

For additional information on Prior Authorization changes for [Specialty Pharmacy](#) and [Pain Management](#), please visit our Website.