

PreferredOne®

UPDATE *A Newsletter for PreferredOne Providers & Practitioners*

October 2006

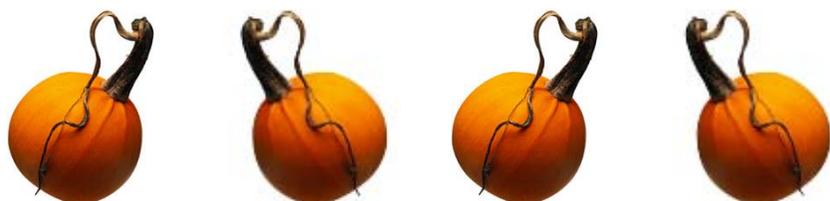
PreferredOne Update

John Frederick, Medical Director

In 2005 and again in 2006, PreferredOne has managed to maintain its membership despite a very competitive market. We have done this by emphasizing service and innovative new product designs. Cost has been a significant challenge, with our competitors aggressively pricing their premiums to gain members. As we undertake provider contracting for 2007, we will need to work with providers to assure that we will be price competitive. We appreciate that providers are also having financial pressures, but will ask providers to assure that they are making health plans compete on efficiency and service rather than provider discounts. PreferredOne will again support legislative efforts to encourage fair provider pricing across all health plans. The good news coming from the market competition is that employers are experiencing a slowing of their cost trend for healthcare coverage.

Consumer-directed products continue to grow in numbers. As demonstrated by the recent visit of President Bush to Minnesota and his recognition of MN Community Measurement, there is a strong effort being made to help patients become smarter users of health care services. Transparency of cost and quality will be a big issue in this year's elections and politics. PreferredOne continues to make more cost information available to its members. Physicians will be in a position to help patients become smarter consumers since patients will look to them for advice on utilization of specialists, facilities, and pharmaceuticals. However, many physicians are not very aware of the costs of the services that they provide or direct for their patients. PreferredOne has made cost information available on its provider website and would encourage physicians and their staff to use this information to help consumers spend their out-of-pocket dollars wisely.

PreferredOne Physician Associates (PPA) has elected its new leadership with Maureen Utz, MD, assuming the presidency and Lyle Swenson, MD, becoming president-elect. We thank Dale Dobrin, MD, for his efforts as president for the last two years. Steven Prawer, MD, is the treasurer of PPA. These four physicians will be representing PPA on the Boards of Directors of the various PreferredOne entities.



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PreferredOne Administrative Services (PAS)
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Fax: 763-847-4010

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PreferredOne Administrative Services
PO Box 1512
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2007 Fee Schedule Update

Professional Services



PreferredOne's Physician, Mental Health, and Allied Health Fee Schedules are complete and will become effective for dates of service beginning January 1, 2007. These changes are expected to be an increase in overall reimbursement. As with prior updates, the effect on physician reimbursement will vary by specialty and the mix of services provided.

Physician fee schedules will be based on the 2006 CMS Medicare physician RVU file without geographic practice index (GPCI) applied as published in the Federal Register November 2005. New codes for 2007 will be based on the 2007 CMS Medicare physician RVU file without geographic practice index applied as published in the Federal Register November 2006.

Various fees for services without an assigned CMS RVU have been updated accordingly. Examples of these services include labs, supplies/durable medical equipment, injectable drugs, immunizations, and oral surgery services. PET Scan fees have been updated and will be an all-inclusive rate. PreferredOne will maintain the current default values for codes that do not have an established rate.

The 2007 Physician fee schedules will continue to apply site-of-service differential for services in the CPT surgical code range and additional HCPCS surgical codes performed in a facility setting (Place of Service 21-25).

Requests for a market basket fee schedule may be made in writing to PreferredOne Provider Relations. New codes for 2007 will be added to all fee schedules using the above-listed methodology. PreferredOne reserves the right to analyze and adjust individual rates throughout the year to reflect current market conditions. Any changes will be communicated via the "PreferredOne Provider Update".

Please see attached updated policies for additional information ([Exhibit A](#)).

Hospital Services/UB92 Fee Schedules

The 2007 calendar year DRG schedule will be based on the CMS DRG Grouper Version 24 as published in the final rule Federal Register to be effective October 2006. Ambulatory Surgery Center (ASC) code groupings have been updated for 2007 according to Centers for Medicare and Medicaid Services (CMS). Those codes not assigned a grouper by CMS, will be assigned by PreferredOne to appropriate groupers as outlined in the attached updated policy.

The Facility (UB92) CPT fee schedule will consist of all physician CPT/HCPC code ranges and will be based on fee schedules on the 2006 CMS Medicare physician RVU file. The global rules for the facility CPT fee schedule are as follows:

- The surgical codes (10000 – 69999 and selected HCPCS codes) are set to reimburse at the practice and malpractice RVUs
- Office visit codes (i.e., 908xx, 99xxx code range) are set to reimburse at the practice expense RVUs
- Therapy codes are set at the Allied Health Practitioner rates
- For those codes that the Federal Register has published a technical component (TC) rate. This rate will be set as the base rate.
- All other remaining codes are set to reimburse at the physician rate.

Reminder that new codes for 2007 will be added to all fee schedules using the above-listed methodology. PreferredOne reserves the right to analyze and adjust individual rates throughout the year to reflect current market conditions. Any changes will be communicated via the "PreferredOne Provider Update".

Please see attached updated policies "Reimbursement for Free-standing Ambulatory Surgery Centers Hospital Outpatient Ambulatory Surgery Centers" and "Fee Schedule Changes" ([Exhibits A & B](#)) for additional information .

Off-Cycle Fee Schedule Updates

New ASA codes for Anesthesia services will be updated with the 2007 release of Relative Value Guide by the American Society of Anesthesiologists. This update will take place by April 1, 2007. *Page 3..*

Network Management

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Other provider types such as DME, Dental, and Home Health will take place April 1, 2007.

The New DME HCPCS codes for wheelchairs effective October 1, 2006 will be accepted effective October 1, 2006. They will pay at default until they are added to the DME fee schedules January 1, 2007.

Reminder: PreferredOne has taken steps to abide by the Minnesota law requiring a 45-day notice to providers for significant operational and reimbursement changes. This law became effective July 1, 2006. As an example, PreferredOne fee schedule changes are affected by the 45-day requirement. The "PreferredOne Provider Update" will continue to inform providers in a timely manner. For example, this October 2006 edition was mailed in October for January 1, 2007 effective dates, giving at least 45 days' notice.

PreferredOne Secure Site Update

In an effort to assist our contracted providers with operational efficiencies, PreferredOne continues to enhance the PreferredOne website.

Most recently we have added information on the National Provider Identifier (NPI) which will be a requirement for all providers in May of 2007. The NPI link on the secured site gives you access to both the paper form and the electronic form for submitting NPI data to PreferredOne. For more information, see the NPI article in this newsletter.

Listed below is the information available for you to view. Providers and clinics have indicated to us that the PreferredOne site is user friendly and provides invaluable information.

If you do not have access, you may register at www.preferredone.com, or call your provider relations representative.

PCHP/PAS

- Subscriber/Dependent Eligibility
- Claim Status
- View Remit by Check Reference ID

- Referral Inquiry
- Referral Submission
- Medication Authorization
- Reports
- PCC Roster

PPO

- Subscriber/Dependent Information
- Claims Inquiry
- PPO Group/Payor Lookup
- PPO Payor Listing
- PPO Payor Links
- PPO Reports

Information

- Provider ID Lookup
- NPI—National Provider Identifier
- Provider Directory
- Consumer Advantage Medical Cost Guide
- Authorization Guidelines
- Coding Hot Topics
- Provider Newsletter
- Forms
- Office Procedures Manuals
- Tiered Program
- Medical Policy
- Pharmacy Information

National Provider Identifier (NPI)



Providers and other covered entities will be required to use NPIs on all HIPAA standard transactions by May 23, 2007. The State of Minnesota also requires providers in Minnesota to submit their paper claims with an NPI to payors located in the state. *Page 4...*

Network Management

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Until May 23rd, 2007 PreferredOne will require the PreferredOne Unique Provider Number on all claims.

Type 1 NPIs are issued to health care providers who are individuals, such as physicians, nurses, dentists, chiropractors, physical therapists and sole proprietors. An individual is eligible for only one NPI.

Type 2 NPIs are issued to health care organizations such as physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.

Submitting NPIs on claim submissions is not considered notification to PreferredOne and could result in incorrect payment or non-payment. PreferredOne will accept your notification in the following formats:

ENUF – Electronic NPI Upload Type 1 File (XML Schema)

Groups with 25 or more practitioners can submit their NPI information to PreferredOne using XML schema. The ENUF content, instructions and XML schema can be obtained at the MN HIPAA Collaborative website. Use of this file is limited to the submission of the type 1 practitioner NPIs.

ENUF – Electronic NPI Upload File (Excel Version)

Groups with 25 or more practitioners can submit their NPI information to PreferredOne using this Excel version. Use of this file is limited to the submission of the type 1 practitioner NPIs.

Provider/Organization NPI Submission Form

This form is used to submit your type 1 individual practitioner NPIs when you have fewer than 25 practitioners. This form may also be used to submit type 2 organization NPIs.

Other Forms Also Accepted By PreferredOne

MN Uniform Demographic Change Form – to be used by providers who have already been credentialed by PreferredOne.

MN Uniform Credentialing Application – to be used by providers not previously credentialed by PreferredOne.

Sending Your Files or Forms to PreferredOne

The forms and electronic files are available on our website at www.preferredone.com.

Electronic files may be emailed to NPI@preferredone.com or sent by CD to:

PreferredOne
Attn: Provider Database
6105 Golden Hills Dr.
Golden Valley, MN 55416.

It is suggested that you use secure email to send private and protected information.

Printed forms may be sent via fax to 763-847-4010 to the attention of Credentialing Department or mailed to:

PreferredOne
Attn: Credentialing Department
6105 Golden Hills, Dr.
Golden Valley, MN 55416

Electronic Remittance Advice

PreferredOne has the capability to send the HIPAA-mandated 835 transaction (Electronic Remittance Advice) for PCHP and PAS claims (PPO claims are not paid by PreferredOne, and therefore are not included). We currently have EDI connections with the following clearinghouses for the 835 transaction:

- McKesson
- Claimlynx

Other clearinghouses will be added in the future.

Electronic Funds Transfer (EFT) is also available for providers who receive the 835. If you would like to receive the 835 transaction, please contact your clearinghouse, or you may contact your PreferredOne Network Management representative.

CMS-1500 – Paper Claim Submission

The new CMS-1500 Health Insurance Claim Form (08/05 version) is available for use beginning October 1, 2006. PreferredOne will accept the new form on this date. The old form can continue to be submitted as well. For more information about the new claim form and to obtain an Instruction Manual, please visit www.nucc.org.

Until May 23rd, 2007 PreferredOne will require the PreferredOne Unique Provider Number on all claims.

Coding Update

Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between our policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control.

New Immunizations

- HPV CPT 90649 is covered for females age 9 - 26 per FDA guidelines. This is a three dose schedule.
- Zostavax for shingles CPT 90736 is covered.

Nasal Flu Mist

- CPT 90660 Is covered for children ages 5-18.

Consultations

PreferredOne is still following CPT guidelines, consultation services are considered physician services. Therefore, consultations performed by NP, PAs, etc., are not reimbursed. Ancillary providers should report a new patient visit for the initial service.

Policy Updates

We have included an updated policy for Vaccine Administration and Injections P-27 (**Exhibit C**). These changes consisted of removing deleted codes and updating new codes.

See Policy P-32 (**Exhibit D**) for reporting a preventative and illness E/M services on the same day.

See Revised Policy from the Office Procedures Manual P-33 (**Exhibit E**) for Reimbursement for Maternity/Obstetrical Services.

2007 CIGNA Update



Please remember that effective January 1, 2007 CIGNA Healthcare and CIGNA Healthcare partners will no longer be accessing any PreferredOne contracts. Please review the new ID cards that CIGNA will be producing later this year for instructions on where to send your 2007 claims.

Payor ID Cards Printed Incorrectly

Please note that many ID cards for the National Rural Electrical Cooperative and the National Telecommunications Cooperative were produced incorrectly. These show the payor's address instead of PreferredOne's Claims address. New ID cards showing the PreferredOne claims address will be produced later this year.

For PreferredOne patients with coverage through one of these organizations, please send all claims directly to PreferredOne. Mailed claims should be sent to this address:

PreferredOne
PO Box 1527
Minneapolis, MN 55440-1527

Sending the claims directly to PreferredOne will decrease the length of time for you to receive payment or instructions on who is responsible for payment. Thank you for your help.

Medical Management Update

Medical Policy



Medical Policies are available to members and to providers on the PreferredOne website without prior registration. The website address is www.preferredone.com. Click on Health Resources in the upper left-hand corner and choose the Medical Policy menu option.

It is of note in the behavioral health area that there has been a discussion about the criteria used for behavioral health reviews by PreferredOne and their delegated entity, Behavioral Healthcare Providers (BHP). It is a requirement of NCQA that health care services reviewed by each entity receive equitable treatment. Currently PreferredOne and BHP each have their own criteria. These have been compared and determined to be equivalent. To eliminate any potential inequality in the review process, PreferredOne and BHP will be looking at using the same criteria when reviewing services for PreferredOne members. ...Page 6

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New in the medical/surgical area are criteria MC/L003 and MC/F015. MC/L003 3D Interpretation of Imaging (MRIs and CTs) (**Exhibit F**) was developed to provide guidelines of when the additional charge for 3D interpretation of the standard MRIs and CTs is medically necessary. MC/F015 Electrical Stimulation for Treatment of Neck and Back Pain (**Exhibit G**) was developed to outline the different types of electrical stimulation devices and help determine when they are considered medically necessary. As always, cases that do not meet the guidelines of criteria will be referred for physician review.

Two new medical policies have also been developed—MP/P008 and MP/C009. MP/P008 Medical Policy Documentation and Application (**Exhibit H**) outlines the process for developing medical policies. MP/C009 Medical Step Therapy (**Exhibit I**) outlines requirements all healthcare services need to meet to be eligible for payment.

The Medical/Surgical Quality Management Subcommittee addressed the following investigational list items:

Effective September 26, 2006

Additions to List:

- Autogenous Bone Marrow Injection into Allografts
- Computer-Assisted Surgical Navigation for Orthopedic Procedures (Total Hip Arthroplasties and Total Knee Arthroplasties)
- Gastric Electrical Stimulation (Enterra Therapy) for Obesity

Updated on List:

- Interferential Current Therapy Devices

Deleted from List:

- Extracorporeal Shock Wave Therapy (ESWT) for Plantar Fasciitis
- Joint Activation System (JAS)
- Noninvasive Coronary Angiography (CT Angiography)
- Meniscus Allograft

The Behavioral Health Quality Management Subcommittee addressed the following investigational list item:

Effective August 8, 2006

Deleted from List:

- Vagus Nerve Stimulation (VNS) for the Treatment of Depression

The latest Medical Policy and Criteria indexes indicating new and revised documents approved at recent meetings of the PreferredOne Medical/Surgical and Behavioral Health Quality Management Subcommittees are attached. Please add the attached documents (**Exhibits J & K**) to the Utilization Management section of your Office Procedures Manual and always refer to the on-line policies for the most current version.

If you wish to have paper copies or if you have questions, feel free to contact the medical policy department by phone at (763) 847-3386 or by email at quality@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 under-utilization. Utilization management decision making is based only on appropriateness of care and service and existence of coverage.

Institute for Clinical Systems Improvement (ICSI)

Health Care Guidelines

- Colorectal Cancer Screening
- Community-Acquired Pneumonia in Adults
- Immunizations
- Diagnosis and Treatment of Osteoporosis
- Initial Management of Dyspepsia and GERD

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- Lipid Management in Adults
- Preoperative Evaluation
- Uncomplicated Urinary Tract Infection in Women
- Venous Thromboembolism Prophylaxis

Technology Assessment Reports

- Carotid, Vertebral and Intracranial Artery Angioplasty and Stenting
- Omega-3 Fatty Acids for Coronary Artery Disease

Pharmacy Update

2007 PreferredOne Formulary



PreferredOne utilizes the Express-Scripts National Preferred formulary for its members that have Express-Scripts as their Pharmacy Benefit Manager (PBM). This formulary undergoes a complete review annually with all changes taking effect in January of each year. Attached ([Exhibits L & M](#)) please find the Express-Scripts National Preferred Formulary as well as a list of the medications that are changing formulary status (formulary to nonformulary and nonformulary to formulary) as of January 1, 2007.

Please note that the following medications are currently on the PreferredOne formulary and will remain on the formulary in 2007:

- Lipitor
- Geodon

Step Therapy Program

PreferredOne has expanded its Step Therapy program to include additional drug classes. 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:

- Angiotensin Converting Enzyme (ACE) Inhibitors
- **Advair - New Effective 9/15/2006**
- Brand Name Nonsteroidal Anti-Inflammatory Agents (NSAIDs)
- Calcium Channel Blockers
- COX-IIs
- Generic Proton Pump Inhibitors (PPIs)
- **HMG Enhanced - Updated 8/25/2006**
- **Lyrica - New Effective 7/1/2006**
- **Leukotriene Pathway Inhibitors - Updated 8/1/2006**
- **Nasal Steroid - New Effective 9/15/2006**
- **Sedative Hypnotics - New Effective 9/15/2006**
- Selective Serotonin Reuptake Inhibitors (SSRIs)
- Topical Acne
- **Topical Corticosteroid - New Effective 7/1/2006**
- Topical Immunomodulators
- Wellbutrin XL
- Zetia

The step therapy criteria are located on the PreferredOne physician secure website. The website address is www.preferredone.com. The criteria are located under Health Resources, Medical Policy, Pharmacy Criteria.

Pharmacy Website Update

Providers without login access 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 - Drug Formulary" box you can access the following information:
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- **2006 Express Scripts National Preferred Formulary** - *(This information applies only to those members with Express Scripts as their Pharmacy Benefit Manager)*
- **Medication Request Forms**
- **Pharmacy Policy & Criteria**
- **Guide for providers interested in learning about our on-line Medication Request Form**

Providers are able to request hard copies of this information by contacting the pharmacy department from the email link at the top of the pharmacy information page on the website. That address is pharmacy@preferredone.com.

Pharmacy Management Procedures Available Upon Request

A paper copy of any pharmaceutical management procedure/program posted on the PreferredOne Provider website is available upon request by contacting the Pharmacy Department online at pharmacy@preferredone.com.

Quality Management Update

MN Community Measurement - Anticipated Public Release of the 2006 Health Care Quality Report

MN 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 will be releasing their 2006 Health Care Quality Report in the coming months. This report will feature 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 MCM website in the coming months to view this year's annual report at <http://www.mnhealthcare.org/>.

Quality Complaint Reporting for Primary Care Clinics

MN Rules 4685.1110 and 4685.1900 require health plans to collect and analyze quality of care complaints, including those that originate at the clinic level. Complaints directed to the clinic are to be investigated and resolved by the clinic whenever possible. PreferredOne requires clinics to submit quarterly reports to our Quality Management Department as specified in the provider administrative manual. We have made some modifications to the original form and have attached it for your use (**Exhibit N**). Changes were made so we can easily identify the clinic submitting their report in cases where there are multiple clinics with the same name. ...Page 9

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If you'd like to have the file electronically please e-mail quality@preferredone.com. If you have any questions or concerns please contact Arpita Dumra at 800-940-5049, ext. 3564 or e-mail arpita.dumra@preferredone.com.

Clinic Contacts /Quality Improvement Collaboration

At times, the PreferredOne Quality Management Committee structure requests that we provide information to network physicians. PreferredOne understands how busy physicians are and the magnitude of mail they receive. In order to improve this process we would like to start contacting the clinic manager or quality contact person at clinic sites instead of physicians. We appreciate those who have already submitted their contact information to our office. If you haven't already done so, please submit office contact information for your clinic/clinic system to quality@preferredone.com or call 800-940-5049. Thank you!



PreferredOne

DEPARTMENT:	Coding Reimbursement	APPROVED DATE:	10/01/06
POLICY DESCRIPTION:	Reimbursement for Free Standing Ambulatory Surgery Centers and Hospital Outpatient Ambulatory Surgery Centers		
EFFECTIVE DATE:	04/01/06	REPLACES POLICY DATED:	11/01/04
PAGE:	1 of 3	RETIRED DATE:	
REFERENCE NUMBER:	P-10		

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide guidelines for reimbursement and information on pricing methodology for Ambulatory Surgery Centers (ASC) (hospital-based and/or free-standing).

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. For free-standing Ambulatory Surgery Centers, accreditation by Centers for Medicare and Medicaid (CMS) is mandatory for ambulatory surgery centers capable of providing a number of surgical procedures. They must also submit claims with their PreferredOne facility number.
2. Claims should be submitted on the UB-04 Claim form
3. The CPT codes in the surgical range 10000 – 69999 and select surgical HCPCS codes will be considered for reimbursement.
4. The appropriate Revenue Codes need to be billed with the CPT surgical range listed in # 2 above are billed together in order to price according to the ASC fee schedule. The appropriate revenue codes are 36x, 49x, 75x and 790.
5. PreferredOne's standard reimbursement methodology for ASC is based on the groupers as designated by Center of Medicare and Medicaid Services (CMS) will be utilized. Effective January 1, 2007 there will be the following exception. The new code changes that are published in November CPT and HCPCS that are to be effective for the following year will also be added to the fee schedule using the current year CMS groupers.

DEPARTMENT:	Coding Reimbursement	APPROVED DATE:	10/01/06
POLICY DESCRIPTION:	Reimbursement for Free Standing Ambulatory Surgery Centers and Hospital Outpatient Ambulatory Surgery Centers		
EFFECTIVE DATE:	04/01/06	REPLACES POLICY DATED:	11/01/04
PAGE:	2 of 3	RETIRED DATE:	
REFERENCE NUMBER:	P-10		

6. When there is no CMS grouper assigned, the CPT/HCPCS code pricing methodology according to the following categories below. A Medical and Pricing Policy committee consisting of Executive Medical Director, Coding Manager and Director Pricing will review these categories on an annual basis.
 - a. Procedures that are minor and should be performed in a clinic setting as defined by CMS are not separately payable when submitted on the same date of service as a valid ASC procedure. If submitted as the only service, reimbursement will not be ASC pricing, but will be based according to the terms of the contract for ancillary pricing (CPT fee schedule or default %).
 - b. Procedures that CMS deem as required to be performed as inpatient only will be assigned to an appropriate grouper as recommended by Medical and Pricing Policy Committee.
 - c. Procedures that are not assigned by CMS, but have the APC status indicator of B, E, N or M are not separately payable when submitted on the same date of service as a valid ASC procedure. If submitted as the only service, reimbursement will not be ASC pricing, but will be based according to the terms of the contract for ancillary pricing (CPT fee schedule or default %).
 - d. Other procedures not meeting the criteria listed 4a-4c will be assigned to a ASC grouper by the Medical and Pricing Policy committee.
7. The Ambulatory Surgery Center list of CPT/HCPCS codes will be reviewed annually and will be updated on January 1st of each calendar year. The update includes review of changes, deletions and additions in CPT, HCPCS, grouper assignment by CMS and PreferredOne Medical and Pricing Policy Committee.
8. Any changes to the ASC list will be communicated via the PreferredOne Provider Bulletin.
9. When multiple procedures are performed on the same date of service, PreferredOne will select the procedure classified in the highest payment group for the primary procedure. This procedure will be reimbursed at 100% of PreferredOne's ASC fee schedule. Subsequent allowable procedures will be reimbursed at the following rate: 50% for the second procedure, 25% for the third procedure and \$0 for any additional surgical procedures.
10. PreferredOne requires multiple procedures and bilateral procedures to be submitted on separate lines e.g. bilateral knee arthroscopy:

DEPARTMENT:	Coding Reimbursement	APPROVED DATE:	10/01/06
POLICY DESCRIPTION:	Reimbursement for Free Standing Ambulatory Surgery Centers and Hospital Outpatient Ambulatory Surgery Centers		
EFFECTIVE DATE:	04/01/06	REPLACES POLICY DATED:	11/01/04
PAGE:	3 of 3	RETIRED DATE:	
REFERENCE NUMBER:	P-10		

a. 29870 LT on one line and 29870 RT on the second line, or 29870 on one line and 29870-50 on the second line.

11. Intraocular lenses (IOL) are included in the surgical grouper payments.
12. All other services, equipment, and supplies are considered part of the reimbursement for the surgical procedure
13. Other coding and system edits may apply

DEFINITIONS:

REFERENCES:

PreferredOne

DEPARTMENT: Coding Reimbursement
 POLICY DESCRIPTION: Fee Schedule Updates
 EFFECTIVE DATE: 01/01/07
 PAGE: 1 of 2
 REFERENCE NUMBER: P-16

APPROVED DATE: 04/01/06
 REVIEWED DATE: 10/01/06
 REPLACES POLICY DATED: 07/01/05
 RETIRED DATE:

SCOPE: Claims, Coding, Customer Service, Pricing, Network Management

PURPOSE: To give provider information on the effective dates of the provider fee schedule updates.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. All fee schedules will be reviewed and updated annually. The fee schedule update includes but is not limited to a review of changes, deletions, and additions in CPT, HCPCS, DRG, American Society of Anesthesiology and ASC Groupers.
2. The provider and hospital CPT fee schedules are updated on January 1st of each calendar year. The codes that are assigned an RVU as defined by Centers of Medicare (CMS) are updated to use a one year lag, non-GPCI adjusted total RVU as published in the Federal Register. Effective January 1, 2007 there will be the following exception. The new code changes that are published in November CPT and HCPCS that are to be effective for the following year will also be added to the fee schedule using the current year CMS RVU's.

Example: The fee schedule that is effective January 1, 2006 – December 31, 2006 will use the CMS RVU from 2005. The new CPT and HCPCS codes published in November 2005 to be effective January 1, 2006 will use the 2006 CMS non-GPCI RVU as published in the Federal Register and be added to the fee schedule effective January 1, 2006 – December 31, 2006.

3. The non-RVU code pricing will also be reviewed and updated to be effective January 1st of each calendar year.
4. The hospital DRG schedules will use the current version as published in the October Federal Register that is to be effective January of the following year.
5. PreferredOne's standard reimbursement methodology for ASC is based on the groupers as designated by Center of Medicare and Medicaid Services (CMS) will be utilized.

DEPARTMENT:	Coding Reimbursement	APPROVED DATE:	04/01/06
POLICY DESCRIPTION:	Fee Schedule Updates	REVIEWED DATE:	10/01/06
EFFECTIVE DATE:	01/01/07	REPLACES POLICY DATED:	07/01/05
PAGE:	2 of 2	RETIRED DATE:	
REFERENCE NUMBER:	P-16		

Effective January 1, 2007 there will be the following exception. The new code changes that are published in November CPT and HCPCS that are to be effective for the following year will also be added to the fee schedule using the current year CMS groupers.

6. Fee schedules for DME, Home Health, Home IV, and Dental are updated on April 1st of each year.
7. Anesthesia fee schedules are updated annually on April 1st of each year according to the current year Relative Value Guide published by the American Society of Anesthesiologists in November of the preceding year.
8. Hospice fee schedules are updated annually on October 1st of each year according to the Centers of Medicare and Medicaid Services Fee Schedule.
9. Additional updates to the fee schedules may occur when warranted by special circumstances.
10. All updates will be communicated via the PreferredOne Provider Bulletins
11. All fee schedule updates involve a consensus process between coding, pricing and contracting.

PreferredOne

DEPARTMENT: Coding Reimbursement	APPROVED DATE: 07/14/1999
POLICY DESCRIPTION: Reimbursement for the Administration of Immunizations and Injections	
EFFECTIVE DATE: 09/13/2006	REVIEW DATE: 09/13/06
PAGE: 1 of 1	REPLACES POLICY DATED: 07/14/1999
REFERENCE NUMBER: P-27	RETIRED DATE:

SCOPE: Network Management, Claims, Customer Service, Sales and Finance

PURPOSE: To recommend reimbursement for vaccine administration and injections under the following circumstances.

POLICY: PreferredOne will recommend reimbursement for vaccine administration and injections under the following circumstances.

PROCEDURE:

1. Vaccines administered under the Minnesota Vaccine for Children Program will be handled uniquely. Continue to submit the specific CPT code describing the vaccine and append with the modifier SL indicating the free vaccine.
2. For immunizations submit the appropriate administration CPT codes. Use the appropriate code for the initial immunization injection (90465, 90467, 90471 or 90473). Only one initial immunization code may be used per visit. Use the add-on codes for the additional immunization injections (90466, 90468, 90472 or 90474).
3. For a diagnostic, therapeutic or prophylactic injections submit the CPT code 90772.
4. When billing for immune-globulin injections use CPT code 90772 for the administration code.

DEFINITIONS:

REFERENCES:

PreferredOne

DEPARTMENT: Coding Reimbursement
POLICY DESCRIPTION: Reimbursement for Evaluation and Management Office Calls when billed with a Preventative Medicine Service
EFFECTIVE DATE: 09/13/2006
PAGE: 1 of 1
REFERENCE NUMBER: P-32

APPROVED DATE: 2002

REVIEW DATE: 9/13/06
REPLACES POLICY DATED:
RETIRED DATE:

SCOPE: Network Management, Claims, Customer Service, Sales and Finance

PURPOSE: To recommend reimbursement for evaluation and management office calls when billed with a preventative medicine service

POLICY: PreferredOne will allow reimbursement for evaluation and management office calls that are billed with preventative medicine services under certain circumstances.

PROCEDURE:

1. Evaluation and management office codes may be billed along with a preventative medicine service. The office call should be appended with a 25 modifier.
2. PreferredOne will recommend reimbursement for CPT codes 99212 and 99213 that are appended with a 25 modifier when billed along with a preventative medicine code. The provider may need to submit documentation when requested for auditing purposes.
3. PreferredOne will require documentation to support the billing of CPT codes 99214 and 99215 when billed with a preventative medicine code. The provider will need to meet the requirements for coding these levels and elements can not be counted twice. For a preventative exam the provider should already be doing a comprehensive exam, ROS and PFSH. Writing a prescription or referring the patient to a specialist does not justify billing a 99214 or 99215 with the preventative exam. It is recommended that a separate note be dictated for the illness visit. The key to being able to code a second visit for the same date of service is that the documented history, physical exam and complexity of the decision making must be clearly over and above that which is already included as part of the preventative service and extensive enough to support the code.

DEFINITIONS:

REFERENCES:

PreferredOne

DEPARTMENT: Coding Reimbursement	APPROVED DATE: 1995
POLICY DESCRIPTION: Reimbursement for Maternity/Obstetrical Services	REVIEW DATE: 10-01-06
EFFECTIVE DATE: 1995	REPLACES POLICY DATED:
PAGE: 1 of 3	RETIRED DATE:
REFERENCE NUMBER: P-33	

SCOPE: Network Management, Claims, Customer Service, Sales and Finance

PURPOSE: To provide guidelines for submission of claims for Maternity/Obstetrical Services

POLICY: PreferredOne will recommend reimbursement for Maternity/Obstetrical Services when billed using the appropriate global obstetric CPT codes. Coverage is subject to the terms of the enrollee's benefit plan.

PROCEDURE:

1. All genetic testing must be prior authorized. (ex: nuchal translucency, cystic fibrosis).
2. PreferredOne accepts the global obstetric care codes. (see # 8 for options) The global package may include the antepartum care, delivery services and postpartum care. These are defined as follows:
 - A. Antepartum care – includes the initial and subsequent history, physical exams, recording of weight, blood pressure, fetal heart tones and routine chemical urinalysis. This includes monthly visits up to 28 weeks and biweekly/weekly visits from 28 weeks to delivery. This should be approximately 13 visits for a routine pregnancy. The global antepartum includes all routine visits. Extra routine visits do not warrant additional E&M visits being billed.
 - B. Delivery services – includes admission to the hospital, history and physical, management of labor (including induction and augmentation), vaginal delivery (includes episiotomy, forceps and delivery of the placenta), or cesarean delivery.
 - C. Postpartum care – includes routine hospital and routine office visits during the obstetrical global period.
3. Additional visits above and beyond the antepartum package due to complications of pregnancy (ex: hyperemesis, preterm labor, diabetes) may be billed. If the number exceeds 13 visits report using the appropriate E&M codes with the complication of pregnancy diagnosis code. Additional E&M codes should not be billed for routine visits even if there are more than 13 visits during the pregnancy.
4. Multiple Births – Antepartum and postpartum care should be included with only one delivery code. Reimbursement will be made for only a single antepartum and postpartum period regardless of the number of newborns delivered. Additional births should be billed with the delivery code only. Example: Total global package billing for twins delivered vaginally – Twin A – 59400 and Twin B – 59409.

DEPARTMENT:	Coding Reimbursement	APPROVED DATE: 1995
POLICY DESCRIPTION:	Reimbursement for Maternity/Obstetrical Services	
EFFECTIVE DATE: 1995		REVIEW DATE: 10-01-06
PAGE: 2 of 3		REPLACES POLICY DATED:
REFERENCE NUMBER: P-33		RETIRED DATE:

5. Antepartum/Postpartum Care Only – If the provider provides the antepartum/postpartum care only and does not do the delivery use the appropriate CPT codes. Antepartum – 59425 or 59426. Postpartum – 59430.

6. 5. 22 modifier - If there are unusual circumstances the claim for the global obstetric care or the delivery that is appended with a 22 modifier may be given individual consideration. Additional payment for such care may be made when warranted by the patients medical condition based on the documentation in the patients medical record. All pertinent records should be attached to the claim.

7. Unrelated illness during the pregnancy – Global billing is not intended to cover treatment for conditions totally unrelated to the pregnancy (ex: sinusitis, upper respiratory infection) that occur during the prenatal course. In these situations bill the appropriate E&M code using the unrelated diagnosis as the primary diagnosis. V22.2 may be used as a secondary code.

8. PreferredOne considers the H codes (H1000-H1005) for prenatal at risk assessment to be part of the obstetrical package.

9. Obstetrical Care Coding Options:

A. Global Billing – global billing includes the antepartum care, delivery and postpartum care.

59400	Vaginal Delivery
59510	C-Section
59610	VBAC
59618	C-Section after VBAC

B. Care Only Antepartum

E&M	1-3 visits (ex: patient transfers care elsewhere)
59425	4-6 visits (includes the first three visits)
59426	7+ visits (includes the first six visits)

C. Delivery Only

59409	Vaginal delivery
59514	C-Section
59612	VBAC
59620	C-Section after VBAC

D. Delivery and Postpartum Care Only

59410	Vaginal Delivery
59515	C-Section
59614	VBAC

DEPARTMENT:	Coding Reimbursement	APPROVED DATE: 1995
POLICY DESCRIPTION:	Reimbursement for Maternity/Obstetrical Services	
EFFECTIVE DATE: 1995		REVIEW DATE: 10-01-06
PAGE:	3 of 3	REPLACES POLICY DATED:
REFERENCE NUMBER:	P-33	RETIRED DATE:

59622 C-Section after VBAC

E. Postpartum Care only

59430 Postpartum Care

DEFINITIONS:

REFERENCES:

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Department of Origin: Medical Management	Approved by: Medical-Surgical Quality Management Subcommittee	Date approved: 09/26/06
Department(s) Affected: Claims, Coding, Customer Service, Medical Management	Effective Date: 09/26/06	
Medical Policy Document: 3D Interpretation of Imaging	Replaces Effective Policy Dated: N/A	
Reference #: MC/L003	Page: 1 of 2	

PRODUCT APPLICATION:

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

Please refer to the enrollee’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee’s benefit plan or certificate of coverage, the terms of the enrollee’s benefit plan document will govern.

This criteria set applies to PAS enrollees only when the employer group has elected to provide benefits for the service/procedure/device. Check benefits or verify with the appropriate account manager the availability of benefits when not specifically addressed in the plan document.

This Criteria Set applies to PPO enrollees only when the employer group has contracted with PreferredOne for Medical Management services.

PURPOSE:

The intent of this criteria set is to ensure services are medically necessary.

DEFINITIONS:

Three-dimensional reconstruction (3D):

Reconstruction of the 2D information on computed tomography (CT), magnetic resonance imaging (MRI), Positron emission tomography (PET), ultrasounds or other imaging studies can build a three-dimensional image of the body area being studied using the primary study and compute software programs.

BACKGROUND:

This criteria set is based on expert professional practice guidelines.

CT angiography is the preferred method of evaluating pulmonary emboli over 3D interpretation of imaging.

Positron Emission Tomography (PET) or multislice/multidirectional computed tomography (MSCT/MDCT) is the preferred method of diagnosing, staging and restaging for cancer.

GUIDELINES:

3D interpretation of imaging is considered medically necessary for one of the following I - III:

- I. Assessment of multiple trauma
- II. Evaluation of complex fractures (i.e. pelvic fractures, scapula fractures, vertebral fractures), this does not include the initial screening for the fracture.
- III. Mammography

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Department of Origin: Medical Management	Approved by: Medical-Surgical Quality Management Subcommittee	Date approved: 09/26/06
Department(s) Affected: Claims, Coding, Customer Service, Medical Management	Effective Date: 09/26/06	
Medical Policy Document: 3D Interpretation of Imaging	Replaces Effective Policy Dated: N/A	
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RELATED CRITERIA/POLICIES:

Medical Management Process Manual [MI007 Use of Medical Policy and Criteria](#)

Medical Policy [MP/C009 Medical Step Therapy](#)

Medical Policy: [MP/S006 Screening Tests for Normal Risk Populations](#)

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Department of Origin: Medical Management	Approved by: Medical-Surgical Quality Management Subcommittee	Date approved: 09/26/06
Department(s) Affected: Medical Management	Effective Date: 09/26/06	
Medical Criteria Document: Electrical Stimulation for Treatment of Neck and Back Pain	Replaces Effective Policy Dated: N/A	
Reference #: MC/F015	Page:	1 of 4

PRODUCT APPLICATION:

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

Please refer to the enrollee’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee’s benefit plan or certificate of coverage, the terms of the enrollee’s benefit plan document will govern.

This Criteria Set applies to PPO enrollees only when the employer group has contracted with PreferredOne for Medical Management services.

PURPOSE:

The intent of this criteria set is to ensure services are medically necessary.

DEFINITIONS:

Acute Pain:

Can be brief, lasting moments or hours, or can be persistent, lasting weeks or several months until the disease or injury heals. The condition has a predictable beginning, middle, and end.

Chronic Pain:

Persistent pain, which can be either continuous or recurrent and of sufficient duration and intensity to adversely affect a patient’s well being, level of function, and quality of life.

H-Wave Stimulation:

H-wave stimulation recreates the H waveform found in nerve signals to stimulate muscles and nerves in an attempt to promote circulation and relieve pain.

Interferential Stimulation:

Two alternating current waves of differing frequencies produce currents that stimulate sensory, motor and pain fibers to relieve pain associated with musculoskeletal disorders. It has also been reported that interferential currents can stimulate healing of soft tissue, bone fractures, and reduce edema.

Neruo muscular Electrical Stimulation Devices (NMES):

Stimulation of motor nerves alternately causing contraction and relaxation of muscles to alter the perception of pain, prevent atrophy of muscles, relax muscle spasms and increase blood circulation.

Percutaneous Electrical Nerve stimulation (PENS):

Needles are inserted to a depth of 1 to 4 cm over or adjacent to the nerve serving the painful area and then stimulated.

Spinal Cord Stimulation:

Delivery of low voltage electrical stimulation to the dorsal columns of the spinal cord to block the sensation of pain.

Department of Origin: Medical Management	Approved by: Medical-Surgical Quality Management Subcommittee	Date approved: 09/26/06
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Sympathetic Therapy (Dynatron):

Electrodes create a systemic nervous system response throughout the entire body instead of specific site to relieve pain.

Transcutaneous Electrical Nerve Stimulation Devices (TENS):

Stimulation applied to the surface of the skin at the site of pain to interfere with the perception of pain.

BACKGROUND:

This criteria set is based on expert professional practice guidelines.

The following are considered investigational for the treatment of back pain and are on the [investigational list](#):

Artificial Intervertebral Disc, BioniCare Stimulator for osteoarthritis, Cold Laser Therapy, Dry Needling, Dynatron STS Sympathetic Therapy, Dynesys Spinal System, H-Wave Electrical Stimulation, Interferential Current Therapy, Intradiscal Electrothermal Therapy (IDET), Low Level Laser Therapy, LTX 3000, Microcurrent Stimulation Devices (Alpha Stimulation), Neuromuscular Stimulation, Nucleoplasty, Orthotrac Vest Spine Care System, PRO Elect DT 2000, Prolotherapy, Spinal Unloading Devices, Sympathetic Stimulation, Vertebral Axial Decompression (VAX-D)

TENS and PENS devices do not require prior authorization unless their cost is over \$1,500.00.

GUIDELINES:

One of the following

- I. Surface and percutaneous stimulation devices for home use (See [investigational list](#) for Alpha Stim, BioniCare Stimulator, Dynatron STS, H-Wave device, Interferential Stimulation Devices, Microcurrent Stimulation, RS-4i sequential stimulator, Sympathetic Stimulation)

Note: This criteria set addresses the purchase of surface and percutaneous stimulation devices for home use only, it does not cover the use of these devices in a clinic/office setting. Surface and percutaneous stimulation done in the outpatient setting would be covered per plan benefits. Please refer to the enrollee's benefit document for specific information.

- A. Transcutaneous Electrical Nerve Stimulation (TENS) -one of the following:

1. Acute post-operative neck/back pain - both of the following:
 - a. Used during first 30 days following surgery
 - b. Used to reduce or eliminate need for pain medications
2. Chronic neck/back pain – all of the following:
 - a. Complete evaluation has been completed including physical and psychological examination;
 - b. Imaging has ruled out need for more intensive intervention; and
 - c. Nonresponsiveness documented to less invasive modalities of treatments such as limited bed rest, early ambulation, postural advice, gentle stretching, use of ice and heat, anti-inflammatory and analgesic over-the-counter medications

Department of Origin: Medical Management	Approved by: Medical-Surgical Quality Management Subcommittee	Date approved: 09/26/06
Department(s) Affected: Medical Management	Effective Date: 09/26/06	
Medical Criteria Document: Electrical Stimulation for Treatment of Neck and Back Pain	Replaces Effective Policy Dated: N/A	
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- B. Percutaneous Electrical Stimulation (PENS) for the treatment of chronic low back pain – all of the following
1. The implantation of the stimulator is used only as a late resort (if not a last resort) for patients with chronic intractable pain;
 2. Other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been tried and did not prove satisfactory, or are judged to be unsuitable or contraindicated for the given patient;
 3. Patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation);
 4. All the facilities, equipment, and professional and support personnel required for the proper diagnosis, treatment training, and follow up of the patient (including that required to satisfy item c) must be available; and
 5. Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.
- II. Neuromuscular Electrical Stimulation is considered investigational (see [investigational list](#))
- III. Implantable electrical simulators (Dorsal Column Stimulators or Spinal Cord Stimulator) – all of the following A-E:
- A. Device is ordered by neurologist, neurosurgeon or pain specialist
 - B. The implantation of the stimulator is used only as a late resort (if not a last resort) for patients with chronic intractable pain
 - C. Other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been tried and did not prove satisfactory, or are judged to be unsuitable or contraindicated for the given patient;
 - D. Patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation)
 - E. Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.

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Department of Origin: Medical Management	Approved by: Medical-Surgical Quality Management Subcommittee	Date approved: 09/26/06
Department(s) Affected: Medical Management	Effective Date: 09/26/06	
Medical Criteria Document: Electrical Stimulation for Treatment of Neck and Back Pain	Replaces Effective Policy Dated: N/A	
Reference #: MC/F015	Page: 4 of 4	

RELATED CRITERIA/POLICIES:

Medical Policy [MP/C009 Medical Step Therapy](#)

Medical Management Process Manual [MI007 Use of Medical Policy and Criteria](#)

REFERENCES:

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Medical Policy Document: Medical Policy Document Management and Application	Replaces Effective Policy Dated: N/A	
Reference #: MP/P008	Page: 1 of 4	

PRODUCT APPLICATION:

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

Please refer to the enrollee’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee’s benefit plan or certificate of coverage, the terms of the enrollee’s benefit plan document will govern.

This policy applies to PAS enrollees only when the employer group has elected to provide benefits for the service/procedure/device. Check benefits in SPD/COC. If benefits not specifically addressed in the SPD/COC verify with the appropriate account manager the availability of benefits.

PURPOSE:

The intent of this policy is to outline the processes used for medical policy development.

BACKGROUND:

Policies are used to direct or clarify benefits and operational issues. Policies do not address medical necessity issues. Medical criteria are developed as needed for medical necessity determinations.

POLICY:

Medical policies will be developed when a need is identified to help with benefit interpretation or to direct or explain operational items. Medical policies will meet regulating and accrediting bodies requirements. State and federal mandates will be addressed when appropriate.

GUIDELINES:

- I. New policy development – all of the following:
 - A. Need for policy is identified based on any of the following:
 1. Unclear benefit language where further direction is required
 2. Legal issues or mandates need clarification or direction
 3. Operational items need clarification or direction
 4. Pharmacy has identified a potential for cost savings and guidelines are needed to achieve these savings

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Department of Origin: Medical Management	Approved by: Chief Medical Officer	Date approved: 09/26/06
Department(s) Affected: Medical Management, Coding, Customer Service, Claims and Pharmacy	Effective Date: 09/26/06	
Medical Policy Document: Medical Policy Document Management and Application	Replaces Effective Policy Dated: N/A	
Reference #: MP/P008	Page:	2 of 4

B. Drafting of policy

1. PreferredOne staff (e.g. Medical Policy, Medical Management, Pharmacy, and the Chief Medical officer) will draft new policies. Other departments (e.g. Claims, Legal, Network Management, Sales, etc.) will be consulted as needs are identified.
2. Sources for content include but are not limited to: plan benefits, state mandates, and criteria provided by contracted Pharmacy Benefit Managers (PBM's)

C. Approval of policies

1. All policy action (new development and updates) will require approval from the PreferredOne Chief Medical Officer.
2. Policies that impact areas of company operation other than medical management will be distributed to the product management committee at the direction of the PreferredOne Chief Medical Officer.
3. New policies will be brought to the applicable quality management subcommittee for information only.

II. Updates/Retirement of medical policies

- A. Medical policies will be reviewed annually, or more frequently when a need is identified, for continued usefulness and appropriateness
- B. Benefit language and state and federal mandates will be checked to see if any changes to medical policies are required
- C. Medical policies may be retired due to any of the following reasons:
 1. Benefit language changes
 2. Change in a law or mandate
 3. Operational changes
 4. No further potential for cost savings are identified to continue pharmacy cost saving policy
- D. Changes to medical policies that impact areas of company operation other than medical management will be distributed to the product management committee at the direction of the PreferredOne Chief Medical Officer
- E. Any significant changes to medical policies will be brought to the applicable quality management subcommittee for information only at the direction of the PreferredOne Chief Medical Officer

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Department of Origin: Medical Management	Approved by: Chief Medical Officer	Date approved: 09/26/06
Department(s) Affected: Medical Management, Coding, Customer Service, Claims and Pharmacy	Effective Date: 09/26/06	
Medical Policy Document: Medical Policy Document Management and Application	Replaces Effective Policy Dated: N/A	
Reference #: MP/P008	Page: 3 of 4	

- III. Application of policies - medical policies are used by medical management, coding, claims, customer service, and pharmacy staff to promote objectivity and consistency in the health care coverage decision making process
- IV. Methods of policy distribution to patients and providers:
 - A. Available on internet on PreferredOne web site
 - B. New policies and table of contents for policies are published in provider newsletters
 - C. Medical policies are available on request

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Department of Origin: Medical Management	Approved by: Chief Medical Officer	Date approved: 09/26/06
Department(s) Affected: Medical Management, Coding, Customer Service, Claims and Pharmacy	Effective Date: 09/26/06	
Medical Policy Document: Medical Policy Document Management and Application	Replaces Effective Policy Dated: N/A	
Reference #: MP/P008	Page:	4 of 4

RELATED CRITERIA/POLICIES:

Medical Management Process Manual [MI007 Use of Medical Policy and Criteria](#)

Medical Policy [MP/I001 Investigational/Experimental](#)

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Department of Origin: Medical Management	Approved by: Chief Medical Officer	Date approved: 09/19/06
Department(s) Affected: Claims, Coding, Customer Service, Medical Management	Effective Date: 09/19/06	
Medical Policy Document: Medical Step Therapy	Replaces Effective Policy Dated: N/A	
Reference #: MP/C009	Page:	1 of 2

PRODUCT APPLICATION:

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

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This policy applies to PPO enrollees only when the employer group has contracted with PreferredOne for Medical Management services.

PURPOSE:

The intent of this policy is to provide guidelines to aid in coverage determinations.

DEFINITIONS:

Cosmetic:

Services, medications and procedures that improve physical appearance but do not correct or improve a physiological function, or are not medically necessary.

Healthcare service:

A medical or behavioral pharmaceutical, device, technology, treatment, supply, or procedure

Medically Necessary:

Diagnostic testing, preventative services, and medical treatment consistent with the diagnosis of and prescribed course of treatment for the enrollee’s condition, which PCHP/applicable Plan Administrator determines on a case-by-case basis and are:

- help to restore or maintain health; or
- prevent deterioration of the condition; or
- prevent the reasonably likely onset of a health problem or detect a problem that has no or minimal symptoms.

Reconstructive:

Refer to enrollee’s plan document for applicable reconstructive definition.

POLICY:

Benefits must be available for *healthcare services*, *healthcare services* must be *medically necessary*, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

PreferredOne®

Department of Origin: Medical Management	Approved by: Chief Medical Officer	Date approved: 09/19/06
Department(s) Affected: Claims, Coding, Customer Service, Medical Management	Effective Date: 09/19/06	
Medical Policy Document: Medical Step Therapy	Replaces Effective Policy Dated: N/A	
Reference #: MP/C009	Page:	2 of 2

RELATED CRITERIA/POLICIES:

Medical Management Process Manual [MI007 Use of Medical Policy and Criteria](#)

DOCUMENT HISTORY:

Created Date: 08/14/06
Reviewed Date:
Revised Date:

Medical Policy Table of Contents

Reference #	Description
C001	Court Ordered Mental Health & Substance Related Disorders Services <i>Revised</i>
C002	Cosmetic Surgery
C003	Criteria Management and Application <i>Revised</i>
C008	Oncology Clinical Trials Covered/Non-covered Services
C009	Medical Step Therapy <i>Revised</i>
D002	Diabetic Supplies
D004	Durable Medical Equipment, Supplies, Orthotics and Prosthetics
D007	Disability Determinations: Proof of Incapacity Requirements
D008	Dressing Supplies
E004	Enteral Nutrition Therapy
F006	FluMist <i>Revised</i>
G001	Genetic Testing
H003	Home Prothrombin Time Testing Devices
H004	Healthcares Services with Demonstrated Lack of Therapeutic Benefit
H005	Home Health Care
I001	Investigational/Experimental (Formerly MM/B010) <i>Revised</i>
I002	Infertility Treatment
N002	Nutritional Counseling
P004	Private Room
P007	Preparatory/Preoperative Blood Donation
P008	Medical Policy Documentation and Application <i>New</i>
R002	Reconstructive Surgery
S006	Screening Tests for Normal Risk Populations <i>Revised</i>
S008	Scar Revision
T002	Transition of Care for Continuity and Safety
T004	Therapeutic Overnight Pass
T005	Transfers to a Lower Level of Care for Rehabilitation from an Acute Care Facility
W001	Physician Directed Weight Loss Programs

Revised 09/26/06

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 are 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 PPO enrollees only when the employer group has contracted with PreferredOne for Medical Management services.

Medical Criteria Table of Contents

Click on description link to view the PDF

Reference #	Category	Description
A006	Cardiac/Thoracic	Ventricular Assist Devices (VAD) <i>Revised</i>
A007	Cardiac/Thoracic	Lung Volume Reduction
B002	Dental and Oral Maxillofacial	Orthognathic Surgery
C001	Eye, Ear, Nose, and Throat	Nasal Reconstructive Surgery <i>Revised</i>
C007	Eye, Ear, Nose, and Throat	Surgical Treatment of Obstructive Sleep Apnea <i>Revised</i>
C008	Eye, Ear, Nose, and Throat	Strabismus Repair (Adult and pediatric)
C009	Eye, Ear, Nose, and Throat	Cochlear Implant
C010	Eye, Ear, Nose, and Throat	Otoplasty
E008	Obstetrical, Gynecological & Urological	Uterine Artery Embolization (UAE)
E009	Obstetrical, Gynecological & Urological	Erectile Dysfunction Treatment
F014	Orthopaedic/Musculoskeletal	Percutaneous Vertebroplasty & Kyphoplasty
F015	Orthopaedic/Musculoskeletal	Electrical Stimulation for Treatment of Neck and Back Pain <i>New</i>
G001	Skin and Integumentary	Eyelid Surgery (Blepharoplasty & Ptosis Repair)
G002	Skin and Integumentary	Reduction Mammoplasty
G003	Skin and Integumentary	Panniculectomy/Abdominoplasty
G004	Skin and Integumentary	Breast Reconstruction <i>Revised</i>
G006	Skin and Integumentary	Gynecomastia Procedures
G007	Skin and Integumentary	Prophylactic Mastectomy <i>Revised</i>
G008	Skin and Integumentary	Hyperhidrosis Treatment
H003	Gastrointestinal/Nutritional	Bariatric Surgery
J001	Vascular	Treatment of Varicose Veins
L001	Diagnostic	Positron Emission Tomography (PET) Scan
L002	Diagnostic	Coronary Artery Calcium Scoring Without Contrast <i>Revised</i>

L003	Diagnostic	3D Interpretation Imaging (MRIs and CTs) <i>New</i>
M001	BH/Substance Related Disorders	Inpatient Treatment for Mental Disorders
M002	BH/Substance Related Disorders	Electroconvulsive Treatment (ECT): Inpatient Treatment
M004	BH/Substance Related Disorders	Day Treatment Program-Mental Health Disorder
M005	BH/Substance Related Disorders	Eating Disorders-Level of Care Criteria <i>Revised</i>
M006	BH/Substance Related Disorders	Partial Hospitalization Program (PHP)-Mental Health Disorder <i>Revised</i>
M007	BH/Substance Related Disorders	Residential Treatment
M008	BH/Substance Related Disorders	Outpatient Psychotherapy
M009	BH/Substance Related Disorders	Outpatient Chronic Pain Program Criteria
M010	BH/Substance Related Disorders	Substance Related Disorders: Inpatient Primary Treatment <i>Revised</i>
M014	BH/Substance Related Disorders	Detoxification: Inpatient Treatment <i>Revised</i>
M019	BH/Substance Related Disorders	Pathological Gambling Outpatient Treatment
M020	BH/Substance Related Disorders	Autism Spectrum Disorders Treatment
N001	Rehabilitation	Acute Inpatient Rehabilitation
N002	Rehabilitation	Skilled Nursing Facilities
N003	Rehabilitation	Occupational, Physical, and Speech Therapy: Outpatient Setting <i>Revised</i>
T001	Transplant	Bone Marrow Transplantation/Stem Cell Harvest (Autologous and Fetal Cord Blood)
T002	Transplant	Kidney/Pancreas Transplantation
T003	Transplant	Heart Transplantation <i>Revised</i>
T004	Transplant	Liver Transplantation
T005	Transplant	Lung Transplantation <i>Revised</i>
T006	Transplant	Intestinal Transplant

Revised 09/26/06



2007 Express Scripts National Preferred Formulary

A

ABILIFY (excluding Discmelt & solution)
 ACCU-CHEK ACTIVE KIT
 ACCU-CHEK ACTIVE test strips
 ACCU-CHEK ADVANTAGE KIT
 ACCU-CHEK ADVANTAGE test strips
 ACCU-CHEK AVIVA KIT
 ACCU-CHEK AVIVA test strips
 ACCU-CHEK COMFORT CURVE test strips
 ACCU-CHEK COMPACT KIT
 ACCU-CHEK COMPACT test strips
 ACCU-CHEK COMPLETE KIT
 acetaminophen w/codeine
 acetazolamide
 ACTIVELLA
 ACTIONEL, with calcium
 ACTOPLUS MET
 ACTOS
 acyclovir
 ADDERALL XR*
 ADVAIR DISKUS
 ADVICOR
 AGGRENOL
 albuterol
 ALLEGRA-D* (excluding 24 hours)
 ALOMIDE
 ALORA
 ALPHAGAN P
 ALTACE
 aluminum chloride
 amantadine
 AMBIEN* (excluding CR)
 aminophylline
 amitriptyline
 ammonium lactate
 amox tr/potassium clavulanate
 amoxicillin
 ANALPRAM-HC* (1% cream, 2.5% lotion)
 ANDRODERM
 ANDROGEL*
 antipyrine w/benzocaine
 apri
 aranelle
 ARANESP [INJ]
 ARICEPT
 ASACOL
 ASTELIN
 atenolol, -chlorthalidone
 AUGMENTIN XR
 AVANDAMET

AVANDARYL
 AVANDIA
 AVELOX
 aviante
 AVODART
 AXID solution only
 azathioprine
 azithromycin

B

benazepril, /hctz
 BENZACLIN
 benzonatate
 benzoyl peroxide
 betamethasone
 BETASERON [INJ]
 bisoprolol fumarate/hctz
 BRAVELLE [INJ]
 brimonidine tartrate
 bupropion, sr
 butalbital/apap/caffeine
 BYETTA [INJ]

C

camila
 CANASA
 captopril, /hctz
 carbamazepine
 carisoprodol
 cefadroxil
 cefpodoxime
 cefprozil
 cefuroxime
 CELEBREX
 CELLCEPT
 cephalixin
 cesia
 CETROTIDE [INJ]
 chloral hydrate
 chlorzoxazone
 cholestyramine
 choline mag trisalicylate
 chorionic gonadotropin [INJ]
 ciclopirox
 cilostazol
 cimetidine
 CIPRO HC
 CIPRODEX
 ciprofloxacin
 citalopram
 clarithromycin
 CLIMARA PRO
 clindamycin phosphate
 clobetasol propionate
 clomiphene citrate
 clonidine hcl
 clotrimazole/betamethasone
 clotrimazole troche
 COLAZAL*
 colestipol
 COMBIPATCH
 COMBIVENT

CONCERTA*
 COREG*
 COSOPT
 COZAAR
 CREON
 CRESTOR
 cromolyn sodium
 cryselle
 cyclobenzaprine hcl
 cyclosporine, modified
 CYMBALTA [SNRI]

D

DEPAKOTE
 desmopressin acetate
 desonide
 desoximetasone
 dextroamphetamine sulfate
 diclofenac sodium
 dicyclomine hcl
 DIFFERIN
 diflunisal
 diltiazem, extended release
 DIOVAN, HCT
 diphenhydramine
 dipyrindamole
 DITROPAN XL*
 doxepin hcl
 DUAC
 DYNACIRC CR

E

EDEX [INJ]
 EFFEXOR XR [SNRI]
 ELIDEL
 EMADINE*
 enalapril, hctz
 enpresse
 EPIPEN, JR [INJ]
 errin
 erythromycin
 erythromycin/benzoyl perox.
 estradiol, tds
 ESTRATEST, H.S.
 estropipate
 etidronate disodium
 etodolac
 EUFLEXA [INJ]
 EXELON

F

famotidine
 felodipine er
 fentanyl citrate
 fexofenadine
 FINACEA
 finasteride
 FLOMAX
 FLOVENT, HFA
 fluconazole
 fluocinonide
 fluorouracil
 fluoxetine hcl

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 prescription-drug 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 that it is subject to nonformulary status when a generic is available throughout the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

fluticasone nasal spray
 fluticasone propionate
 fluvoxamine maleate
 folic acid
 FOLLISTIM, AQ [INJ]
 FOLTZ
 FORADIL
 FORTEO [INJ]
 FOSAMAX, PLUS D
 fosinopril, /hctz

G

gabapentin
 GANIRELIX ACETATE [INJ]
 gemfibrozil
 gentamicin sulfate
 glimepiride
 glipizide, er, xl
 glipizide/metformin
 glyburide, micronized
 glyburide/metformin
 GONAL-F, RFF [INJ]
 guaifenesin w/pseudoephedrine

H

haloperidol
 HUMALOG [INJ]
 HUMATROPE [INJ]
 HUMIRA [INJ]
 HUMULIN [INJ]
 hydrochlorothiazide
 hydrocodone w/guaifenesin
 hydrocodone/acetaminophen
 hydrocortisone
 hydroxyurea
 hyoscyamine sulfate
 HYZAAR

I

ibuprofen
 imipramine
 IMITREX*
 indomethacin
 INNOPRAN XL
 INTAL inh
 ipratropium bromide
 isotretinoin
 itraconazole

J

jolivet
 junel, fe

K

kariva
 kelnor
 ketoconazole

L

labetalol hcl
 lactulose
 LAMISIL tabs*
 lamotrigine
 LANTUS Vials Only [INJ]
 leena
 lessina
 leucovorin
 leuprolide acetate [INJ]
 LEVAQUIN
 LEVEMIR Vials Only [INJ]
 LEVITRA
 levora
 levothyroxine sodium
 LEVOXYL
 LEXAPRO
 lisinopril, /hctz
 LOTEMAX
 LOTREL*
 lovastatin
 low-ogestrel
 LUMIGAN
 lutera

M

MAXAIR AUTOHALER
 meclizine hcl
 medroxyprogesterone acetate
 megestrol
 meloxicam
 MENEST
 MENOPUR [INJ]
 mercaptopurine
 MERIDIA*
 METANX
 metaproterenol
 metformin, er
 methocarbamol
 methotrexate
 methylphenidate hcl
 methylprednisolone
 metoclopramide hcl
 metolazone
 metoprolol, hctz
 METROGEL*
 metronidazole cream
 microgestin, fe
 mirtazapine, soltab
 mometasone
 mononessa
 morphine sulfate

N

nabumetone
 naproxen
 NASACORT AQ
 NASONEX
 neon
 neomycin/polymyxin/dexamethasone
 neomycin/polymyxin/hc
 NEXIUM
 NIASPAN

nifedipine er
 nitrofurantoin macrocrystal
 nizatidine
 nora-be
 nortrel
 NOVAREL [INJ]
 NOVOFINE 30
 NOVOLIN [INJ]
 NOVOLOG [INJ]
 NUTROPIN, AQ (excluding Depot) [INJ]
 nystatin
 nystatin w/triamcinolone

O

ofloxacin
 ogestrel
 OMACOR
 omeprazole
 OMNICEF*
 ONETOUCH BASIC SYSTEM
 ONETOUCH FASTTAKE
 ONETOUCH INDUO
 ONETOUCH PROFILE SYSTEM
 ONETOUCH II / Basic / Profile test strips
 ONETOUCH SURESTEP test strips
 ONETOUCH SURESTEP SYSTEM
 ONETOUCH ULTRA test strips
 ONETOUCH ULTRA SMART SYSTEM
 ONETOUCH ULTRA SYSTEM
 ONETOUCH ULTRA2 SYSTEM
 ONETOUCH ULTRAMINI SYSTEM
 orphenadrine citrate
 ORTHO EVRA
 ORTHO TRI-CYCLEN LO*
 oxybutynin chloride
 oxycodone w/acetaminophen
 OXYCONTIN
 OXYTROL

P

paroxetine
 PATANOL
 peg 3350/electrolyte
 PEGASYS [INJ]
 penicillin v potassium
 PENLAC
 PENTASA
 perphenazine
 phentermine hcl
 phenytoin sodium, extended

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2007 THROUGH DEC. 31, 2007. 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-name medication. Most generics are available at the lowest copayment.

You can get more information and updates to this document at our web site at www.express-scripts.com.

PHOSLO
 pilocarpine hcl
 PLAVIX*
 polymyxin b sul/
 trimethoprim
 portia
 PRANDIN
 pravastatin
 PRECISION SURE DOSE
 PRECISION XTRA
 prednisolone acetate
 prednisolone sodium
 phosphate
 prednisone
 PREGNYL [INJ]
 PREMARIN
 PREMPHASE
 PREMPRO
 PREVACID
 PREVACID NAPRAPAC
 previfem
 PREVPAC
 PROAIR HFA
 prochlorperazine
 PROCRT [INJ]
 promethazine hcl
 promethazine
 w/codeine
 promethazine w/dm
 PROMETRIUM
 propranolol hcl, w/hctz
 PROTOPIC
 PROVENTIL HFA
 pseudoephedrine
 w/chlorpheniramine
 PULMICORT

T

TAMIFLU
 tamoxifen
 TAZORAC
 TEGRETOL XR
 temazepam
 theophylline,
 anhydrous, er
 thioguanine
 thioridazine hcl
 thiothixene
 thyroid
 TILADE
 timolol maleate
 tobramycin sulfate
 TOPAMAX
 TOPROL XL*
 trazodone hcl
 tretinoin
 triamcinolone acetonide
 TRICOR
 trifluoperazine hcl
 trimethobenzamide
 trimethoprim
 trinessa
 tri-previfem
 tri-sprintec
 trivora
 TRUSOPT
 TUSSIONEX
 TWINJECT [INJ]

U

UNIPHYL
 urea
 UROXATRAL
 URSO, FORTE

V

VALTRES
 velivet
 venlafaxine
 VENTOLIN HFA
 verapamil hcl
 VERELAN PM
 VESICARE
 VIGAMOX
 VIVELLE, -DOT
 VOLTAREN ophthalmic
 VYTORIN

W

warfarin
 WELCHOL
 WELLBUTRIN XL*

X

XENICAL
 XOPENEX solution

Y

YASMIN
 YAZ

Z

ZADITOR
 ZETIA
 ZOFRAN, ODT*
 ZOMIG, ZMT
 zonisamide
 zovia
 ZYLET
 ZYMAR
 ZYPREXA
 (excluding Zydys)

Q

quinapril
 quinaretic
 QVAR

R

ranitidine
 REBIF [INJ]
 reclusen
 RENAGEL
 REPRONEX [INJ]
 RESTORIL (7.5mg)
 ribasphere
 ribavirin
 rimantadine
 RISPERDAL
 (excluding M-tabs)

S

SAIZEN [INJ]
 salsa late
 selenium sulfide
 SEREVENT DISKUS
 serophene
 SEROQUEL
 sertraline
 simvastatin
 SINGLAIR
 SKELAXIN*
 sodium sulfacetamide/
 sulfur
 solia
 SPIRIVA
 sronyx
 STARLIX
 STRATTERA
 SULAR
 sulfacetamide sodium
 sulfasalazine
 SYMLIN [INJ]

Examples of Nonformulary Medications With Selected Formulary Alternatives

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

Column 1 lists examples of nonformulary medications.
 Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singlair	LEVEMIR flexpen	Lantus vials, Levemir vials
ACEON	Generic Ace Inhibitor, Altace	LEXCEL	Lotrel*
ACIPHEX	omeprazole, Nexium, Prevacid	LIPITOR	lovastatin, pravastatin, simvastatin, Crestor,
ACULAR, LS, PF	Voltaren Ophthalmic		Vytorin
AEROBID, IM	Flovent/HFA, Pulmicort, Qvar	LOCOID	hydrocortisone
ALAMAST	cromolyn sodium, Alomide, Emadine*, Patanol,	LOFIBRA	gemfibrozil, Tricor
	Zaditor	LOPROX	ciclopirox
ALLEGRA	fexofenadine	LUNESTA	Ambien* (excluding CR)
ALOCRIL	cromolyn sodium, Alomide, Emadine*, Patanol,	MAVIK	Generic Ace Inhibitor, Altace
	Zaditor	MAXALT.MLT	Imitrex*, Zomig/ZMT
ALREX	Generic steroids	MAXAQUIN	ciprofloxacin, ofloxacin, Avelox, Levaquin
ALTOPREV	lovastatin, pravastatin, simvastatin, Crestor,	MENOSTAR	Generic patches, Alora, Vivelle/-Dot
	Vytorin	METADATE CD	methylphenidate, Concerta*
AMARYL	glimepiride	METAGLIP	glipizide/metformin
AMBIEN CR	Ambien* (non-CR)	MICACALCIN NASAL	fortical, Actonel, Fosamax
AMERGE	Imitrex*, Zomig/ZMT	MICARDIS	Cozaar, Diovan
ANTARA	gemfibrozil, Tricor	MICARDIS HCT	Diovan HCT, Hyzaar
ANZEMET	Zofran*	MOBIC	meloxicam
APIDRA	Humalog, Novolog	MUSE	Edex, Levitra
ASCENSIA	Accu-Chek, OneTouch	NASAREL	fluticasone, Nasacort AQ, Nasonex
ASMANEX	Flovent/HFA, Pulmicort, Qvar	NEVANAC	Voltaren Ophthalmic
ATACAND	Cozaar, Diovan	NORTRIPTOPIN	Humatrope, Nutropin/AQ, Saizen
ATACAND HCT	Diovan HCT, Hyzaar	NORTRIATE	metronidazole cream
AVALIDE	Diovan HCT, Hyzaar	NORXIN	ciprofloxacin, ofloxacin, Avelox, Levaquin
AVAPRO	Cozaar, Diovan	NORVASC	felodipine er, nifedipine extended release,
AVITA	tretinoin, Differin		Dynacirc CR, Sular
AXERT	Imitrex*, Zomig/ZMT	NUTROPIN DEPOT	Humatrope, Nutropin/AQ, Saizen
AZELEX	tretinoin, Differin	NUVARING	Generics, Ortho-Evra, Ortho Tri-Cyclen Lo*,
AZMACORT	Flovent/HFA, Pulmicort, Qvar		Yasmin, Yaz
AZOPT	brimonidine tartrate, Alphagan P, Cosopt,	OPTIVAR	cromolyn sodium, Alomide, Emadine*, Patanol,
	Trusopt		Zaditor
BECONASE AQ	fluticasone, Nasacort AQ, Nasonex	ORAPRED	prednisolone soln
BENICAR	Cozaar, Diovan	QVIDREL	chorionic gonadotropin, Novarel
BENICAR HCT	Diovan HCT, Hyzaar	PAXIL	paroxetine
BENZAMIDINE, PAK	erythromycin/benzoyl peroxide	PAXIL CR	paroxetine (immediate release), citalopram,
BETIMOL	betaxolol, timolol, other generics		fluoxetine (daily), sertraline, Lexapro
BIAXIN, XL	clarithromycin	PEDIAPRED	prednisolone soln
BONIVA, tab	Actonel, Fosamax	PEG-INTRON, REDIPEN	Pegasys
CADUET	CCB + HMG combination - CCB - felodipine er,	PHENYTEK	phenytoin sodium extended release
	nifedipine er, Dynacirc CR, Sular,	PLENID	felodipine er
	HMG - simvastatin, Crestor	PLEXION, TS, SCT	sulfacetamide sodium/sulfur sublimed
	nifedipine extended release, felodipine er,	PRAMOSONE	lidocaine-hc
	Dynacirc CR, Sular	PRAVACHOL	pravastatin
	diltiazem extended release, Verelan PM	PRECISION QID, PCX	Accu-check, OneTouch
	Edex, Levitra	PREFEST	Activella, Prempro/Premphase
	amox tr/potassium clavulanate, Augmentin XR,	PRIOLOSEC	omeprazole
	Omnicef*	PROSCAR	finasteride
	CEFFIL	PROTONIX	omeprazole, Nexium, Prevacid
	cefprozil	PROTROPIN	Humatrope, Nutropin/AQ, Saizen
	citalopram	PROZAC WEEKLY	fluoxetine (daily), citalopram, paroxetine,
	Menest, Premarin		sertraline, Lexapro
	Generic vitamin supplement	QUIXIN	ciprofloxacin, ofloxacin, Vigamox, Zymar
	Levitra	RELENZA	amantadine, Tamiflu
	ciprofloxacin eye drops	RELPAK	Imitrex*, Zomig/ZMT
	ciprofloxacin, ofloxacin, Avelox, Levaquin	RESTORIL	temazepam
	fexofenadine	(excluding 7.5mg)	
	Allegra-D 12 hour*	RETIN-A MICRO	tretinoin, Differin
	estradiol tabs, Alora, Vivelle/-Dot	RHINOCORT AQUA	fluticasone, Nasacort AQ, Nasonex
	verapamil extended release, Verelan PM	RISPERDAL M-TAB	Risperdal (non M-tabs)
	cesia, velivet	RITALIN LA	methylphenidate, Concerta*
	oxybutynin, Ditropan XL*, Vesicare	ROZEREM	Ambien* (excluding CR)
	edronate	RYNATAN	Allegra-D 12-hour*
	Asacol, Colazal*, Pentasa	SANCTURA	oxybutynin, Ditropan XL*, Vesicare
	feintanyl citrate	SEASONALE	levora, portia (continuous regimen)
	felodipine er, nifedipine extended release,	SKELID	Actonel, Fosamax
	Dynacirc CR, Sular	SOF-TACT	Accu-Chek, OneTouch
	venlafaxine	SONATA	Ambien* (excluding CR)
	cromolyn sodium, Alomide, Emadine*, Patanol,	SPORANOX caps, kit	itraconazole
	Zaditor	SUPRAX	amox tr/potassium clavulanate, Augmentin XR,
	oxybutynin, Ditropan XL*, Vesicare		Omnicef*
	Menest, Premarin	SYMBYAX	fluoxetine+Zyprexa (non-Zydys)
	Aranesp, Procrit	SYNTHROID	levothyroxine sodium, Levovox
	Generic antifungal	SYNISC	supartz, Euflexa
	Generic patches, Alora, Vivelle/-Dot	TARKA	verapamil+ACE inhibitor, Lotrel*
	Generic patches, Alora, Vivelle/-Dot	TESTIM	Androderm, Androgei*
	Generic patches, Alora, Vivelle/-Dot	TEVETEN	Cozaar, Diovan
	ciprofloxacin, ofloxacin, Avelox, Levaquin	TEVETEN HCT	Diovan HCT, Hyzaar
	acyclovir, Valtrex	TEV-TROPIN	Humatrope, Nutropin/AQ, Saizen
	Activella, Prempro/Premphase	TOBRADEX	Zylet
	Menest, Premarin	TOFRANIL-PM	imipramine tabs
	Bravelle, Follistim, AQ, Gonal-F/RF	TRAVATAN	Lumigan, Xalatan
	Generic steroids, Lotemax	TRIGLIDE	gemfibrozil, Tricor
	methylphenidate, Concerta*	ULTRASE, MT	amylase/lipase/protease
	Phoslo, Renagel	UNIRETIC	benazepril/hctz, enalapril/hctz, fosinopril/hctz,
	Accu-Chek, OneTouch		lisinopril/hctz, quinaretic
	Imitrex*, Zomig/ZMT	VANTIN suspension	amox tr/potassium clavulanate, Omnicef*
	Humatrope, Nutropin/AQ, Saizen	VANTIN tabs	cefepodoxime
	Ability regular tabs, Risperdal (non M-tabs),	VELOX	Generic steroids, Lotemax
	Seroquel, Zyprexa (non-Zydys)	VIAGRA	Levitra
	Accu-Chek, OneTouch	WELLBUTRIN SR	bupropion sr
	Prevac	XIBROM	Voltaren Ophthalmic
	brimonidine tartrate, Alphagan P, Cosopt,	ZEGERID	omeprazole, Nexium, Prevacid
	Trusopt	ZITHROMAX	azithromycin
	timolol maleate	ZOCOR	simvastatin
	clarithromycin, erythromycin	ZOLOFT	sertraline
	lactulose	ZYPREXA ZYDIS	Zyprexa (non-Zydys)
	Zofran*	ZYRTEC	fexofenadine
	Lantus vials, Levemir vials	ZYRTEC-D	Allegra-D 12 hour*
	lovastatin, pravastatin, simvastatin, Crestor,		
	Vytorin		

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-name 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 JAN. 1, 2007 THROUGH DEC. 31, 2007. 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-name medication. Most generics are available at the lowest copayment.

You can get more information and updates to this document at our web site at www.express-scripts.com.



2007 ESI National Preferred formulary

Additions 2007:

Drug
Activella
Actoplus Met
Actos
Benzaclin
Colazal
Levemir vials only
Protopic
Uroxatral

CPC Deletions 2007:

Drug	Alternative
Clarinet	fexofenadine
Metadate CD/ER	methylphenidate, Concerta
Prefest	Activella, Prempro/Premphase
Sonata	temazepam, Ambien (non-CR)
Synvisc	supartz, Euflexxa

Generic product Deletions 2007:

Drug	Alternative
prascion cleansing cloths	prascion liquid cleanser

Multi Source Brand Deletions 2007:

Drug	Alternative
Aloprim	allopurinol sodium 500 mg vial
Augmentin 250-125 mg	amox tr-k clv 250-125 mg
Carbocaine vial	polocaine 1% vial
Carnitor 1gm/5ml vial	levocarnitine
Cleocin vaginal cream	clindamycin vaginal
Clindamax vaginal	clindamycin vaginal
Colestid	colestipol
Copegus	ribasphere, ribavirin 200 mg
Detuss	hydron psc liquid
Dialyte Lm W/Dextrose 2.5% & W/Dextrose 4.25%	delflex w/dextrose
Dianeal W/Dextrose 4.25%	delflex w/dextrose
Dianeal PD-2 W/Dextrose	delflex w/dextrose
Dilaudid 1 & 2 mg ampule	hydromorphone

Drug	Alternative
Dostinex	cabergoline
Effexor	venlafaxine
Entuss	prolex dh,hydnone
Eskalith,CR	lithium carbonate,er
Folbee Plus	dexfol tablet
Inpersol W/Dextrose	delflex w/dextrose
Isotonic Gentamicin Sulfate	gentamicin/sodium chloride
Lithobid	lithium carbonate er 300 mg
M.T.E.-5	multitrace-5 conc vial
Mebaral	mephobarbital
Metadate ER 10 mg	methylin er 10 mg tablet sa
Metro lotion	metronidazole 0.75% lotion
Novantrone	mitoxantrone hcl
Nydrazid	isoniazid
Osmitol	mannitol
OTN Pamidronate vial	pamidronate
Otogesic	ear-gesic drops
Plavix	clopidogrel
Re-Tann	carb pseudo-tan suspension
Retrovir	zidovudine
Terazol 3	terconazole 80 mg suppository
Tridesilon 0.05% cream	desonide 0.05% cream
Urocit-K	potassium citrate er
Zithromax suspension/IV	azithromycin
Zonegran	zonisamide

PreferredOne Quality Complaint Report

Requirement: MN Rules 4685.1110 and 4685.1900 require the collection and analysis of quality of care complaints including those which originate at the clinic level. Complaints directed to the clinic are to be investigated and resolved by the clinic, whenever possible.

Definition: Quality complaints are defined as concerns regarding access, communication, behavior, coordination of care, technical competence, appropriateness of service and facility/environment concerns.

Frequency: The clinics must report to PreferredOne on a quarterly basis during January, April, July and October for the preceding three months. Please keep a copy in your files.

Clinic _____ Location _____
 Completed by _____ Phone # _____

Reporting Period: ? Jan-March ? April-June ? July-Sept ? Oct-Dec Current Date _____

Date Received	Occurrence Date	Written (W) Verbal (V)	Member Name	Date of Birth	Issue	Date and Summary of Resolution

Send report to Quality Management Department, PreferredOne, 6105 Golden Hills Drive, Golden Valley, MN 55416 or
 FAX 763-847-4010 or E-mail quality@preferredone.com.