

# PreferredOne

# UPDATE

A Newsletter for PreferredOne Providers

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## Value=Quality/Cost

by John Frederick, MD, CMO and Executive VP

At a time when the local healthcare market is showing a downturn in premium increases, it is a good time to raise a few issues around healthcare value. Although the answers are not obvious there are a lot of ideas to consider.

PreferredOne is managing to maintain enrollment but profitability of PCHP is not strong. The main driver of this is escalating medical cost. In the various segments of cost trending the areas of concern are outpatient facility, therapy modalities, imaging, specialty care, and pharmacy. The drivers of the cost increase in these segments include pricing, utilization/intensity, and new technology.

To remain competitive in the market, PreferredOne must address these cost issues and deliver greater value to the employers in our community. Value has been defined as Quality/Cost (V=Q/C). As PreferredOne moves toward 2005 we are looking to engage the providers in helping to define the value that they deliver to our health plan and our customers.

In the area of value, there have been a number of community and national efforts to measure or promote improved quality healthcare. The data collaborative between the health plans on the MN Community Measurement Project is about to publicly report HEDIS quality measures at a provider group level. In addition, ICSI has had a workgroup identify principles for

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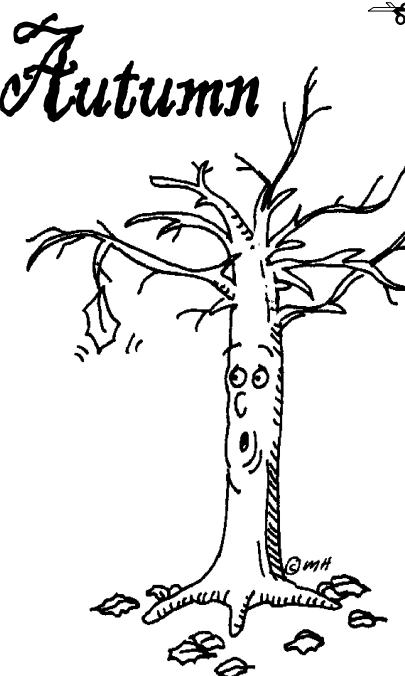
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provider performance measurement. They have identified Diabetes and Depression as the focus of their community initiatives for 2005. These quality measures are being required by large national employers, government payors, local employers and your patients. Even the MMA has made quality healthcare its priority. Local employers and government payors are demanding quality data. However, most importantly the patients are becoming more involved financially with their healthcare and are expecting better value/quality.

In this competitive market scenario, PreferredOne plans to remain competitive by working with the above stakeholders to support quality improvement. We are involved with the MN Community...Pg 2



## **Network Management Updates**

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Measurement project as well as ICSI. We are working with the community physicians on our quality committees to find ways of supporting patients and physicians on quality issues. In addition, we are committed to supporting provider groups on quality initiatives that positively effect our members. As an example we have contracted with a local provider group for the first physician driven disease management program in the community.

Our medical management processes are being reviewed to ensure we are focusing on the appropriate areas of care management. This means we are investing more resources in complex case management, working to slow the pharmacy cost trend by implementing new pharmacy management programs and being more aggressive with specialty pharmacy drugs. Finally, PreferredOne needs to be more competitive on pricing with its providers and vendors. We have negotiated an improved contract with our primary pharmacy benefit manager. In addition, our behavioral health and chiropractic networks have committed to reducing costs. Our provider and hospital network will be challenged to identify areas of value and be paid based on the value of their work.

In closing, I would like to thank all of our providers for their commitment to PreferredOne through the years past and promise PreferredOne will continue to be a good partner in the years to come.

### **Provider Care Advantage Product**

Johnson McCann Benefits and PreferredOne, along with guidance from Medical Group Administrators, have developed a new health product called the Provider Care Advantage (PCA) which is the first product developed exclusively for medical groups and facilities. The product premise is to curb rising health care costs by the medical groups and facilities organizing to help each other.

The product design is based on tiering the providers into one of two tiers, based on the providers ETG rating or "episode treatment groups." Those provider groups with low ETG rating were placed in Tier 1, while groups with a higher ETG rating were placed in Tier 2. The episode profiler gives a complete picture of how providers treat diseases and medical

conditions from drugs prescribed and laboratory work, x-rays, and surgeries performed, to care provided by hospitals, hospices or rehabilitation facilities.

The design of the product promotes the Tier 1 providers by enhanced plan benefits to the insured employee and dependents. The insured is compelled to use a Tier 1 provider for the lowest out of pocket cost for their care.

For ease of product administration, it has been determined that a 10% reimbursement reduction is required for Tier 2 provider groups to move into a more favorable Tier 1 status. The reduction is off of a provider group's current HMO or PCHP contract with PreferredOne. A Provider group's tier status may be viewed on the PreferredOne Secure website under the radio button called tiered program. PreferredOne is committed to making this product successful. To that end, we have committed that any reduction a provider group makes is purely voluntary and is specific to the PCA product. As provider groups make the decision to move from Tier 2 to Tier 1, it will directly and positively impact the premiums paid by the provider groups that have adopted the plan as an employer.

If you have any questions, please feel free to contact Gayle McCann of Johnson McCann Benefits, or Lori Nelson of PreferredOne.

### **2005 Fee Schedule Changes**

#### **Professional Services**

PreferredOne's Physician Fee Schedules are complete and will become effective for dates of service beginning January 1<sup>st</sup> 2005. The PreferredOne PCHP and PAS overall professional services budget will remain neutral. Although the PPO will follow the same methodology, and RVU update, their overall professional services budget will increase slightly.

Physician fee schedules will be based on the *2004 Resource Based Relative Value Scale (RBRVS)*. Non-Medicare relative value units will be based on 2004 Relative Value Studies Inc.'s Complete RBRVS. Immunizations, HCPC and a few additional CPT codes will be adjusted to reflect local market values. In addition, PreferredOne will manually adjust lab codes to reflect a fee in excess of Medicare rates.

The 2005 Physician fee schedules will continue to use the RBRVS Site of Service differential for the surgical

## **Network Management Updates**

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code range (10000 – 69999). This will not require any changes in billing practices from providers. The practice site will be determined by the value in box 24B on the HCFA1500 form.

PreferredOne will maintain the current default values. In addition, PreferredOne Administrative Services will continue their practice of not bundling for multi-channel labs unless it applies to an existing panel.

As with prior updates, the effect on physician reimbursement will vary by specialty and the mix of services provided.

Requests for a market basket fee schedule may be made in writing to PreferredOne Provider Relations.

Furthermore, PreferredOne will use ETG measures to calculate the 2005 risk allowance return allocations. More information will be forthcoming in the next newsletter.

### **Off Cycle Fee Schedule Updates**

On July 1<sup>st</sup> 2005, the fee schedules will be amended to include new codes and adjustments will be made to accommodate major definitional changes. In addition, PreferredOne reserves the right to analyze and adjust individual rates throughout the year to reflect current market conditions.

New ASA codes for Anesthesia services will be updated with the 2004 release of Relative Value Guide by the American Society of Anesthesiologists. This update will take place by March 1<sup>st</sup> 2005.

### **Hospital Services**

#### **UB92 Fee Schedules**

The 2005 Calendar year DRG schedule will be based on the CMS DRG grouper Version 22, released October 2004. Please note that for the full calendar year 2004, PreferredOne requires DRG grouper version 21. Ambulatory Surgery Center (ASC) code groupings will be updated to include any changes made by Medicare in 2004. Any surgical CPT codes not included in the Medicare ASC grouper will be reviewed and added to the appropriate category. The Hospital (UB92) CPT schedule will be based on the 2004 Complete RBRVS relative value scale. The schedule will consist of the current code ranges: Lab, Radiology, Therapy, Minor (non ASC) Surgical Codes, Office Visits,

Immunizations and Supplies.

Reimbursement for the hospital CPT schedule will be at the physician rates with the following exceptions:

- Global Radiology codes are set to the Technical Component only
- Therapy codes are set at Allied Health rates
- Minor surgical procedures and office visit codes are set to the RBRVS Practice Expense Value

The codes will be updated throughout the year to match current terminology.

### **Changes Regarding Member IDs**

As you know, Social Security numbers (SSN) have long been used as the main identifier on member cards. However, several states have now passed laws that mandate the use of a unique member identification numbers instead of a member's SSN.

As a result, PreferredOne is beginning to receive notification from PPO payers stating that they are removing the SSN from member ID cards and replacing them with unique identification numbers. Humana is expecting to replace SSN's on all members' cards by June 2005.

Some members may not be aware that the information on their ID card has changed. In order for practices to have the most current information, office staff should always obtain new photocopies of member ID cards when they come in to receive care.

As Payers continue to convert to unique numbers, PreferredOne will recognize these numbers as replacing SSN numbers.

### **PPO Payers**

PreferredOne PPO contracts with approximately 125 TPAs and Insurance Companies for access to the PreferredOne PPO Provider Network. Though all Payers pay per the reimbursement terms of the PreferredOne/Provider contract, they all apply their own coding and benefit logic.

In addition to coding and benefit logic, Payer requirements for pre-certification vary. Some payers are expanding their list of services that require pre-certification. We recently received information from

## Network Management Updates

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Federated that pre-certification is required for all CAT scans, MRIs, and PET scans.

Generally, when pre-certification requirements are not followed by a participating provider, it is not the member who is held liable. Therefore, it is becoming more and more important to verify requirements for non-routine services.

### **CIGNA Changes Slated for 2005**

CIGNA (Connecticut General) will be making a number of changes to their programs and processes beginning January 1, 2005. These changes include the following.

- ***New Medical Management Approach***

Precertification requirements will no longer depend on the type of product the member has.

- ***Changes to Outpatient Precertification Requirements***

- ***Administration of Precertification Process***

Participating physicians are responsible for in-network precertification of coverage for all products.

- ***Changes to Covered Services and Benefits***

New benefit enhancements and exclusions

- ***Introduction to CIGNA Choice Fund Benefit Plans***

Health Savings Accounts and Health Reimbursement Arrangements

- ***Replacement of Social Security Number***

CIGNA-generated alpha-numeric identifier or text message

- ***Addition of Optional PCP Name to Open Access Plus ID Cards***

Enclosed in this newsletter is a CIGNA Provider Alert outlining in more detail the changes slated for 2005, ([Exhibits 1-5](#)).

Regarding the replacement of Social Security Numbers, both PreferredOne and CIGNA have the capability to store both the SSN and an alternate identification number. Consequently, if a bill is submitted with either SSN or an alternate id, the member will be identified.

CIGNA has also developed a website geared to assist the provider with procedures, eligibility, and claim status. You can register for access by visiting the website, [www.cignaforhcp.com](http://www.cignaforhcp.com).



### **Coding Update**

#### **Post op Pain pumps, e.g. On Q pain pump**

- PreferredOne will not make separate payment for inserting subfascial pain pumps for post op pain management. The procedure is considered a bundled procedure.

#### **Varicose Vein Surgery**

- All varicose vein surgery/ injections must be prior authorized with our UM Department. Some procedures are considered investigative and will be the member's responsibility.
- Each extremity and each procedure must be prior authorized. As an example, if you have obtained authorization for the left leg vein stripping and later are considering additional surgery/injections for the same leg, authorization must be obtained for any additional surgery on that leg.
- Authorization for one extremity does not automatically include authorization for another extremity.
- Laser ablation:
  - \* **S2131** - Laser ablation is considered investigational.
  - \* **S2130** - Radio frequency ablation requires prior authorization. This code is inclusive of all portions of the procedure except 76986, ultra sound guidance, when medically necessary. The code also includes the supplies. Physicians performing this procedure in the office must use place of service 11.
    - \* When radio frequency ablation is performed in free standing surgery center, use place of service 24, or for hospital outpatient department, use 22 place of service. There is a site of service different for office Vs outpatient hospital.
- If surgery for both extremities has been approved

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submit two lines: S2130 Lt, S2130 Rt.

- Do not use CPT code 37204 (transcatheter occlusion) for radio frequency or laser ablation Submit S2131 or S2130 as outlined above.
- There is additional information regarding medical policy/criteria for varicose vein surgery at [www.preferredone.com](http://www.preferredone.com).

### **Bariatric Surgery**

We have added the following new S codes for Bariatric Surgery:

- **S2085** - Laparoscopy, gastric restrictive procedure, with gastric bypass for obesity, with short limb (less than 100 cm) Roux-en Y
- **S2082** - Lararoscopy, surgical gastric restrictive procedure, adjustable gastric band, includes placement of subcutaneous port
- **S2083** - Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline. This is eligible after 90 day global.

Any type of bariatric surgery must be prior authorized by PreferredOne. Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between a medical policy or billing policy and the terms of an enrollee benefit plan, the terms of the enrollee's benefit plan documents will apply.

### **Home Infusion services and Infusion Services in the Home Health Provider's Suite:**

PreferredOne will be making some changes to the billing procedures for I.V. infusion which may include using J codes and J code units when available in lieu of NDC codes. We will be notifying the infusion agencies in the near future. Changes, if made, will be for 2005 DOS.

Codes for IV infusion services usually performed in the Home, by the Home Health Agency and moved to an office based infusion suite are being revised slightly so that infusions in the office are not subject to Home Health Benefits.



### **Unnecessary use of modifier 22 on J3490 or other I.V. Drugs**

Providers do not need to add modifier 22 to a J code. The units box will reflect the dosage you gave. Adding this modifier for these drugs require manual review of the claims, and will delay adjudication of claims.

### **Telephone number in Box 33 of HCFA:**

In order to have your claims paid as quickly as possible, it would be beneficial to have your telephone number on claims so that we can contact the correct billing office for questions. If you have an option to include your telephone number in box 33 we would appreciate your assistance.

### **Humanitarian Use Devices (HUD) require Prior Authorization.**

**Definition:** The FDA defines a HUD as a "device that is intended to benefit patients in the treatment and disease or condition that affect fewer than 4,000 individuals in the United States, per year". The request to the FDA to use a HUD device may be the result of no other comparable device for the patient's condition , or an emergency situation in which this is the only device available, etc.

The FDA process of obtaining a HUD approval or Humanitarian Device Exemption is very complicated for the manufacturer and/ or provider. Even when the FDA grants an exemption, the device may be authorized under very limited indications.

Regardless of whether the FDA has approved a HUD device, PreferredOne requires prior authorization of any HUD device before it is used/ or implanted. Requests must be made to PreferredOne to assure approval of its use. Failure to receive prior authorization may result in a denial of claims.

### **FluMist**

#### **CPT 90473 - Intranasal Administration**

#### **CPT 90660 - FluMist Vaccine**

PreferredOne will cover the FluMist nasal-spray influenza vaccination during the 2004-2005 flu season to enable more members to be vaccinated during the

## Medical Management Updates

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current shortage of the injectable influenza vaccine and also support public health strategies to vaccinate high-risk individuals with the limited supply of the injectable influenza vaccine. The FluMist vaccine will be covered as recommended by the Advisory Committee on Immunization Practices (ACIP) of the U.S. Food and Drug Administration for healthy individuals ages 5 to 49 years for members with preventative services benefits.

### Medical Policy Update



New in the medical-surgical area is the addition of intervertebral disc prostheses, thermal capsulorrhaphy for glenohumeral instability, arthroscopic lavage and debridement for osteoarthritis of the knee, radiofrequency ablation of renal masses, and auditory integration training to the Investigational List effective September 28, 2004. Intradiscal electrothermal treatment (IDET) has previously been a covered benefit for a select population. Effective November 1, 2004 IDET will no longer be eligible for coverage because recent published literature has demonstrated inconsistent clinical benefit and the need for randomized controlled trials to determine whether there is a subset of patients with discogenic back pain who would derive substantial and sustained benefit from this procedure. Vision therapy/orthoptics was also previously a covered benefit for a select population when the individual's plan did not specifically exclude benefits for this. Vision therapy will also not be eligible for coverage effective November 1, 2004 because the Institute for Clinical Systems (ICSI) Vision Therapy Technology Assessment Report findings that the studies of the efficacy of vision therapy are predominantly poor quality case series which provide inadequate scientific evidence to enable a conclusion to be reached about the efficacy of vision therapy for patients with learning disabilities, amblyopia, strabismus, convergence insufficiency, or accommodative disorders. Carotid Angioplasty with/without stenting was removed from the investigational list effective September 28, 2004.

New in the behavioral health area includes the addition of Pfeiffer Treatment Center Metallothionein Protein

Assessment and Treatment for DSM-IV Disorders to the Investigational List and therefore not eligible for coverage effective August 18, 2004.

The latest Medical and Pharmacy Policy and Criteria indexes are attached and indicate new and revised Medical Policy documents approved at recent meetings of the PreferredOne Medical/Surgical Quality Management Subcommittee, Behavioral Health Quality Management Subcommittee, and Pharmacy & Therapeutics Quality Management Subcommittee. Please add the attached indexes (**Exhibits 6-11**) to the Utilization Management section of your Office Procedures Manual and always refer to the on-line policies for the most current version. Medical Policies are available on the PreferredOne web site to members and to providers without prior registration. The website address is <http://www.PreferredOne.com>. Click on Health Resources in the upper left hand corner and choose the Medical Policy menu item. If you wish to have paper copies of medical policies or you have questions please contact the Medical Policy Department at (763)-847-4477 or 1-800-940-5049 ext. 4477.

### Institute for Clinical Systems Improvement (ICSI) Update

Listed below are the ICSI guidelines and technology assessment reports newly available or recently updated on the ICSI web site ([www.ICSI.org](http://www.ICSI.org)).

#### **Health Care Guidelines:**

- Acute Sinusitis in Adults
- Diagnosis and Treatment of Obstructive Sleep Apnea
- Diagnosis and Treatment of Otitis Media in Children
- Dyspepsia and GERD
- Immunizations
- Lipid Management in Adults
- Lipid Screening in Adults
- Lipid Screening in Children and Adolescents
- Management of Initial Abnormal Pap Smear
- Preventive Counseling and Education
- Routine Prenatal Care

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- Tobacco Use Prevention and Cessation for Adults and Mature Adolescents
- Tobacco Use Prevention and Cessation for Infants, Children and Adolescents
- Viral Upper Respiratory Infection (VURI) in Adults and Children

### **Technology Assessment Reports:**

- Diet Programs for Weight Loss in Adults
- Fluoroscopically Guided Transforaminal Epidur Steroid Injections for Lumbar Radicular Pain

### Hypertension and Medication Compliance

The American Heart Association estimates that one in four U.S. adults has hypertension and a third of these people are unaware they have it. Hypertension was listed as the primary or contributing cause of death in about 251,000 deaths in 2000. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7) 2003 introduced a new classification system which includes the term “prehypertension.” According to the JNC 7, data on lifetime risk of hypertension and increased risk of cardiovascular complications associated with BPs previously considered normal highlights the importance of early diagnosis and intervention. This new classification system emphasizes systolic as well as diastolic control because systolic hypertension also is associated with increased fatal and nonfatal cardiovascular events. A normal blood pressure is defined as <120/80, and <130/80-89 for patients with diabetes or kidney disease. Blood pressure readings of 120-139 over 80-89 are classified as “prehypertension.” According to the AHA, only 34% of all the people with hypertension are on adequate therapy—patient compliance is a major reason for this. The changes to the classification of hypertension, and the known increased risk factors associated with undiagnosed or uncontrolled high blood pressure, prompted PreferredOne to conduct an analysis of pharmacy claims of all PCHP members with a confirmed diagnosis of hypertension between April 1, 2002 and March 31, 2004. We found that of the 2439 members diagnosed with high blood pressure and on one or more blood pressure medications, only 15.9% were

compliant in getting their medications refilled. We allowed a three-day gap in therapy before the member was considered non-compliant. In early 2005 , in an effort to improve medication compliance and control of Hypertension in collaboration with practitioners, we will be sending letters and drug utilization reports to practitioners informing them of possible medication non-compliance by their patients.

Information noted in this article may be found online on the NHLBI website at [www.nhlbi.nih.gov/guidelines/hypertension](http://www.nhlbi.nih.gov/guidelines/hypertension) and the American Heart Association at [www.americanheart.org](http://www.americanheart.org). ICSI has comprehensive treatment guidelines that can be found on their web site at [www.ICSI.org](http://www.ICSI.org). If you have any suggestions on how we may collaborate with you on this or other areas of concern, feel free to contact me at 763-847-3228 or deb.doyle @preferredone.com

### Pharmacy

#### ***Specialty Injectable Program***

**Effective October 1, 2004, PreferredOne partnered with CuraScript to provide specialty injectable medications to our members as part of their retail pharmacy benefit.** CuraScript is the nation's leading specialty pharmacy company providing injectable medications to patients with chronic illnesses requiring complex, high-cost treatment. At CuraScript, quality care and outstanding customer service are top priorities. CuraScript understands the complexity of injectable drugs; therefore, each patient receives personalized care management required for successful outcomes and confidence in treatment.

PreferredOne members who are currently utilizing the following pharmacies in order to obtain their specialty injectables may continue to do so:

- Fairview Specialty Pharmacy
- North Memorial Pharmacy
- Chronimed Pharmacy

Following are additional details about the CuraScript specialty injectable program:

- **Only those drugs listed on the CuraScript Drug List are part of this program.** This drug list is included ([Exhibit 14](#)) and is available on the

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- PreferredOne physician secure website.
- Drugs provided by physician offices or home health agencies are **not** subject to this program.
- Members can obtain **one fill** of their specialty injectable medication at a retail pharmacy before being required to transition to CuraScript.
- In order to begin using CuraScript, the provider or the member must complete the Patient Enrollment Form. This form is included (**Exhibit 15**) and is available on the PreferredOne physician secure website.
- Provider questions regarding this program may be directed to CuraScript at 877-283-2829.

### **Quantity Level Limits**

**Effective October 1, 2004, PreferredOne implemented additional quantity limits per prescription.** The Quantity Level Limit program addresses situations where certain drugs are being dispensed in higher doses or quantities than approved by the FDA or higher than recommended in best practice guidelines. The drug classes/drugs currently involved in the Quantity Level Limit program includes, but is not limited to the following:

- Proton Pump Inhibitors (omeprazole, Nexium, Prevacid, Aciphex, Protonix)
- Anti-Migraine Agents (Imitrex, Amerge, Axert, Maxalt/MLT, Zomig/ZMT)
- Sedative-Hypnotic Drugs (Ambien, Sonata) – **New October 1, 2004**

The quantity level limit criteria are located on the PreferredOne physician secure website. The website address is [www.preferredone.com](http://www.preferredone.com). The criteria are located under Information, Medical Policy, Pharmacy Policy.

### **Step Therapy Program**

**Effective November 1, 2004, PreferredOne will implement two Step Therapy programs.** Step Therapy is a program that encourages physicians to follow established guidelines of care starting with conservative therapies and progressing to more aggressive therapies, as the patient's needs dictate. The drug classes/drugs currently involved in the Step Therapy program include, but are not limited to the following:

- Proton Pump Inhibitors (omeprazole, Aciphex, Nexium, Prevacid, Protonix)
- COX-II Inhibitors (Bexta, Celebrex)



# 2005 **ALERT**

## FOR CIGNA PARTICIPATING PROVIDERS



**Beginning in January 2005**, CIGNA will be making a number of changes to our programs and processes that will affect you as you care for CIGNA members. The most important changes are designed to promote greater consistency in our medical management processes, making it simpler for you to work with us and allowing you to spend more time caring for your patients. The information inside will give you more details about these changes and what they mean to you.

**Key changes for 2005 include:**

- **New Medical Management Approach**  
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- **Changes to Outpatient Precertification Requirements** ..... Page 3
- **Administration of Precertification Process**  
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CIGNA for Health Care Professionals, our secure website for health care professionals and their designated office staff, offers access to detailed information on CIGNA policies and procedures, such as precertification requirements; member benefit plans and eligibility; claim inquiry and much more in an easy-to-use dynamic tool. Register today for this free, time-saving tool at [www.cignaforhcp.com](http://www.cignaforhcp.com).

## New Medical Management Approach\*

### TWO NEW MEDICAL MANAGEMENT MODELS

For 2005, CIGNA is introducing an innovative new approach to health benefits, called **CIGNATURE – Your plan. Your choice.<sup>SM</sup>** Key to this approach is the employer's ability to choose from two new medical management models regardless of the medical product they choose. In other words, the type of plan a member participates in – for example, an HMO or PPO plan – will no longer determine the type of medical management that applies. Medical management for both models, called Personal Health Solutions<sup>SM</sup> (PHS) and Personal Health Solutions Plus<sup>SM</sup> (PHS+), will be performed through our regionally aligned Health Facilitation Centers, providing consistency for both you and your patients.

One of the most significant differences between these two models involves precertification requirements. PHS requires precertification only for inpatient care, while PHS+ requires precertification for both inpatient care and certain outpatient services. In addition, continuing stay review will begin earlier for members with PHS+. Other key elements of these models are outlined below.

#### Personal Health Solutions (PHS)

- **Inpatient Precertification** – Precertification is required only for inpatient care, including observation, rehabilitation, skilled nursing facilities and long-term care facilities.
- **Continued Stay Review/Inpatient Case Management** Requests for precertification of coverage for inpatient admission and length-of-stay will be administered consistent with CIGNA guidelines (currently Milliman Care Guidelines). Inpatient case management will generally begin on the second day of hospitalization, or as indicated by the diagnosis, for members still in the inpatient setting. To promote consistency, our on-site nurses will provide inpatient case management for all of our members. In addition, members covered by all of our plans will now have access to our specialized catastrophic and neonatal case management programs.
- **Clinical Effectiveness Program** Through member and physician education, outreach and intervention, this program encourages members to make healthier choices, receive preventive screenings and seek appropriate treatment.

- **Targeted Health Education** – This program identifies members who have certain illnesses and conditions who are not in a CIGNA Well Aware for Better Health<sup>SM</sup> disease management program, and provides them with educational materials to help them improve their health.
- **Centers of Excellence Program** – Outcomes and efficiency ratings of CIGNA-contracted hospitals for 22 hospital-based procedures/conditions will be made available through our online provider directory. Outcomes ratings are assessed using Healthshare Technology, Inc., data on complications and mortality for each procedure, which is based on Medicare and state-reported data. Efficiency rating is based on CIGNA-specific cost data matched with Healthshare's hospital and procedure-specific length-of-stay information.

**Personal Health Solutions Plus (PHS+)** includes all the components of our PHS model, with the following differences.

- **Inpatient and Outpatient Precertification** – Precertification of coverage is required for both inpatient care and certain outpatient services. Outpatient precertification requirements will now be consistent for all medical plans; they will no longer vary based on the member's plan.
- **Outpatient precertification requirements have been updated for 2005** (see chart on page 3).
- **Continued Stay Review/Inpatient Case Management** will generally begin on the first day of hospitalization.

In addition to these key features, employers may choose to add the following programs:

- **CIGNA Health Advisor<sup>SM</sup>** – a customer-dedicated team of nurses who help coordinate members' care.
- **CIGNA Well Aware for Better Health<sup>SM</sup>** – disease management programs for members with asthma, heart disease, diabetes, low back pain and COPD.

## **2005 Changes to Outpatient Precertification Requirements (PHS+)\***

<b>Procedure</b>	<b>Change</b>
Outpatient Surgical Procedures <ul style="list-style-type: none"><li>• Hysterectomy</li><li>• Back/Spine</li><li>• Uvulopalatopharyngoplasty</li></ul>	Now require precertification
Genetic Testing	Now requires precertification for specific diagnoses
Physical Therapy, Chiropractic Services	No longer require precertification
External Prosthetic Appliances	Many codes no longer require precertification
Durable Medical Equipment	Many codes no longer require precertification
Injectable Medications	Precertification requirements now based on specific codes rather than dollar threshold

In addition, codes have been updated for a number of procedures to bring our lists up-to-date. A list of procedure codes requiring precertification will be included in our Provider Reference Guides, due out later this Fall, and on our secure website [www.cignaforhcp.com](http://www.cignaforhcp.com) in December. Or call Provider Services for more information.

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### **Administration of Precertification Process\***

**I**n 2005, we will standardize the administration of the precertification process across all of our medical products. Participating providers are responsible for obtaining precertification of coverage for all in-network procedures requiring precertification for all products. Please refer to your Program Requirements and/or your provider contract. This will result in more consistency in the way you handle precertification of in-network services for members of our various plans.

To help assure appropriate reimbursement of your initial claim, please check whether the service you plan to provide requires precertification (see page 5). You can obtain precertification, or check to see if the service has already been precertified, by calling the toll-free number on the member's ID card.

*\*Does not apply to provider groups to which CIGNA HealthCare has delegated responsibility for utilization management under a risk contract. If you participate in such a group, please continue to follow your group's processes.*

## **Changes to Covered Services and Benefits\*\***

**I**n 2005, we will also make some changes to our standard covered services. Significant changes include:

### **New Exclusions**

- Obesity/Bariatric surgery\*\*\*
- Cosmetic surgery - breast reduction and varicose vein
- Sexual dysfunction - medications/equipment associated with erectile dysfunction
- Surgical and non-surgical treatment of TMJ disorder\*\*\*
- Orthognathic surgery

### **Benefit Changes**

- Short term rehabilitation will now have a maximum of 20 covered visits
- Coverage for clinical trials has been added, subject to specific conditions
- Genetic testing/counseling will now be covered for up to three visits per year

**\*\*Subject to state mandates.**

**\*\*\*Some employers may choose to provide coverage for these procedures as an additional benefit. In that case, these services require precertification regardless of treatment setting. Please check your patient's benefit plan for more information.**

Look for more details on our secure provider website at [www.cignaforhcp.com](http://www.cignaforhcp.com) in December. In the meantime, if you have questions, call your Provider Services Representative.

## **Introduction of CIGNA Choice Fund™**

**B**eginning in January 2005, some CIGNA members will participate in one of our new benefit plans, known as CIGNA Choice Fund. CIGNA Choice Fund is one of a group of benefit plans known as consumer-driven health plans, which are designed to promote consumer understanding, choice and control of their health care decisions. CIGNA Choice Fund options include a Health Reimbursement Arrangement (HRA) and the new federally created Health Savings Account. In both of these plans, members have access to an employee- or employer-sponsored fund that will cover many of the costs of their health care, including deductibles and coinsurance, up to a certain dollar amount. ID cards for members who participate in this

type of plan will clearly indicate "Choice Fund," as well as the name of the product. (For example: Choice Fund PPO). For these members, you should submit your claim as usual. You are asked not to collect any fees from the member at the time of service.

For members enrolled in the HRA, the HRA will often pay you directly for your services. Along with any HRA payments, you will receive an Explanation of Payment (EOP), which will identify any remaining member responsibility. This will be in addition to the EOP you normally receive from the CIGNA medical plan.

## **Replacement of SSN by CIGNA-generated Identifier**

**T**o help protect the privacy of our members and prevent identity theft, we are phasing out the use of Social Security Numbers (SSN) as the member identifier. As a result, SSNs of many members will no longer be printed on their CIGNA HealthCare ID cards or used in member correspondence.

Instead, beginning in January 2005, we will begin transitioning to a nine-digit CIGNA-generated alpha-numeric identifier. By the end of 2005, this CIGNA-generated identifier will replace the subscriber SSN on most members' ID cards.

However, as we transition to these new member identifiers, you will continue to see some ID cards that include the SSN, as well as others with no identifier and the following message: "Use Employee SSN." In Georgia, the message will be "Use CIGNA ID." Members have been instructed to provide the subscriber's SSN when presenting cards with a text message.

Physicians may use the identifier on the member's ID card, if applicable, to submit claims and inquire about eligibility or claim status. For members with a CIGNA-generated identifier, we will accept claims and inquiries submitted with either the CIGNA-generated identifier or the subscriber SSN. Beginning January 2005, the new member identifier will also appear in place of the subscriber SSN on CIGNA reports, correspondence and electronic transactions.

## **Addition of Optional PCP Name to Open Access Plus ID Cards**

**B**eginning in 2005, when an Open Access Plus member opts to select a Primary Care Physician (PCP), that PCP's name will now be printed on their CIGNA HealthCare ID card.

# 2005 Changes: What You Need to do Differently

- You will need to determine whether your patient's plan requires only inpatient precertification or both inpatient and outpatient precertification, as you can no longer assume which services require precertification based on the product a patient has. You can do this in several ways:
  - ✓ Check the back of the member's card - Most cards will say "Inpatient admission," or "Inpatient admission and outpatient procedures." Some members will not receive new cards until later in the year when their employer renews. So you may need to check the patient's precertification requirements through our Interactive Voice Response (IVR) tool or secure website as outlined below.
  - ✓ Check the member's benefits through the IVR. The IVR will tell you whether inpatient precertification or inpatient and outpatient precertification is required.
  - ✓ Check the member's benefits on our secure website at [www.cignaforhcp.com](http://www.cignaforhcp.com). The type of medical management is listed as PHS (inpatient precertification only required) or PIIS+ (inpatient and outpatient precertification required).
- Providers are responsible for obtaining precertification of coverage for all in-network services requiring precertification for all products. Requests for routine precertification should be directed to CIGNA HealthCare at least 72 hours before the scheduled service.
- Familiarize yourself with the updates to the list of outpatient procedures requiring precertification (page 3). Check our secure website at [www.cignaforhcp.com](http://www.cignaforhcp.com) in December for a complete list of procedure codes.
- Review the changes to covered services and benefits shown on page 4.
- If a member participates in CIGNA Choice Fund, either the Health Reimbursement Arrangement or the Health Savings Account, you are asked not to collect any fees from the member at the time of service. The member's ID card will indicate "Choice Fund" as well as the product type. For example, "Choice Fund PPO."
- Use the CIGNA-generated identifier or the subscriber's SSN, if indicated on the member's ID card, to submit claims and for eligibility and claim status inquiries. We will continue to accept claims and inquiries using the subscriber's SSN.



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Note: All medical policies documents are in PDF format (Requires **Adobe Acrobat Reader**).

#### [Search All Medical Policy PDF Documents \*New!\*](#)

- [Durable Medical Equipment and Supplies \(PDF\) \*Revised 03/23/04\*](#)
- [Institute for Clinical Systems Improvement](#)
- [Investigational Services \(PDF\) \*Revised 09/28/04\*](#)
- [Medical Criteria](#)
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*Medical criteria accessible through this site serve as a guide for evaluating the medical necessity of services. They are intended to promote objectivity and consistency in the medical necessity decision-making process and are necessarily general in approach. They do not constitute or serve as a substitute for the exercise of independent medical judgment in enrollee specific matters and do not constitute or serve as a substitute for medical treatment or advice. Therefore, medical discretion must be exercised in their application. Benefits available to enrollees only for covered services specified in the enrollee's benefit plan document. Please call the Customer Service telephone number listed on the back of the enrollee's identification card for the applicable pre-certification or prior authorization requirements of the enrollee's plan. The criteria apply to enrollees only when the employer group has contracted with PreferredOne for Medical Management services.*

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*Click on description link to view the PDF*

Criteria #	Category	Description
A006	Cardiac/Thoracic	<a href="#">Ventricular Assist Devices (VAD)</a>
A007	Cardiac/Thoracic	<a href="#">Lung Volume Reduction</a>
B002	Dental and Oral Maxillofacial	<a href="#">Orthognathic Surgery</a>
C001	Eye, Ear, Nose, and Throat	<a href="#">Nasal Reconstructive Surgery</a>
C007	Eye, Ear, Nose, and Throat	<a href="#">Uvulopalatopharyngoplasty (UPPP)</a>
C008	Eye, Ear, Nose, and Throat	<a href="#">Strabismus Repair (Adult and pediatric)</a>
C009	Eye, Ear, Nose, and Throat	<a href="#">Cochlear Implant</a>
E008	Obstetrical and Gynecological	<a href="#">Uterine Artery Embolization (UAE)</a>
F014	Orthopaedic/Musculoskeletal	<a href="#">Percutaneous Vertebroplasty &amp; Kyphoplasty</a>
F015	Orthopaedic/Musculoskeletal	<a href="#">Extracorporeal Shockwave Therapy (ESWT) Plantar Fasciitis</a>
G001	Skin and Integumentary	<a href="#">Eyelid Surgery (Blepharoplasty &amp; Ptosis Repair)</a>
G002	Skin and Integumentary	<a href="#">Reduction Mammoplasty</a>
G003	Skin and Integumentary	<a href="#">Panniculectomy/Abdominoplasty</a>
G004	Skin and Integumentary	<a href="#">Breast Reconstruction <i>Revised</i></a>
G006	Skin and Integumentary	<a href="#">Gynecomastia Procedures</a>
G007	Skin and Integumentary	<a href="#">Prophylactic Mastectomy <i>Revised</i></a>
G008	Skin and Integumentary	<a href="#">Hyperhidrosis Treatment</a>
H003	Gastrointestinal/Nutritional	<a href="#">Bariatric Surgery</a>
I008	Urological	<a href="#">Implantable Sacral Nerve Stimulator</a>
J001	Vascular	<a href="#">Treatment of Varicose Veins</a>
L001	Diagnostic	<a href="#">Positron Emission Tomography (PET) Scan</a>
L002	Diagnostic	<a href="#">Electron Beam Computed Tomography (EBCT)/Ultrafast Computed Tomography (UFT) <i>Revised</i></a>
M001	MH/Substance Related Disorders	<a href="#">Inpatient Treatment for Mental Disorders</a>
M002	MH/Substance Related Disorders	<a href="#">Electroconvulsive Treatment (ECT): Inpatient Treatment</a>
M004	MH/Substance Related Disorders	<a href="#">Day Treatment Program-Mental Health Disorders</a>

M005	MH/Substance Related Disorders	<b>Eating Disorders-Level of Care Criteria Revised</b>
M006	MH/Substance Related Disorders	<b>Partial Hospitalization Program (PHP)-Mental Health Disorder</b>
M007	MH/Substance Related Disorders	<b>Residential Treatment</b>
M008	MH/Substance Related Disorders	<b>Outpatient Psychotherapy</b>
M009	MH/Substance Related Disorders	<b>Outpatient Chronic Pain Program Criteria</b>
M010	MH/Substance Related Disorders	<b>Substance Related Disorders: Inpatient Primary Treatment Revised</b>
M014	MH/Substance Related Disorders	<b>Detoxification: Inpatient Treatment Revised</b>
M019	MH/Substance Related Disorders	<b>Pathological Gambling Outpatient Treatment</b>
M020	MH/Substance Related Disorders	<b>Autism Spectrum Disorders Treatment</b>
N001	Rehabilitation	<b>Acute Inpatient Rehabilitation Revised</b>
N002	Rehabilitation	<b>Skilled Nursing Facilities</b>
N003	Rehabilitation	<b>Outpatient Occupational, Physical and Speech Therapy Revised</b>
T001	Transplant	<b>Bone Marrow Transplantation/Stem Cell Harvest (Autologous and Fetal Cord Blood)</b>
T002	Transplant	<b>Kidney/Pancreas Transplantation</b>
T003	Transplant	<b>Heart Transplantation</b>
T004	Transplant	<b>Liver Transplantation</b>
T005	Transplant	<b>Lung Transplantation</b>
T006	Transplant	<b>Intestinal Transplant</b>

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A002	<a href="#">Mifepristone/RU486</a>
A003	<a href="#">Acupuncture</a>
C001	<a href="#">Court Ordered Mental Health &amp; Substance Related Disorders Services</a>
C002	<a href="#">Cosmetic Surgery</a>
C008	<a href="#">Oncology Clinical Trials Covered/Non-covered Services <i>Revised</i></a>
D002	<a href="#">Diabetic Supplies</a>
D004	<a href="#">Durable Medical Equipment, Supplies, Orthotics and Prosthetics</a>
D007	<a href="#">Disability Determinations: Proof of Incapacity Requirements</a>
D008	<a href="#">Dressing Supplies</a>
E001	<a href="#">Ambulance Transportation</a>
E004	<a href="#">Enteral Nutrition Therapy</a>
E005	<a href="#">EROS Device (Vacuum Therapy for Treatment of Female Sexual Dysfunction)</a>
G001	<a href="#">Genetic Testing</a>
H001	<a href="#">Home Health Aid Services</a>
H004	<a href="#">Healthcare Services with Demonstrated Lack of Therapeutic Benefit</a>
I001	<a href="#">Investigational/Experimental <i>Revised</i></a>
I002	<a href="#">Infertility Diagnosis and Treatment (Female and Male)</a>
N002	<a href="#">Nutritional Counseling</a>
P004	<a href="#">Private Room</a>
P006	<a href="#">Enrollees with Mental Health Disorders not Receiving Active Psychiatric Treatment (Inpatient)</a>
P007	<a href="#">Preparatory/Preoperative Blood Donation</a>
R002	<a href="#">Reconstructive Surgery</a>
S005	<a href="#">School Based Therapy</a>
S006	<a href="#">Screening Tests <i>Revised</i></a>
S007	<a href="#">Sensory Integration (SI)</a>
T002	<a href="#">Transition/Continuity of Care</a>
T004	<a href="#">Therapeutic Overnight Pass</a>
T005	<a href="#">Transfers to a Lower Level of Care for Rehabilitation from an Acute Care Facility</a>
W001	<a href="#">Wireless Capsule Endoscopy</a>

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<b>Criteria #</b>	<b>Category</b>	<b>Description</b>
B003	Pharmacy	<b>Botulinum Toxin</b>
B004	Pharmacy	<b>Biologics for Arthritic Conditions: Enbrel (etanercept), Humira (adalimumab), &amp; Remicade (infliximab)</b>
B005	Pharmacy	<b>Biologics for Psoriasis: Amevive (alefacept) Enbrel (etanercept), Raptiva (efalizumab)</b>
G001	Pharmacy	<b>Growth Hormone Therapy</b>
L001	Pharmacy	<b>Lamisil (terbinafine) <i>Revised</i></b>
L002	Pharmacy	<b>Leukotriene Pathway Inhibitors Step Therapy</b>
M001	Pharmacy	<b>Multiple Sclerosis (MS): Parenteral Corticosteroids and Adrenocorticotropic Hormone (ACTH)</b>
R002	Pharmacy	<b>RSV Prophylaxis <i>Revised</i></b>
S001	Pharmacy	<b>Sporanox (itraconazole) <i>Revised</i></b>
V001	Pharmacy	<b>Viagra (sildenafil citrate) for Treatment of Pulmonary Hypertension <i>Revised</i></b>
W001	Pharmacy	<b>Weight Loss Medications</b>
X001	Pharmacy	<b>Xolair</b>
Z001	Pharmacy	<b>Zetia (ezetimibe) Step Therapy DOER only</b>

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C001	<a href="#">Coordination of Benefits</a>
F001	<a href="#">Formulary Overrides <i>Revised</i></a>
H001	<a href="#">Half Tab Program</a>
N001	<a href="#">National Formulary Exceptions <i>New</i></a>
O001	<a href="#">Off-Label Drug Use</a>
P001	<a href="#">Prior Authorization of Medications Ordered by a Specialist</a>
Q001	<a href="#">Quantity Limits per Prescription per Copayment <i>Revised</i></a>
S001	<a href="#">Step Therapy</a>

*Revised 09/15/04*

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EXPRESS SCRIPTS®

# 2005 Express Scripts National Preferred Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your pharmacy benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE:** The symbol \* next to a drug signifies subject to non-formulary status when generic is available throughout the year. Not all the drugs listed are covered by all pharmacy benefit programs, check your benefit materials for the specific drugs covered and the copay information for your pharmacy benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

**A**

ABILITY  
ACCU-CHEK  
ACTIVE KIT  
ACCU-CHEK  
ACTIVE test strips  
ACCU-CHEK  
ADVANTAGE KIT  
ACCU-CHEK  
ADVANTAGE test strips  
ACCU-CHEK  
COMFORT CURVE test strips  
ACCU-CHEK  
COMPACT KIT  
ACCU-CHEK  
COMPACT test strips  
ACCU-CHEK  
COMPLETE KIT  
acetaminophen w/codeine  
ACTONEL  
acyclovir  
ADVAIR DISKUS  
ADVICOR  
AGGRENOX  
albuterol  
ALLEGRA\*  
ALLEGRA-D\*  
ALOMIDE  
ALORA  
ALTACE  
AMARYL\*  
AMBIEN  
amitriptyline hcl  
ammonium lactate  
amox tr/potassium clavulanate  
amoxicillin  
amphetamine salt combo  
ANALPRAM-HC  
ANDRODERM  
apri  
ARICEPT  
ASACOL  
ASTELIN  
atenolol, chlorthalidone  
ATROVENT inh  
AUGMENTIN ES, XR  
AVALIDE  
AVANDAMET  
AVANDIA  
AVAPRO  
AVELOX, ABC PACK  
aviane  
AVITA gel  
AVODART  
AZOPT

**B**

BD INSULIN syringes  
BD LANCET DEVICE  
BD LANCETS  
BD PEN  
BD PEN needles  
benazepril hcl  
benazeprol/hctz  
BENZACLIN  
BENZAMYCIN PAK\*  
benzonatate  
BEXTRA  
BIAXIN, XL\*  
bisoprolol fumarate/hctz  
BRAVELLE [INJ]  
brimonidine  
bupropion, sr  
butalbital/apap/caffeine

**C**

camila  
CANASA  
carbamazepine  
carisoprodol  
cefpodoxime  
cefuroxime  
CEFZIL  
CELEBREX  
CELEXA\*  
CELLCEPT  
cephalexin  
CETROTIDE [INJ]  
CHEMSTRIP bG  
choline mag trisalicylate  
CILOXAN ointment\*  
cimetidine  
CIPRO HC  
CIPRODEX  
ciprofloxacin  
CLARINEX  
CLIMARA [G]  
CLIMARA PRO  
clindamycin phosphate  
clobetasol propionate  
clomiphene citrate  
clonidine hcl  
clotrimazole/ betamethasone  
clotrimazole troche  
clozapine  
COMBIPATCH  
COMBIVENT  
CONCERTA  
CONDYLOX gel  
COPEGUS  
COREG  
COSONT  
CREON [G]  
CRESTOR

cromolyn sodium  
cryscelle  
CYCLESSA\*  
cyclobenzaprine hcl  
cyclosporine, modified

**D**

DEPAKOTE  
desmopressin acetate  
DETROL, LA  
dextroamphetamine sulfate  
diclofenac sodium  
dicyclomine hcl  
DIDRONEL  
diflunisal  
diltiazem, extended release  
DIOVAN, HCT  
dipyridamole  
DITROPHAN XL  
DURAGESIC\*

**E**

EDEX [INJ]  
EFFEXOR, XR [SNRI]  
ELIDEL  
EMADINE  
enalapril maleate, hctz  
enpresse  
errin  
ERTACZO  
erythromycin  
erythromycin/ benzoyl perox.  
estradiol  
ESTRATEST, H.S.  
EVISTA  
EXERLON

**F**

famotidine  
FINACEA  
FLOMAX  
FLONASE\*  
FLOVENT, ROTADISK  
fluconazole  
fluocinolide  
fluorouracil  
fluticasone propionate  
folic acid  
FOLLISTIM AQ [INJ]  
FOLTX  
FORADIL  
FORTEO [INJ]  
FOSAMAX  
fosinopril

**G**

gabapentin  
GANIRELIX  
ACETATE [INJ]  
gemfibrozil  
GENOTROPIN [INJ]  
gentamicin sulfate  
glipizide, er  
glyburide  
glyburide/metformin  
GONAL-F, RFF [INJ]  
guaiifenesin w/pseudoephedrine

**H**

haloperidol  
homatropine hydrobromide  
HUMALOG  
HUMATROPE [INJ]  
HUMULIN  
hydrochlorothiazide  
hydrocodone w/guaifenesin  
hydrocodone/ acetaminophen  
hydrocortisone acetate  
hydroxyurea  
hyoscymine sulfate

**I**

ibuprofen  
IMITREX  
indomethacin  
INNOPRAN XL  
INTAL inh  
IOPIDINE  
ipratropium bromide  
isotretinoin

**J**

jolivette  
junel, fe

**K**

kariva  
KETEK  
ketoconazole

**L**

lactulose  
LAMISIL tabs  
LANTUS  
lessina  
leucovorin  
leuprolide acetate [INJ]  
LEVITRA

levora  
levothyroxine sodium

LEVOXYL\*  
LEXAPRO  
LIPITOR  
lisinopril, hctz  
LIVOSTIN\*  
LOTEMAX  
LOTREL  
lovastatin  
low-ogestrel

**M**

MACROBID\*  
MAXAIR AUTOHALER  
meclizine hcl  
medroxyprogesterone acetate  
megestrol  
MENEST  
MERIDIA  
METADATE CD  
METADATE ER [G]  
METAGLIP  
metformin, er  
methotrexate  
methylphenidate hcl  
methylprednisolone  
metoclopramide hcl  
metolazone  
metoprolol tartrate  
METROGEL, LOTION\*  
metronidazole cream  
microgestin, fe  
mirtazapine, soltab  
moexipril  
monenessa  
MS CONTIN [G]  
MSIR [G]

**N**

narbutone

naproxen

NASCORT AQ

NASONEX

necon

nefazodone hcl

neomycin/polymyxin/hc

NEURONTIN\*

NEXIUM

NIASPAN

nifedipine er

nitrofurantoin

macrocystal

nizatidine

nora-be

NORDITROPIN [INJ]

nortrel

NORVASC

NOVFINE 30

NOVOLIN

NOVLOG  
NUTROPIN, AQ, DEPOT [INJ]  
NUVARING  
nystatin  
nystatin w/triamcinolone

**O**

OCUFLOX\*  
ofloxacin  
ogestrel  
omeprazole  
ONETOUCH  
FASTTAKE  
ONETOUCH BASIC SYSTEM  
ONETOUCH INDUO  
ONETOUCH PROFILE SYSTEM  
ONETOUCH II / Basic / Profile test strips  
ONETOUCH ULTRA test strips  
ONETOUCH ULTRA SMART  
ONETOUCH ULTRA SYSTEM  
ONETOUCH SURESTEP  
ONETOUCH SURESTEP SYSTEM  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
oxybutynin chloride  
oxycodone hcl  
oxycodone w/acetaminophen OXYCONTIN\*

**P**

paroxetine  
PATANOL  
PAXIL CR  
PAXIL suspension  
peg 3350/electrolyte  
PEGASYS [INJ]  
PEG-INTRON [INJ]  
PEG-INTRON REDIPEN [INJ]  
penicillin v potassium  
PENLAC  
PENTASA  
perphenazine  
phenetermine hcl  
phenytoin sodium, extended

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2005 THROUGH DECEMBER 31, 2005. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. Most generics are available at the lowest copay.

You can get more information and updates to this document at our web site at [www.express-scripts.com](http://www.express-scripts.com).

(continued)

PLAVIX  
 PLEXION, SCT, TS [G]  
 polymyxin b sul/  
     trimethoprim  
 portia  
 PRANDIN  
 PRECISION  
     SURE DOSE  
 PRECISION XTRA  
 PRECOSE  
 prednisolone acetate  
 prednisone  
 PREFEST  
 PREMARIN  
 PREMPHASE  
 PREMPRO  
 PREVACID  
 PREVACID  
     NAPRAPAC  
 previfem  
 PREVPAC  
 promethazine hcl  
 promethazine vc  
 promethazine  
     w/codeine  
 PROMETRIUM  
 propranolol hcl  
 PROSCR  
 PROTROPIN [INJ]  
 PROVENTIL HFA  
 pseudoephedrine  
     w/chlorpheniramine

temazepam  
 TEQUIN  
 TESTIM  
     theophylline,  
         anhydrous, er  
 thioguanine  
 thioridazine hcl  
 thiothixene  
 thyroid  
 ticlopidine hcl  
 TILADE  
     timolol maleate  
 tobramycin sulfate  
 TOPAMAX  
 TOPROL XL\*  
 TRAVATAN  
 trazodone hcl  
 tretinoin  
 triamcinolone  
     acetonide  
 trifluoperazine hcl  
 trimethoprim  
 trinesia  
 tri-previfem  
 tri-sprintec  
 trivora  
 TRUSOPT  
 TUSSIONEX

## U

URSO

## V

VALTREX  
 velvet  
 verapamil hcl  
 VERELAN PM  
 VIAGRA  
 VIGAMOX  
 VOLTAREN ophthalmic  
 VYTORIN

## W

WELCHOL  
 WELLBUTRIN XL

## X

XALATAN  
 XENICAL  
 XOPENEX

## Y

YASMIN

## Z

ZADITOR  
 ZETIA  
 ZITHROMAX\*  
 ZOCOR  
 ZOFRAN, ODT\*  
 ZOLOFT  
 ZOMIG, ZMT  
 ZONEGRAN  
 zovia  
 ZYMAR  
 ZYPREXA  
     (excluding Zydis)

## Examples of Non-Formulary Medications with Selected Formulary Alternatives

The following is a list of some non-formulary brand medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of non-formulary medications.  
 Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Non-Formulary	Formulary Alternative	Non-Formulary	Formulary Alternative
ACCOLATE	Singulair	LOTRISONE	clotrimazole/betamethasone
ACCUPRIL	benazepril, enalapril, fosinopril, lisinopril, Altace	MAVIK	Travatan, Xalatan, benazepril, enalapril, fosinopril, lisinopril, Altace
ACCURETIC	quinaretic	MAXALT,MLT	Imitrex, Zomig/ZMT
ACEON	benazepril, enalapril, fosinopril, lisinopril, Altace	MAXAQUIN	ciprofloxacin, Avelox, Tequin
ACIPHEX	omeprazole, Nexium, Prevacid	MAXIDONE	hydrocodone/apap
ACTIVELLA	Prefest, Prempro/Premphase	MENTAX	OTC Lotrimin Ultra
ACTOS	Avandia	MIACALCIN NASAL	Actonel, Fosamax
ACULAR, LS, PF	Volturn Ophthalmic	MICARDIS	Avapro, Diovan
AEROBID,M	Flovent/Rotadisk, Qvar	MICARDIS HCT	Avaiide, Diovan HCT
ALAMAST	cromolyn sodium, Alomide, Patanol, Zaditor	MIDRIN	isometh/d-chlorphenazin/apap
ALOCRIL	cromolyn sodium, Alomide, Patanol, Zaditor	MOBIC	Generic NSAIDs
ALPHAGAN P	bromnidazole tartrate	MONOPRIL	fosinopril
ALREX	Generic steroids	MONOPRIL HCT	fosinopril + hctz, benazepril/hctz, enalapril/hctz, lisinopril/hctz
ALTOPREV	lovastatin, Crestor, Lipitor, Zocor	MUSE	Edex
AMERGE	Imitrex, Zomig/ZMT	NASAREL	Flonase*, Nasacort AQ, Nasonex
ANDROGEL	Testim, Androderm	NORITATE	metronidazole cream
ANZEMET	Zofran*	NOROXIN	ciprofloxacin, Avelox, Tequin
ASCENSIA	Accu-Chek, OneTouch	NULEV	hyoscamine sulfate
ATACAND	Avapro, Diovan	NULYTELY	PEG electrolyte
ATACAND HCT	Avade, Diovan HCT	OMNICEF	amox tr/potassium clavulanate,
AVINZA	Generics, MS Contin	OPTIVAR	Augmentin ES/XR, Cefzil
AXERT	Imitrex, Zomig/ZMT	ORAPRED	Patanol, Zaditor
AZELEX	tretinoin, Avita gel	OVIDREL	prednisolone soln
AZMACORT	Flovent/Rotadisk, Qvar	OXISTAT	chorionic gonadotropin
BECONASE AQ	Flonase*, Nasacort AQ, Nasonex	OXYIR	OTCs, Ertaczo
BENICAR	Avapro, Diovan	OXYTROL	oxycodeine hcl caps immediate release
BENICAR HCT	Avade, Diovan HCT	PAXIL tabs	Detro/LA, Ditropan XL
BENZAMYCIN	erythromycin/benzoyl peroxide	PCE	paroxetine
(excluding PAK)	betaxolol, timolol, other generics	PEDIAPRED	erythromycin, Biaxin/XL*, Zithromax*
BETIMOL	nifedipine extended release, Norvasc	PERGONAL	prednisolone soln
CARDENE SR	diltiazem extended release, Verelan PM	PHENYTEK	Repronex
CARDIZEM LA	Edex	PLENDIL	phenytoin sodium extended release
CAVERJECT	amox tr/potassium clavulanate,	PRAVACHOL	nifedipine extended release, Norvasc
CEDAX	Augmentin ES/XR, Cefzil	PRAVIGARD PAC	lovastatin, Crestor, Lipitor, Zocor + aspirin
CENESTIN	Menest, Premarin	PRECISION Q-I-D	Accu-Chek, OneTouch
CIALIS	Levitra, Viagra	PRILOSEC 40mg	Generic omeprazole
CILOXAN eye drops	ciprofloxacin eye drops	PROTONIX	omeprazole, Nexium, Prevacid
CIPRO tabs	ciprofloxacin	PROTOPIC	Elidel
CIPRO XR	ciprofloxacin	PROZAC WEEKLY	fluoxetine (daily), paroxetine, Celexa*, Lexapro, Paxil CR, Zoloft
COLAZAL	Avelox, Tequin	PULMICORT	Flonase*, Nasacort AQ, Nasonex
COVERA-HS	Asacol, Pentasa	(excluding respules)	Risperdal (non M-tabs)
COZAAZ	verapami extended release, Verelan PM	QUIXIN	Flonase*, Nasacort AQ, Nasonex
DIFFERIN	Avapro, Diovan	REBETOL caps	Risperdal (non M-tabs)
DIPENTUM	tretinoin, Avita gel	RELENTA	Flonase*, Ciloxan ointment*, Ocufolex*, Vigamox, Zymar
DUAC gel	Asacol, Pentasa	RELPAK	ribasphere, ribavirin
DYNABAC	Benzacil	REMERON, SOLTAB	rimantadine, Tamiflu
DYNACIRC,CR	erythromycin, Biaxin/XL*, Zithromax*	RESCULA	Imitrex, Zomig/ZMT
ELESTAT	nifedipine extended release, Norvasc	RETIN-A liquid,	mirtazapine/soltab
ESTRADERM	cromolyn sodium, Alomide, Patanol, Zaditor	MICRO	Travatan, Xalatan
ESTRASORB	Generics, Alora, Climara	RHINOCORT AQUA	tretinoin, Avita gel
ESTROGEL	Generic patches, Alora, Climara	RISPERDAL M-TAB	Flonase*, Nasacort AQ, Nasonex
EXELDERM	Generic patches, Alora, Climara	RITALIN LA	Risperdal (non M-tabs)
FACTIVE	OTCs, Ertaczo	RYNATAN	Metadate CD/ER
FAMVIR	Avelox, Tequin	SEASONALE	Allegra-D*
FemHRT	acyclovir, Valtrex	SEMPREX-D	levora, portia (continuous regimen)
FERTINEX	Préfest, Prempre/Premphase	SERZONE	OTC antihistamine/decongestants
FLOXIN	Bravelle, FollistimAQ, Gonal-F/RFF	SKELID	nefazodone
FML FORTE	ofloxacin	SOF-TACT	Actonel, Dirdrel, Fosamax
FOCALIN	Generic steroids, Lotemax	SPECTRACEF	Accu-Chek, OneTouch
FREESTYLE	methylphenidate, Concerta,	SULAR	amox tr/potassium clavulanate,
FROVA	Metadate CD/ER	SUPRAX suspension	Augmentin ES, Cefzil
GEODON	Accu-Chek, OneTouch	SYMBYAX	nifedipine extended release, Norvasc
GLUCOMETER	Imitrex, Zomig/ZMT	SYNTHROID	amox tr/potassium clavulanate,
GLUCOPHAGE XR	Ability, Risperdal (non M-Tab), Serquel,	TARKA	Augmentin ES, Cefzil
GLUCOTROL XL	Zyprexa (non-Zydis)	TEVELEN	fluoxetine, Zyprexa (non-Zydis)
GLUCOVANCE	Accu-Chek, OneTouch	TEVELEN HCT	levothroxine sodium, Levoxy*
GLYSET	glipizide er	TOFRANIL-PM	verapamil+ACE Inhibitor, Lotrel
GOLVATELY	Preceose	TRI-NORINYL	Avapro, Diovan
HELDAC	PEO electrolyte	ULTRASE, MT	Avalide, Diovan HCT
HYZAR	Prepac	UNIPHYL	imipramine tabs
KADIAN	Avade, Diovan HCT	UNIRETIC	Ortho Tri-Cyclen Lo, generics
KLARON	Generics, MS Contin	UROXATRAL	amylase/lipase/protease
KRISTALOSE	Generic, Plexion SCT	VANTIN suspension	theophylline tab er
KYTRIL	lactulose	VANTIN tabs	benazepril/hctz, enalapril/hctz,
LAMISIL topical	Zofran*	VENTOLIN HFA	lisinopril/hctz
LESCOL, XL	OTC Lamisil	VEKOL	Flomax
LEVAQUIN	lovastatin, Crestor, Lipitor, Zocor	VIVELLE,DOT	amox tr/potassium clavulanate,
LEXXEL	ciprofloxacin, Avelox, Tequin	WELLBUTRIN SR	Augmentin ES, Cefzil
LOCOID cream,	Lotrel	ZYPREXA ZYDIS	cefepodoxime
lotion, ointment	generic hydrocortisone	ZYRTEC	albuterol inh, Maxair Auto, Proventil HFA
LOPROX cream,	OTCs, Ertaczo	ZYRTEC syrup	Generic steroids, Lotemax
gel, lotion	cyclopirox suspension	ZYRTEC-D'	Generics, Alora, Climara
LOPROX suspension	amox tr/potassium clavulanate,	ZYPREXA (non-Zydis)	buropion sr
LORABID	Augmentin ES/XR, Cefzil	ZYPREXA ZYDIS	Zyprexa (non-Zydis)
LOTENSIN	benazepril	ZYRTEC	Allegra*, Clarinex
LOTENSIN HCT	benazepril/hctz	ZYRTEC-D'	Allegra*, Clarinex
			Allegra-D*

## KEY

The symbol [G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand medication. The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.

The symbol [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor.

**For the member:** Generic medications contain the same active ingredients as their corresponding brand name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

**For the physician:** Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you. Brand name drugs are listed in CAPITAL letters.

Generic drugs are listed in lower case letters.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2005 THROUGH DECEMBER 31, 2005. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. Most generics are available at the lowest copay.

You can get more information and updates to this document at our web site at [www.express-scripts.com](http://www.express-scripts.com).

## CURASCIPT SPECIALTY DRUG LIST

ACTHAR	CYTOXAN	GEREF	NIPENT	RIBAVIRIN
ADRUCIL	DDAVP	GONAL-F	NORDITROPIN	RIMSO-50
ADVATE	DELATESTRYL	HALDOL	NOVANTRONE	RISPERDAL CONSTA
ALDURAZYME	DELESTROGEN	HELIXATE	NOVAREL	RITUXAN
ALFERON	DEPO-ESTRADIOL	HEMOFIL	NOVOSEVEN	ROCEPHIN
ALIMTA	DEPO-TESTADIOL	HERCEPTIN	NUTROPIN	ROFERON-A
ALKERAN	DEPO-TESTOSTERONE	HUMATE-P	ONCASPAR	SAIZEN
ALOXI	DESFERAL	HUMATROPE	ONTAK	SANDIMMUNE
ALPHANATE	DOXIL	HUMEGON	ONXOL	SANDOSTATIN
ALPHANINE	EDEX	HUMIRA	OVIDREL	SENSIPAR
AMEVIVE	ELIGARD	HYALGAN	PACLITAXEL	SEROSTIM
ANTAGON	ELLENCE	HYCAMTIN	PAMIDRONATE	SUPARTZ
ANZEMET	ELOXATIN	IFEX	PANGLOBULIN	SYNAREL
ARANESP	ELSPAR	INFERGEN	PARAPLATIN	SYNVISC
AREDIA	ENBREL	INTRON A	PEGASYS	TAXOTERE
ARIXTRA	ENGERIX	IVEEGAM	PEG-INTRON	THALOMID
AUTOPLEX	EPOGEN	KINERET	PERGONAL	THERACYS
AVASTIN	ERBITUX	KOATE-DVI	PLENAXIS	THYROGEN
AVONEX	ETHYOL	KOGENATE	POLYGAM	TICE
BAYHEP B	ETOPOPHOS	KYTRIL	PREGNYL	TOBI
BAYRHO-D	ETOPOSIDE	LEUKINE	PROCRIT	VELCADE
BEBULIN	FABRAZYME	LEUSTATIN	PROFASI	VENOGLOBULIN-S
BENEFIX	FACTREL	LOVENOX	PROFILNINE	WINRHO
BETASERON	FEIBA	LUPRON	PROGESTERONE	XOLAIR
BICILLIN	FERTINEX	LUPRON DEPOT	PROLEUKIN	ZANOSAR
BICNU	FLUDARA	LUPRON DEPOT-PED	PROLIXIN	ZAVESCA
BOTOX	FOLLISTIM	MESNEX	PROPLEX	ZINECARD
BRAVELLE	FORTAZ	MONARC-M	PROTROPIN	ZOFTRAN
CALCIJEX	FORTEO	MONOClate-P	PULMOZYME	ZOLADEX
CALCIMAR	FRAGMIN	MONONINE	RAPTIVA	ZOMETA
CAMPATH	FUDR	MUSTARGEN	REBETOL	ZORBTIVE
CAMPTOSAR	FUZEON	MYLOTARG	REBETRON	
CARIMUNE	GAMIMUNE	MYOBLOC	REBIF	
CAVERJECT	GAMMAGARD	NABI-HB	RECOMBINATE	
CEREZYME	GAMMAR-P	NAVELBINE	REFACTO	
CETROTIDE	GAMUNEX	NEULASTA	REMICADE	
COPAXONE	GEMZAR	NEUMEGA	REPRONEX	
COPEGUS	GENOTROPIN	NEUPOGEN	RHOGAM	

**Please Note:** The drug list is provided as a guide and is updated periodically based on information from Express Scripts. For precise details related to your specialty Injectable benefit, please call CuraScript customer service at 866.848.9870.



## Patient Enrollment Form

Fax: 888.773.7386 Phone: 866.848.9870

Last Name	First Name	Date of Birth	Today's Date	Date Needed			
Home Phone Number (   )	Work Phone Number (   )	Prescriber:					
Home Address	City	State	Zip	Address	City	State	Zip
Shipping Address (If different from home address)			Phone Number (   )	Fax Number (   )			
Social Security Number /Member ID Number			Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____				
Allergies:			Delivery Instructions: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				
Patient's Weight:							

**INSURANCE INFORMATION:**

(fill out entirely or fax a copy of patient's Insurance card, both sides)

**Primary Insurance:**

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Insured:

---

Policy Number:

---

Group Number:

---

Phone Number:

---

Rx Drug Card Number:

---

**Secondary Insurance:**

---

Insured:

---

---

Policy Number:

---

Group Number:

---

Phone Number:

---

Rx Drug Card Number:

---

**TAPE PRESCRIPTION HERE PRIOR TO  
FAXING REFERRAL  
OR  
COMPLETE THE FOLLOWING:**

**Medication:** \_\_\_\_\_

Direction for Use: \_\_\_\_\_

Quantity: \_\_\_\_\_ Refill x \_\_\_\_\_ month(s)

**Prescriber Signature:** \_\_\_\_\_

UPIN# / DEA : \_\_\_\_\_

CuraScript's Specialty Pharmacy Services ensures that every patient is just that – a *patient*, not a number. We give physicians, patients and caregivers access to:

- EXPERIENCED pharmacists and nurses that understand the scope of each disease state they treat
- CARING and compassionate social services professionals to provide support and guidance
- EXPERT reimbursement personnel to assist patients through the “maze” of insurance coverage
- RELIABLE, timely and convenient delivery to meet everyone’s needs

**Statement of Medical Necessity**

Primary Diagnosis: \_\_\_\_\_ ICD 9 Code: \_\_\_\_\_