

# PreferredOne®

## UPDATE *A Newsletter for PreferredOne Providers & Practitioners*

June 2012

### You Are Invited to the Fall 2012 PreferredOne Provider Forum

**Wednesday, September 12, 2012**

Sign-in: 7:00 a.m. to 7:30 a.m.

Program from 7:30 a.m. to 8:30 a.m.

We are pleased to invite PreferredOne Providers to visit us here at PreferredOne for a Provider Forum and continental breakfast on **Wednesday, September 12**. Sign-in will be from 7-7:30 a.m./Program from 7:30-8:30 a.m.. This is a great opportunity for you to hear the PreferredOne updates, learn about our members, get the first look at new policies, and give input on upcoming issues. This forum will keep you current and up to date with all that is happening at PreferredOne in this ever changing healthcare industry.

We will have a special Q & A section posted on the PreferredOne website after the forum for you to provide feed feedback and for us to answer any questions you might have.

If you are unable to attend in person, you may attend via webinar.

Whether attending in person or via webinar, please visit PreferredOne.com or simply click [HERE](#) to RSVP.

### Quality & Cost of Care

John Frederick, MD

It is an exciting time in medicine as we all try to understand the ACA, ACOs, medical homes, TCOC, and all the other buzz words that we read every day.

It is clear that in the health care industry “the times they are a changing” as that guy from Hibbing said about 50 years ago. At PreferredOne we are working to support the providers as they strive to improve quality and cost of care. Our most recent effort to identify and support Oncology Centers of Excellence is up and running. We are also supporting innovation and high quality care initiatives in other areas of clinical care delivery. Initiatives are in place on bariatric surgery, back and joint care, innovative reimbursement arrangements, transplants, and autism care. We would like to be made aware of any initiatives that providers are developing that we could collaborate on.

One of the expected outcomes of healthcare reform is that both providers and plans will be held accountable for the quality and cost of the services they supply. PreferredOne looks forward to thriving in this new environment and would like to work with providers who share our vision.

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**PreferredOne**  
6105 Golden Hills Dr.  
Golden Valley, MN 55416

Phone: 763-847-4000  
800-451-9597  
Fax: 763-847-4010

**CLAIM ADDRESSES:**

**PreferredOne Insurance Corporation (PIC)**  
PO Box 59212  
Minneapolis, MN 55459-0212

Phone: 763-847-4477  
800-997-1750  
Fax: 763-847-4010

**PreferredOne PPO**  
PO Box 1527  
Minneapolis, MN 55440-1527

Phone: 763-847-4400  
800-451-9597  
Fax: 763-847-4010

**PreferredOne Community Health Plan (PCHP)**  
PO Box 59052  
Minneapolis, MN 55459-0052

Phone: 763-847-4488  
800-379-7727  
Fax: 763-847-4010

**PreferredOne Administrative Services (PAS)**  
PO Box 59212  
Minneapolis, MN 55459-0212

Phone: 763-847-4477  
800-997-1750  
Fax: 763-847-4010

### 5010 Conversion

As many of you are aware, the 5010 Conversion has been implemented and has replaced the 4010 format effective January 1, 2012. There have been many questions regarding the new “Pay-To” requirements so perhaps this communication will help clear up some of the confusion. Please see below for common questions regarding the Pay-To vs. Billing Address:

#### **Can I still have payments sent to a lock box or post office box?**

Yes. If you use a PO box or lock box address as your location for payments you can continue to use this approach; however, you must report this location as a Pay-to Address (2010AB loop for ANSI claims).

The Pay-To Provider address is needed only if it is different than that of the Billing Provider. Providers should work with their software vendors to ensure that the correct addresses are captured and sent to the correct locations. The Pay-To Address loop allows the billing provider to indicate a payment address that is different than the billing address. When a Pay-To provider loop is sent in addition to billing provider loop, the payment should be sent to the Pay-To loop address.

Please make certain you or your clearinghouse are sending the “Pay-To” loop as such: NM1\*87\*2. This will ensure there will be no interruption in claims processing. If this field is blank, the claim will automatically populate with the site address and claims will pend.

#### **Will I have to submit a physical address on a claim (street number and name) in the billing provider address?**

Yes. The Billing Provider Address reported must be a physical address. PO Box and lock box addresses cannot be reported as a Billing Provider Address. This rule applies to both professional and institutional claim formats. Providers should work with their software vendors to ensure that the correct addresses are captured and sent in the correct locations.

PreferredOne will comply with the Minnesota Uniform Companion Guides published by the MDH: <http://www.health.state.mn.us/asa/rules.html>

Please visit the Provider website at [www.PreferredOne.com](http://www.PreferredOne.com) or follow up with your Provider Relations Representative if you have further billing questions regarding the new 5010 EDI Conversion.

### **Coding Update**

PreferredOne would like to announce that Elaine McLinden, Manager of Coding and Payment Policy has retired. As many of you may know, Elaine has been with PreferredOne for several years and we would like to formally congratulate her on her retirement. We would like to welcome Lisa Russell as the new Manager of Coding and Payment Policy. You can reach Lisa by phone at 763-847-3234 or email at [Lisa.Russell@PreferredOne.com](mailto:Lisa.Russell@PreferredOne.com).

### **Clinical Supervision**

Due to the changes to the rule pertaining to clinical supervision for some mental health providers, (qualified under Minnesota Statutes, section 245.4871, subdivision 26, or section 245.462, subdivision 17,) please see new policy-36 (Exhibit A).

## Medical Policy Update



Medical Policy documents are available on the PreferredOne website to members and to providers without prior registration. The website address is [www.PreferredOne.com](http://www.PreferredOne.com). Click on Health Resources and choose Medical Policy from the menu.

The Behavioral Health, Chiropractic, Medical/Surgical, and Pharmacy and Therapeutics Quality Management Subcommittees approve new criteria sets and clinical policy bulletins for use in their respective areas of Integrated Healthcare Services.

Quality Management Subcommittee approval is not required when there has been a decision to retire a PreferredOne criterion or when Medical Policies are created or revised; approval by the Chief Medical Officer is required. Notification of these actions is taken to the Quality Management Subcommittees as informational only.

### Medical/Surgical – New Criteria

- MC/I008 Sacral Nerve Stimulation
- MC/I009 Deep Brain Stimulation
- MC/I010 Spinal/Dorsal Column Stimulation

### Additions to the Investigational/Experimental/Unproven Comparative Effectiveness List

- Deep brain stimulation (DBS) for treatment of other movement disorders, such as, but not limited to, multiple sclerosis, post-traumatic dyskinesia, progressive supranuclear palsy, cortical-basal ganglionic degeneration, and tardive dyskinesia
- DBS for treatment of neurologic disorders, such as, but not limited to, Tourette syndrome, depression, obsessive compulsive disorder, cluster headaches, and epilepsy
- Sacral nerve stimulation (SNS) for chronic constipation, chronic pelvic pain, and urinary stress incontinence
- Spinal cord stimulation (SCS), cervical
- SCS for chronic pain from malignancy and other chronic pain, such as, but not limited to, cephalgia, diabetic neuropathy, headache, and inguinal pain
- SCS for spasticity
- Autologous blood injection
- Implantable subcutaneous target stimulator devices
- Vacuum Assisted Socket System (VASS)

Remember to check the Pre-certification/Prior Authorization List posted on the website. The list can be found with the other Medical Policy documents on the PreferredOne internet home page, under the Health Resources menu. The list will be fluid, as we see opportunities for impact; driven by, but not limited to, newly FDA-approved devices and medications, technologies, or changes in standard of care. Please check the list regularly for revisions.

See the Pharmacy section of the Newsletter for Pharmacy policy and criteria information.

The attached documents (**Exhibits B-F**) include the latest Chiropractic, Medical (includes Behavioral), and Pharmacy Policy and Criteria indices. Please add these documents to the Utilization Management section of your Office Procedures Manual. For the most current version of the policy and criteria documents, please access the Medical Policy option on the PreferredOne website.

If you wish to have paper copies of these documents, or you have questions, please contact the Medical Policy department telephonically at (763) 847-3386 or on line at [Heather.Hartwig-Caulley@preferredone.com](mailto:Heather.Hartwig-Caulley@preferredone.com).

### Pharmacy Update



#### **Makena (Hydroxyprogesterone Caproate Injection) Coverage**

Makena is not covered under the PreferredOne medical or pharmacy benefits. The alternative to Makena is compounded 17-Hydroxyprogesterone which is available from the Fairview Specialty Pharmacy/Fairview Compounding Pharmacy. If you have any questions about how to obtain compounded 17-Hydroxyprogesterone for your office, please contact the PreferredOne Pharmacy Department at [Pharmacy@preferredone.com](mailto:Pharmacy@preferredone.com).

#### **Pharmacy Information on the PreferredOne Provider Web Page**

Providers without login access to the PreferredOne website can now view pharmacy benefit information that impacts PreferredOne members. The PreferredOne Pharmacy department has added a new link to the PreferredOne web page for providers. Within the "Pharmacy Resources" box you can access the following information:

- Drug Formulary - (This information applies only to those members with ClearScript as their Pharmacy Benefit Manager)
- Specialty Drug List
- Medication Request Form – Online Submission
- Minnesota Uniform Formulary Exception Form
- Medical Policy – Pharmacy Policy, Pharmacy Criteria

#### **Pharmacy Information Available Upon Request**

A paper copy of any pharmacy information that is posted on the PreferredOne Provider website is available upon request by contacting the Pharmacy Department online at [Pharmacy@PreferredOne.com](mailto:Pharmacy@PreferredOne.com).

No new or retired pharmacy criteria or policies.

### **Quality Management Update**

#### **Affirmative Statement about Incentives**

PreferredOne does not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for utilization management decision-makers do not encourage decisions that result in underutilization. Utilization management decision making is based only on the appropriateness of care and service and existence of coverage.

#### **Minnesota Community Measurement - Release of the 2011 Health Care Quality Report**

Minnesota Community Measurement (MNCM) is collaboration among health plans and provider groups designed to improve the quality of medical care in Minnesota. MNCM's mission is to accelerate the improvement of health by publicly reporting health care information. MNCM has three goals:

Reporting the results of health care quality improvement efforts in a fair and reliable way to medical groups, regulators, purchasers and consumers.

Providing resources to providers and consumers to improve care.

Increasing the efficiencies of health care reporting in order to use our health care dollars wisely.

...Cont'd from page 4

PreferredOne is one of seven founding health plan members of MNCM. The state medical association, medical groups, consumers, businesses and health plans are all represented on the organization's board of directors. Data is supplied by participating health plans on an annual basis for use in developing their annual Health Care Quality Report.

MNCM released their 2011 Health Care Quality Report on their website during the first quarter of 2012. The 2011 Health Care Quality report features comparative provider group performance on preventive care screening and chronic disease care. One of the primary objectives of this report is to provide information to support provider group quality improvement. Provider groups will find this report useful to improve health care systems for better patient care. Sharing results with the public provides recognition for provider groups that are doing a good job now and motivates other groups to work harder. The report will allow provider groups to track their progress from year-to-year and to set and measure goals for future health care initiatives. The MNCM website also provides consumers with information regarding their role as active participants in their own care. Visit the MNCM website site to view the 2011 annual report at [www.mncm.org](http://www.mncm.org).

### **Quality Management (QM) Program**

The mission of the QM Program is to identify and act on opportunities that improve the quality, safety and value of care provided to PreferredOne members, both independently and/or collaboratively, with contracted practitioners and community efforts, and also improve service provided to PreferredOne members and other customers.

PreferredOne's member and physician website will be updated in the near future to offer the following program documents:

- 2012 PreferredOne QM Program Description, Executive Summary
- 2011 Year-End QM Program Evaluation, Executive Summary

To access these documents, log into the Provider site, and then click on the Quality Management Program link under the Information heading.

If you would like to request a paper copy of either of these documents please contact Heather Clark at 763-847-3562 or e-mail us at [quality@preferredone.com](mailto:quality@preferredone.com).

### **HEDIS Data**

We would like to thank all of our provider groups for their cooperation and collaboration during our recent HEDIS medical record review process. We realize that this process is burdensome to clinics and staff and appreciate your willingness in working with our vendor to ensure our HEDIS results for 2012 are accurate. Thank you!

# PreferredOne®

<b>Department of Origin:</b> Coding and Payment Policy	<b>Approved by:</b> Coding Policy Committee	<b>Date approved:</b> 5/30/2012
<b>Department(s) Affected:</b> Coding, Claims, Network Management	<b>Effective Date:</b> 6/1/2012	
<b>Policy Description:</b> Mental Health Clinical Supervision Requirements	<b>Retired Date for archived/retired documents:</b>	
<b>Reference #:</b> P-36	<b>Page:</b>	<b>1 of 2</b>

## PRODUCT APPLICATION:

- PreferredOne Community Health Plan (PCHP)
- PreferredOne Administrative Services, Inc. (PAS)
- PreferredOne (PPO)
- PreferredOne Insurance Company (PIC)

**PURPOSE:** To Recommend Appropriate Clinical Supervision Following Minnesota Statutes, section 245.4871, Subdivision 26, or section 245.462, subdivision 17

**POLICY:** Practitioners providing services under this rule must be under the clinical supervision of a qualified clinical supervisor.

## PROCEDURE:

1. Clinical supervision is the process of control and direction of a recipient's mental health services by which a mental health professional enrolled provider accepts full professional responsibility for the supervisee's actions and decisions, instructs the supervisee in the supervisee's work, and oversees or directs the work of the supervisee.

2. Mental Health practitioners who require supervision are:

Practitioners conducting diagnostic assessments, psychotherapy or explanation of finding as part of a legitimate internship or an approved licensure track to be a Mental Health professional OR

Practitioners working within day treatment, or dialectical behavior therapy or partial hospitalization programs who are not conducting diagnostic assessments or psychotherapy services or explanation of findings as part of a legitimate internship.

Group supervision cannot exceed a 6 person group

Clinical supervision can be individual

A requirement for clinical supervision is the development and maintenance of an individual clinical supervision plan for each individual under clinical supervision. Clinical supervision must be based on each supervisee's written supervision plan and must:

Promote professional knowledge, skills, and values development

Model ethical standards of practice

Promote cultural competency

Recognize that the client's family has knowledge about the client and encourage the

Families participation in treatment planning where possible

Monitor, evaluate, and document the supervisee's performance of assessment, treatment planning and service delivery

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The clinical supervision plan must be developed by the supervisor and supervisee, and reviewed and updated at least annually. The supervision plan must include:

- Supervisee name and qualifications and the name of the agency where clinical supervision occurred
- Name, licensure, and qualifications of the supervisor
- Number of individual and group supervision hours and whether those hours will be face to face or by some other Method approved by the Minnesota Commissioner
- Policy and method that the supervisee must use to contract the clinical supervisor during service provision to a supervisee
- Procedures the supervisee must use to contact the clinical supervisor during service provision to a supervisee
- Procedures the supervisee must use to respond to client emergencies
- Authorized scope of practice, including;

- Description of the supervisee's responsibilities
- Description of client population
- Treatment methods and modalities

Documentation of the supervision session needs to be made in the supervision records of the supervisee. The record must include:

- Date and duration of supervision
- Type of supervision (individual or group)
- Name of clinical supervisor
- Subsequent actions supervisee must take
- Date and signature of clinical supervisor

Clinical supervision documentation pertinent to client treatment changes must be recorded by a case notation in the client chart

## **Billing:**

Professional mental health services must be billed on the 837P (professional claim) under the name and NPI of the in network clinical supervisor. CPT/ HCPCS codes must be appended with U7 (physician extender) modifier when services for the supervisee are being billed by the clinical supervisor

## **DOCUMENT HISTORY:**

<b>Created Date:</b> 5/30/2012
<b>Reviewed Date:</b>
<b>Revised Date:</b>

**Chiropractic Policy**

<b>Reference #</b>	<b>Description</b>
001	<b>Use of Hot and Cold Packs</b>
002	<b>Plain Films Within the first 30 days of Care</b>
003	<b>Passive Treatment Therapies beyond 6 Weeks</b>
004	<b>Experimental, Investigational, or Unproven Services</b>
006	<b>Active Care</b>
007	<b>Acute and Chronic Pain</b>
009	<b>Recordkeeping and Documentation Standards</b>
010	<b>CPT Code 97140</b>
011	<b>Infant Care - Chiropractic</b>
012	<b>Measureable Progressive Improvement - Chiropractic</b>
013	<b>Chiropractic Manipulative Therapy Recommendation</b>
014	<b>Treatment Plan Documentation</b>



### Medical Criteria

Reference #	Category	Description
A006	Cardiac/Thoracic	<b>Ventricular Assist Devices (VAD)</b>
B002	Dental and Oral Maxillofacial	<b>Orthognathic Surgery</b>
C007	Eye, Ear, Nose, and Throat	<b>Surgical Treatment of Obstructive Sleep Apnea</b>
D001	DME	<b>Lower Limb (Ankles, Feet, Knees, Hips) Prosthesis</b>
F021	Orthopaedic/Musculoskeletal	<b>Bone Growth Stimulators (Osteogenic): Electrical/Electromagnetic and Ultrasonic</b>
F022	Orthopaedic/Musculoskeletal	<b>Cervical Disc Arthroplasty (Artificial Cervical Disc)</b>
F024	Orthopaedic/Musculoskeletal	<b>Radiofrequency Ablation (Neurotomy, Denervation, Rhizotomy) Neck and Back</b>
G001	Skin and Integumentary	<b>Eyelid and Brow Surgery (Blepharoplasty &amp; Ptosis Repair)</b>
G002	Skin and Integumentary	<b>Breast Reduction Surgery</b>
G003	Skin and Integumentary	<b>Excision Redundant Tissue</b>
G004	Skin and Integumentary	<b>Breast Reconstruction</b>
G007	Skin and Integumentary	<b>Prophylactic Mastectomy and Oophorectomy</b>
G008	Skin and Integumentary	<b>Hyperhidrosis Surgery</b>
G010	Skin and Integumentary	<b>Lipoma Removal</b>
G011	Skin and Integumentary	<b>Hyperbaric Oxygen Therapy</b>
H003	Gastrointestinal/Nutritional	<b>Bariatric Surgery <i>Revised</i></b>
I008	Neurological	<b>Sacral Nerve Stimulation <i>New</i></b>
I009	Neurological	<b>Deep Brain Stimulation <i>New</i></b>
I010	Neurological	<b>Spinal Cord/Dorsal Column Stimulation <i>New</i></b>
L008	Diagnostic	<b>Continuous Glucose Monitoring Systems for Long Term Use</b>
L009	Diagnostic	<b>Intensity Modulated Radiation Therapy (IMRT)</b>
L010	Diagnostic	<b>Breast or Ovarian Cancer, Hereditary -BRCA1 and BRCA2 Genes and BRCAAnalysis Rearrangement Testing (BART)</b>
L011		<b>Insulin Infusion Pump</b>
M001	BH/Substance Related Disorders	<b>Mental Health Disorders: Inpatient Treatment</b>
M004	BH/Substance Related Disorders	<b>Mental Health Disorders: Day Treatment Program</b>
M005	BH/Substance Related Disorders	<b>Eating Disorders-Level of Care Criteria</b>
M006	BH/Substance Related Disorders	<b>Mental Health Disorders: Partial Hospital Program (PHP)</b>
M007	BH/Substance Related	<b>Mental Health Disorders: Residential Treatment</b>

	Disorders	
M009	BH/Substance Related Disorders	<b>Chronic Pain: Outpatient Program</b>
M010	BH/Substance Related Disorders	<b>Substance Related Disorders: Inpatient Primary Treatment</b>
M014	BH/Substance Related Disorders	<b>Detoxification: Inpatient Treatment</b>
M020	BH/Substance Related Disorders	<b>Pervasive Developmental Disorders in Children: Evaluation and Treatment</b>
M022	MH/Substance Related Disorders	<b>Mental Health Disorders: Residential Crisis Stabilization Services (CSS)</b>
M023	MH/Substance Related Disorders	<b>Mental Health Disorders : Intensive Residential Treatment Services (IRTS)</b>
N003	Rehabilitation	<b>Occupational and Physical Therapy: Outpatient Setting</b>
N004	Rehabilitation	<b>Speech Therapy: Outpatient</b>
N005	Rehabilitation	<b>Torticollis and Positional Plagiocephaly Treatment for Infants/Toddlers</b>
N006	Rehabilitation	<b>Acupuncture <i>Revised</i></b>
T002	Transplant	<b>Kidney, SPK, SPLK Transplant</b>
T003	Transplant	<b>Heart Transplant</b>
T007	Transplant	<b>Pancreas, PAK, and Autologous Islet Cell Transplant</b>

### Medical Policy

<b>Reference #</b>	<b>Description</b>
A003	<b>Amino Acid Based Elemental Formula (AABF)</b>
C001	<b>Court Ordered Mental Health Services</b>
C002	<b>Cosmetic Treatments</b>
C003	<b>Criteria Management and Application</b>
C008	<b>Oncology Clinical Trials, Covered / Non-covered Services</b>
C009	<b>Coverage Determination Guidelines</b>
C011	<b>Court Ordered Substance Related Disorder Services</b>
D004	<b>Durable Medical Equipment, Orthotics, Prosthetics and Supplies</b>
D005	<b>Dietary Formulas, Electrolyte Substances, or Food Products for PKU or Other Inborn Errors of Metabolism</b>
D007	<b>Handicapped Dependent Eligibility</b>
D008	<b>Dressing Supplies</b>
G001	<b>Genetic Testing</b>
G002	<b>Gender Reassignment</b>
H005	<b>Home Health Care (HHC)</b>
H006	<b>Hearing Devices</b>
I001	<b>Investigational/Experimental Services</b>
I002	<b>Infertility Treatment</b>
I003	<b>Routine Preventive Immunizations</b>
L001	<b>Laboratory Tests</b>
N002	<b>Nutritional Counseling</b>
P008	<b>Medical Policy Document Management and Application</b>
P009	<b>Preventive Screening Tests</b>
P010	<b>Narrow-band UVB Phototherapy (non-laser) for Psoriasis</b>
P011	<b>Prenatal Testing</b>
R002	<b>Reconstructive Surgery</b>
R003	<b>Acute Rehabilitation Facilities</b>
S008	<b>Scar Revision</b>
S011	<b>Skilled Nursing Facilities</b>
T002	<b>Transition of Care - Continuity of Care</b>
T004	<b>Therapeutic Pass</b>
W001	<b>Physician Directed Weight Loss Programs</b>

## Pharmacy Criteria

<b>Reference #</b>	<b>Description</b>
A003	<b>Combination Beta-2 Agonist/Corticosteroid Inhalers Step Therapy</b>
A004	<b>Antihistamines Step Therapy</b>
A005	<b>Antidepressants Step Therapy</b>
A008	<b>Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) Medications Step Therapy</b>
B003	<b>Botulinum Toxin</b>
B004	<b>Biologics for Rheumatoid Arthritis <i>Revised</i></b>
B005	<b>Biologics for Plaque Psoriasis</b>
B006	<b>Biologics for Crohn's Disease</b>
B009	<b>Osteoporosis Prevention and Treatment Medications</b>
B010	<b>Biologics for Juvenile Rheumatoid Arthritis</b>
B011	<b>Biologics for Psoriatic Arthritis</b>
B012	<b>Biologics for Ankylosing Spondylitis</b>
B013	<b>Biologics for Ulcerative Colitis</b>
C002	<b>Cyclooxygenase-2 (COX-2) Inhibitors Step Therapy (Celebrex)</b>
C003	<b>Topical Corticosteroids Step Therapy</b>
E001	<b>Erectile Dysfunction Medications</b>
F001	<b>Fenofibrate Step Therapy</b>
G001	<b>Growth Hormone Therapy</b>
H001	<b>HMG - CoA Reductase Inhibitor Step Therapy</b>
I001	<b>Topical Immunomodulators Step Therapy: Elidel &amp; Protopic</b>
I002	<b>Immune Globulin Therapy (IVIG)</b>
L002	<b>Leukotriene Pathway Inhibitors Step Therapy</b>
L003	<b>Gabapentin Step Therapy</b>
M001	<b>Multiple Sclerosis Medications</b>
N002	<b>Nasal Corticosteroids Step Therapy</b>
O001	<b>Overactive Bladder Medication Step Therapy</b>
P001	<b>Proton Pump Inhibitor (PPI) Step Therapy</b>
R003	<b>Topical Retinoid Medications Step Therapy</b>
R004	<b>Rituxan Prior Authorization</b>
S003	<b>Sedative Hypnotics Step Therapy</b>
T002	<b>Tramadol Step Therapy</b>
V001	<b>Vascular Endothelial Growth Factor Antagonists for Intravitreal Use</b>
W001	<b>Weight Loss Medications</b>

**Pharmacy Policy**

<b>Reference #</b>	<b>Description</b>
B001	<b>Backdating of Prior Authorizations</b>
C001	<b>Coordination of Benefits</b>
C002	<b>Cost Benefit Program <i>Revised</i></b>
F001	<b>Formulary and Co-Pay Overrides</b>
O001	<b>Off-Label Drug Use</b>
P001	<b>Bypass of Prior Authorization of a Medication Ordered by a Contracted Specialist</b>
Q001	<b>Express Scripts Quantity Limits</b>
Q002	<b>ClearScript Quantity Limits <i>Revised</i></b>
R001	<b>Review of Newly FDA-Approved Drugs and Clinical Indications</b>
S001	<b>Step Therapy</b>