

# PreferredOne®

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

June 2013

### 2013 PreferredOne Provider Forum

We are pleased to invite PreferredOne providers to visit us at PreferredOne for a Provider Forum on **Tuesday, September 24, 2013.**

**7:00 a.m. – 7:30 a.m. – Sign-in and continental breakfast**

**7:30 a.m. – 8:30 a.m. – Program**

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 on all that is happening at PreferredOne in this ever-changing health care industry.

We would like to hear your feedback. A special Q & A section will be posted on the PreferredOne website following the forum. We will answer any questions you might have. We hope to see you here!

#### **Attend in Person**

Please visit PreferredOne.com, click on “Providers” on the bottom menu bar on the home page. Then click on the link for the 2013 PreferredOne Provider Forum and submit your email address to register - or just click [HERE](#) to be taken directly to the registration page.

#### **Attend via Webinar**

If you're unable to attend in person, attend via webinar! Submit your email address on the PreferredOne website as seen above. The webinar login information will be emailed to you a few days before the forum.

### Coding Update

#### **Billing Surgical Services**

All surgical procedures performed by the same provider during the same operative session should be billed on a single professional claim submission for inpatient or outpatient surgical procedures.

#### **Corrected Claims**

When a provider submits a corrected claim, the entire corrected claim should be submitted not just the line items that were corrected. When appropriate e.g., diagnosis change, include documentation to support the corrected claim.

#### **Venipuncture Billing - 36410**

Code 36410 is to be used for venipunctures performed on patients whose veins are unable to be accessed by laboratory, nursing, or other ancillary personnel, and a "physician's skill" is necessary to access the patient's veins. This code is not to be used when a physician performs a routine venipuncture due to lack of appropriate office staff.

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### Effective September 2, 2013 Initial Credentialing Applications Must Be Submitted Thru the Minnesota Credentialing Collaborative (MCC)

For both Initial Credentialing and Re-credentialing, PreferredOne uses the Minnesota Credentialing Collaborative's (MCC) applySMART™ system.

The MCC is an organization that is owned by the Minnesota Medical Association, the Minnesota Hospital Association and the Minnesota Council of Health Plans. The MCC was specifically created to simplify the credentialing process for providers. The MCC hosts a web based application tool that makes it easy to populate the (MN Uniform) credentialing application accepted by Minnesota health plans and hospitals. Your credentialing information is stored in your personal account, making it easy to update and submit your credentialing information to other MN entities as needed. The MCC and Minnesota health plans work collaboratively to identify and standardize much of the information needed. Our partnership with the MCC is helping us reduce the need for follow up calls and improving our turnaround time.

In September 2010, PreferredOne announced that Initial Credentialing applications must be submitted through the MCC. However, it was Preferred One's practice to grant exceptions to practitioners, who for various reasons, preferred to submit paper applications. PreferredOne actively supports the community's initiative to move to an electronic credentialing application process and the MCC application process has proven its value and acceptance.

**PreferredOne will be stepping up its expectations and the requirement for submitting applications through the MCC. Beginning September 2, 2013, Initial Credentialing Applications that are not submitted through the MCC may be rejected and returned to your clinic.**

The cost of supporting the MCC is shared by the members (hospitals, health plans, providers). The annual cost for a provider subscription is \$25 (an annual cost that allows you to submit electronically to all MN health Plans).

**If you do not have an MCC provider account, become a member at [www.mncred.org](http://www.mncred.org). If you have questions, the MCC's customer service team can be reached at 651-789-0113 or [supportmcc@credentialsmart.net](mailto:supportmcc@credentialsmart.net).**

### Medical Policy Update



Medical Policy documents are available on the PreferredOne website to members and to providers without prior registration. The website address is [PreferredOne.com](http://PreferredOne.com). Click on Health Resources and choose the Medical Policy and Pre-certification/Prior Authorization List 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. The Quality Management Subcommittees are informed of these decisions..

Since the last newsletter, the quality management subcommittees have approved or been informed of the following new or retired criteria and policies, and revisions to the investigational list.

#### **Medical/Surgical - New Criteria**

- MC/K002 Bronchial Thermoplasty
- MC/N002 Inpatient Skilled Services (Skilled Nursing Facility and Acute Inpatient Rehabilitation)
- MC/N007 Home Health Care

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### Medical/Surgical - New Policy

- MP/H007 Hospice Care

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

- Antigen Leukocyte Cellular Antibody Test (ALCAT) for any indication, including chemical and food allergies
- Fecal bacteriotherapy/fecal microbiota transplantation
- Inflammatory bowel disease (IBD), noninvasive diagnostic and management testing to diagnose inflammatory bowel disease to distinguish ulcerative colitis from Crohn's disease and for all other indications
- Prometheus IBD sgi diagnostic panel for the diagnosis and management of inflammatory bowel diseases
- NOD2/CARD15 genotyping for Crohn's Disease
- Fecal measurement of calprotectin for the management of inflammatory bowel diseases and other indications
- Bi-directional static progressive devices and patient-actuated serial stretch (PASS) devices for all indications

Remember to check the Pre-certification/Prior Authorization List posted on the PreferredOne website. The list can be found with the other Medical Policy documents on the PreferredOne internet home page. The list will be fluid, as we see opportunities for impact driven by, but not limited to, new FDA-approved devices, 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 A-E**) 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)

### 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.



### **Pharmacy Update**

#### **Pharmacy - Retired Criteria**

- PC/A004 Antihistamine Step Therapy
- PC/H001 HMG-CoA Reductase Inhibitor (HMG) Step Therapy
- PC/L002 Leukotriene Pathway Inhibitor Step Therapy

#### **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).

### **Quality Management Update**

#### **Minnesota Community Measurement - Release of the 2012 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.

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 2012 Health Care Quality Report on their website during the first quarter of 2013. The 2012 Health Care Quality report features comparative provider group performance on preventive care screening and chronic disease care.

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## Quality Management

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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 2012 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:

- 2013 PreferredOne QM Program Description, Executive Summary
- 2012 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 2013 are accurate. Thank you!

**Pharmacy Policies**

Reference #	Description
B001	Backdating of Prior Authorizations
C001	Coordination of Benefits
C002	Cost Benefit Program <i>Revised</i>
C003	Compounded Drug Products <i>New</i>
F001	Formulary and Co-Pay Overrides
O001	Off-Label Drug Use
P001	Bypass of Prior Authorization of a Medication Ordered by a Contracted Specialist <i>Revised</i>
Q001	Express Scripts Quantity Limits
Q002	ClearScript Quantity Limits <i>Revised</i>
R001	Review of New FDA-Approved Drugs and Clinical Indications <i>Revised</i>
S001	Step Therapy

## Pharmacy Criteria

Reference #	Description
A003	Combination Beta-2 Agonist/Corticosteroid Inhalers Step Therapy
A005	Antidepressants Step Therapy <i>Revised</i>
A008	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) Medications Step Therapy <i>Revised</i>
B003	Botulinum Toxin <i>Revised</i>
B004	Biologics for Rheumatoid Arthritis
B005	Biologics for Plaque Psoriasis <i>Revised</i>
B006	Biologics for Crohn's Disease <i>Revised</i>
B009	Osteoporosis Prevention and Treatment Medications <i>Revised</i>
B010	Biologics for Juvenile Rheumatoid Arthritis <i>Revised</i>
B011	Biologics for Psoriatic Arthritis <i>Revised</i>
B012	Biologics for Ankylosing Spondylitis
B013	Biologics for Ulcerative Colitis <i>Revised</i>
B014	Benign Prostatic Hypertrophy Medications Step Therapy
C002	Cyclooxygenase-2 (COX-2) Inhibitors Step Therapy (Celebrex)
E001	Erectile Dysfunction Medications - Non-PDE-5 Inhibitor Medications
F001	Fenofibrate Step Therapy
I001	Topical Immunomodulators Step Therapy: Elidel & Protopic <i>Revised</i>
I002	Immune Globulin Therapy (IVIG) <i>Revised</i>
L003	Gabapentin Step Therapy
M001	Multiple Sclerosis Medications <i>Revised</i>
N002	Nasal Corticosteroids Step Therapy
O001	Overactive Bladder Medication Step Therapy
P001	Proton Pump Inhibitor (PPI) Step Therapy <i>Revised</i>
P002	Phosphodiesterase-5 Inhibitor Medications
R003	Topical Retinoid Medications Step Therapy
R004	Rituxan Prior Authorization
S003	Sedative Hypnotics Step Therapy
T002	Tramadol Step Therapy
T004	Triptans Step Therapy
V001	Vascular Endothelial Growth Factor Antagonists for Intravitreal Use
W001	Weight Loss Medications

## Medical Policies

Reference #	Description
A001	Elective Abortion <sup>New</sup>
A003	Amino Acid Based Elemental Formula (AABF)
C001	Court Ordered Mental Health Services
C002	Cosmetic Treatments
C003	Criteria Management and Application
C008	Oncology Clinical Trials, Covered / Non-covered Services
C009	Coverage Determination Guidelines
C011	Court Ordered Substance Related Disorder Services
D004	Durable Medical Equipment, Orthotics, Prosthetics and Supplies
D005	Dietary Formulas, Electrolyte Substances, or Food Products for PKU or Other Inborn Errors of Metabolism
D007	Disabled Dependent Eligibility
D008	Dressing Supplies
D009	Dental Services, Hospitalization, and Anesthesia for Dental Services Covered Under the Medical Benefit
G001	Genetic Testing
G002	Gender Reassignment
H006	Hearing Devices
H007	Hospice Care
I001	Investigational/Experimental Services
I002	Infertility Treatment
I003	Routine Preventive Immunizations
L001	Laboratory Tests <sup>Revised</sup>
N002	Nutritional Counseling <sup>Revised</sup>
P008	Medical Policy Document Management and Application
P009	Preventive Screening Tests for Grandfathered Plans
P010	Narrow-band UVB Phototherapy (non-laser) for Psoriasis
P011	Prenatal Testing
R002	Reconstructive Surgery
S008	Scar Revision
T002	Transition of Care - Continuity of Care
T004	Therapeutic Pass
T006	PreferredOne Designated Transplant Network Provider <sup>New</sup>
W001	Physician Directed Weight Loss Programs



### Medical Criteria

Reference #	Category	Description
A006	Cardiac/Thoracic	Ventricular Assist Devices (VAD)
B002	Dental and Oral Maxillofacial	Orthognathic Surgery
C007	Eye, Ear, Nose, and Throat	Surgical Treatment of Obstructive Sleep Apnea
D001	DME	Microprocessor-Controlled Prostheses for the Lower Limb
F021	Orthopaedic/Musculoskeletal	Bone Growth Stimulators (Osteogenic): Electrical/Electromagnetic and Ultrasonic
F022	Orthopaedic/Musculoskeletal	Intervertebral Disc Prosthesis
F024	Orthopaedic/Musculoskeletal	Radiofrequency Ablation (Neurotomy, Denervation, Rhizotomy) Neck and Back
G001	Skin and Integumentary	Eyelid and Brow Surgery (Blepharoplasty & Ptosis Repair)
G002	Skin and Integumentary	Breast Reduction Surgery
G003	Skin and Integumentary	Excision Redundant Tissue
G004	Skin and Integumentary	Breast Reconstruction
G007	Skin and Integumentary	Prophylactic Mastectomy and Oophorectomy
G008	Skin and Integumentary	Hyperhidrosis Surgery
G010	Skin and Integumentary	Lipoma Removal
G011	Skin and Integumentary	Hyperbaric Oxygen Therapy
H003	Gastrointestinal/Nutritional	Bariatric Surgery
I007	Neurology	Cryoablation/Cryosurgery for Hepatic, Prostate, and Renal Oncology Indications
I008	Neurological	Sacral Nerve Stimulation <i>Revised</i>
I009	Neurological	Deep Brain Stimulation <i>Revised</i>
I010	Neurological	Spinal Cord/Dorsal Column Stimulation
K001	General Surgical/Medical	IVAB for Lyme Disease
K002	General surgical/ medical	Bronchial Thermoplasty <i>New</i>
L008	Diagnostic	Continuous Glucose Monitoring Systems for Long Term Use
L009	Diagnostic	Intensity Modulated Radiation Therapy (IMRT)
L010	Diagnostic	Breast or Ovarian Cancer, Hereditary -BRCA1 and BRCA2 Genes and BRCAAnalysis Rearrangement Testing (BART)
L011		Insulin Infusion Pump
L012	Diagnostic/Radiology	Oncotype DX Breast Cancer Assay
M001	BH/Substance Related Disorders	Mental Health Disorders: Inpatient Treatment

M004	BH/Substance Related Disorders	Mental Health Disorders: Day Treatment Program
M005	BH/Substance Related Disorders	Eating Disorders-Level of Care Criteria <i>Revised</i>
M006	BH/Substance Related Disorders	Mental Health Disorders: Partial Hospital Program (PHP)
M007	BH/Substance Related Disorders	Mental Health Disorders: Residential Treatment
M009	BH/Substance Related Disorders	Chronic Pain: Outpatient Program
M010	BH/Substance Related Disorders	Substance Related Disorders: Inpatient Primary Treatment
M014	BH/Substance Related Disorders	Detoxification: Inpatient Treatment
M020	BH/Substance Related Disorders	Pervasive Developmental Disorders in Children: Evaluation and Treatment
M022	MH/Substance Related Disorders	Mental Health Disorders: Residential Crisis Stabilization Services (CSS)
M023	MH/Substance Related Disorders	Mental Health Disorders : Intensive Residential Treatment Services (IRTS)
N002	Rehabilitation	Inpatient Skilled Services (Skilled Nursing Facility and Acute Inpatient Rehabilitation) <i>New</i>
N003	Rehabilitation	Occupational and Physical Therapy: Outpatient Setting
N004	Rehabilitation	Speech Therapy: Outpatient
N005	Rehabilitation	Torticollis and Positional Plagiocephaly Treatment for Infants/Toddlers
N006	Rehabilitation	Acupuncture
N007	Rehabilitation	Home Health Care <i>New</i>
T001	Transplant	Bone Marrow / Stem Cell Transplantation
T002	Transplant	Kidney, SPK, SPLK Transplant
T003	Transplant	Heart Transplant
T004	Transplant	Liver Transplantation
T005	Transplant	Lung Transplantation
T007	Transplant	Pancreas, PAK, and Autologous Islet Cell Transplant

**Chiropractic Policies**

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