

PreferredOne®

UPDATE *A Newsletter for PreferredOne Providers & Practitioners*

June 2010

Happenings at PreferredOne

John Frederick, M.D.

During this time of health care reform, I would like to step back from the turmoil to celebrate some significant events for PreferredOne. In 2009, PreferredOne celebrated its 25th anniversary. Even more remarkable, in May of this year, Marcus Merz is celebrating his 25th year as CEO of PreferredOne entities. He has been the only CEO that PreferredOne has had, which would be a remarkable achievement in any industry, but even more impressive in health care management. Marcus has successfully guided PreferredOne through many transitions, from the initial PPO to the present day fully-insured plans and third party administration services.



In other news, PreferredOne has been named one of the Top Workplaces in the Twin Cities metro area based on an employee-based survey project from the Star Tribune. The Star Tribune Top Workplaces special section was published in the Star Tribune on Sunday, June 20. Over 1,000 organizations were invited to participate in the survey, and over 33,000 employees shared their views. One hundred companies have been selected as Top Workplaces, and we are honored to be included.

PreferredOne has received the top spot #1 in the latest MMGMA Payor Survey.

You Are Invited to the 3rd Annual 2010 PreferredOne Provider Forum

We are pleased to invite PreferredOne Providers to visit us here at PreferredOne for a Provider Forum and continental breakfast on **Tuesday, September 14, 2010**. Sign-in from 7 to 7:30 a.m. and program will be from 7:30 to 8:30 a.m.


This is a great opportunity for you to hear the PreferredOne updates, learn about our membership, get the first look at new policies, and give input on upcoming issues. This forum will keep you up to date with all that is happening at PreferredOne in this ever changing healthcare industry. We will have a special Q & A session to hear your feedback and answer any questions you might have for us. To RSVP, please visit www.PreferredOne.com, click on "For Providers" in the side menu bar on the home page. Once in the Login/Registration page, click on "2010 PreferredOne Provider Forum RSVP" and submit your email address by September 1, 2010 or simply click [HERE](#) to be taken directly to the page. We hope to see you here!

<i>In This Issue:</i>	
<i>Network Management</i>	
Pricing & Analytics Update	Page 2
Coding Update	Page 3-4
<i>Integrated Healthcare Services</i>	
Pharmacy Update	Page 5-6
Medical Policy Update	Page 6-8
Quality Management Update	Page 8-9
<i>Exhibits</i>	
Pricing & Payment Policy	Exhibit A
Pharmacy Policy & Criteria TOC	Exhibit B-C
Medical & Chiro Policy & Criteria TOC	Exhibits D-F

PreferredOne
6105 Golden Hills Dr.
Golden Valley, MN 55416

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

CLAIM ADDRESSES:

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

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

PreferredOne PPO
PO Box 1527
Minneapolis, MN 55440-1527

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

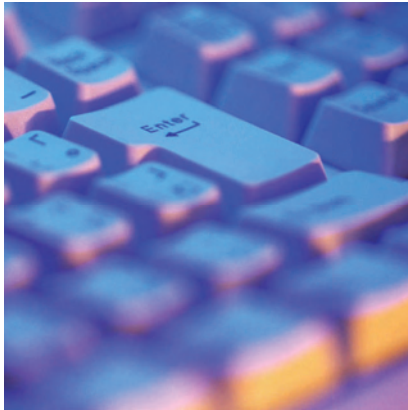
PreferredOne Community Health Plan (PCHP)
PO Box 59052
Minneapolis, MN 55459-0052

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

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

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

Electronic Initial Credentialing Required



Effective September 1 2010, PreferredOne will require contracted practitioners/clinics to submit Initial Minnesota Uniform Credentialing Applications electronically through the Minnesota Credentialing Collaborative (MCC) (aka ApplySmart).

Minnesota Credentialing Collaborative

The MCC is a centralized, web-based clearinghouse for information used in the credentialing process. The product is an online, easy-to-use way to prepare, save and send the (MN Uniform) credentialing application that is accepted by plans, hospitals and other providers. The MCC is sponsored by the Minnesota Medical Association, Minnesota Hospital Association and the Minnesota Council of Health Plans. The cost is \$25 per practitioner per year.

It's Time!

In 2006, the MMA surveyed practitioners and credentialing staff about the credentialing process. Over 400 responded to the survey. The chief complaints cited were (1) the time it takes to complete forms, (2) duplication of information, (3) individualized forms by health plans and hospitals, (4) the need to complete the same information year after year, (5) meaningless information needing to be tracked, (6) delays in credentialing new hires, and (7) poor follow-up. Respondents recommended a solution that was simple, electronic, uniform, quick, and centralized.

Reason to Begin with Initial Applications

Initial credentialing applications are likely to be submitted to several health plans and hospitals simultaneously. This is in contrast to submitting re-credentialing applications to health plans and hospitals who are all on different re-credentialing cycles. For the clinic or the practitioner, submitting the initial application electronically will begin the practice of completing only one application.

Practitioner/Clinic Advantages

One of the advantages of submitting applications electronically is once a provider's data is entered; the information is stored and can be repeatedly sent without re-entry of information. This eliminates the need to fill out a separate application for each health plan and hospital. Other benefits include:

- Reducing errors – The system checks to make sure all required data has been entered
- Securing data – Data is stored in a secure database controlled by the provider
- Saving time – Drop-down lists make it easy to complete the application

Get Started

You can start the registration process by logging onto www.mncred.org If you have questions you may contact the MCC at 612-360-9793.

Pricing & Analytics Update

Please see attached (**Exhibit A**) updated pricing and payment policy “RVU Status Indicators for Professional Services.” Some of the codes have been removed from the list.

Coding Update

Investigational Services

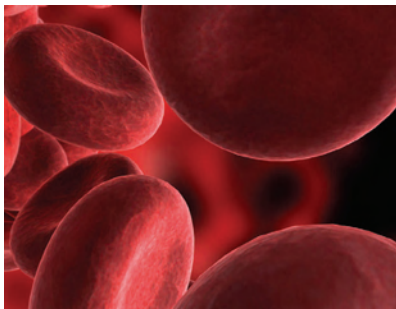
New to the investigational list are the following services which will be denied when reported:

- Home Tocolytic Therapy
- Home Uterine Activity Monitoring (HUAM)

As a reminder, all home health and home I.V. therapy must be prior authorized

- Saliva and Urine Neurotransmitter Testing
- Salivary Hormone Testing
- Subtalar Joint Arthroereisis and Impant (e.g., Maxwell-Brancheau or HyProCure Sinus Tarsi) for flexible flat foot (pes planus) syndrome in children,
- Horizontal Therapy
- Carotid Intima-Media Thickness (CIMT Study for accessing CHD risk
- Chemo Sensitivity and Chemo Resistance Assays
- Dynamic Stretching Devices/Splinting, (low load progressive stretch) for forearm, ankle, toe and shoulder

A more comprehensive list of services considered to be investigational can be found on PreferredOne's website under the heading Information/ then Medical Policy.



Platelet Rich Plasma Injection Is On The Investigational List

This procedure involves collecting a small amount of blood from the patient. Using a centrifuge machine the blood is separated out to a small amount of fluid. This concentrate is then mixed with activating agents and injected back into the patient's own tissue. The centrifuge machine used to separate the blood has been distributed by companies making joint replacements.

Platelet Rich Plasma injections have been **inappropriately** submitted with the following codes: **Do not** submit the following for platelet rich plasma injections:

- CPT 36514 Plasma Pheresis. Therapeutic plasma pheresis is a completely different type of procedure than PRP.
- 36513 Platelet Pheresis
- 64470, 64472, 64476 (now deleted codes)
- 64490-64495 New 2010 Codes
- 76942 Ultrasound Guidance, Needle Placement
- 20551, 20553, 20550, 20926 injections
- 77002 Fluoroscopic Guidance
- 77012 CT Guidance
- 77021 Magnetic Resonance Guidance

Page 4...

...Cont'd from page 3

- 86965 Pooling of Platelets or Other Blood Products
- 86985 Splitting of Blood or Blood Products
- J3590 Unlisted Biologic
- 27307 Tenotomy hamstrings
- 23405 Tenotomy shoulder
- 27605 Tenotomy achilles tendon
- 20610 Arthrocentesis
- 20926 Tissue Grafting

Platelet Rich Plasma injections are considered investigational and will be denied as member responsibility under the following circumstances. Patients must be issued an advanced beneficiary notice of non-coverage and an explanation of the total cost of the procedures. If member has been informed this is a non-covered service and has signed an ABN, the modifier GA should be appended to the following CPT codes:



Coding Services before July 1, 2010—Platelet Rich Plasma injections

- Only **one service** should be reported regardless of the number of injections or services provided. Use unlisted musculoskeletal CPT code 20999 with GA modifier. Add the explanation PRP.

Coding Services beginning July 1, 2010—Platelet Rich Plasma injections

- The AMA has released temporary code 0232T for services rendered beginning July 1, 2010. Description reads: Injection(s), platelet rich plasma, **any tissue, including image guidance, harvesting and preparation when performed.**
- Only one code 0232T should be submitted, no matter how many injections are given. Units box should = 1 unit

Services will be denied as investigational, requires ABN and modifier GA

Lipoma Removal Requires Prior Authorization

Lipomas removed in the outpatient hospital setting or inpatient setting and/or under general anesthesia require prior authorization.

See complete policy regarding these guidelines MC/G010 Lipoma Removal

Units for DME Monthly Rental

Most DME equipment is rented by the month. Some equipment is rented by the day, per HCPCS code description. DME rental for a month should be reported **with 1 unit** per rental period unless the code is specific to per day.

We have seen a surge in claims for inappropriate monthly rental with upwards of 30 - 31 units. This causes an incorrect payment and results in recoupment from the provider.



Pharmacy Update

Online Medication Request Forms

Providers and office staff can now submit medication request forms to PreferredOne online at www.PreferredOne.com. **Clinic on:** For Providers > Pharmacy Resources > Pharmacy Medication Request Form – Online Submission. Advantages of Online Submission:

- Offices can track the status of requests from the minute they are submitted to PreferredOne
- Reduces the number of requests received that are incomplete, which reduces the overall turn around time needed to complete a review
- Reduces legibility/handwriting errors
- Office staff no longer needs to be registered with the PreferredOne website in order to use the online form
- Eliminates lost or misplaced submitted forms

In the near future, we will no longer accept the paper medication request forms and you will be required to use our online form submission process.

If you have any questions about the online medication request form, please contact the Pharmacy Department at Pharmacy@preferredone.com.

Pharmacy Information on the PreferredOne Provider Web Page

Providers without login access to the PreferredOne website can now view pharmacy benefit information that impacts PreferredOne members.

The PreferredOne Pharmacy department has added a new link to the PreferredOne web page for providers. Within the "Pharmacy Resources - Drug Formulary" box you can access the following information:

- 2009 Express Scripts National Preferred Formulary - (This information applies only to those members with Express Scripts as their Pharmacy Benefit Manager)
- Medication Request Forms – Contains **updated** Medication Request Forms
- Pharmacy Policy & Criteria

Pharmacy Information Available Upon Request

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

Pharmacy Policy and Criteria

The PreferredOne Pharmacy and Therapeutics Quality Management Subcommittee has approved or been informed of the following (**Exhibits B-C**):

Four (4) New Pharmacy Criteria Were Developed

- Antidepressant Step Therapy: effective 6/1/2010
 - Incorporates the major antidepressant classes into one criterion; requires trial of generic(s) before brand
 - No longer allowing a specialty bypass for psychiatrists *Page 6...*

Medical Management

...Cont'd from page 5

- Fibric Acid Step Therapy
 - Requires trial of generic(s) before brand
- Multiple Sclerosis Drugs
 - Requires trial of injectable(s) before infusible
 - No longer allowing a specialty bypass for neurologists
- Tramadol Step Therapy
 - Requires trial of generic(s) before brand

Seven (7) Pharmacy Criteria Were Retired

- ACE Inhibitors Step Therapy: Notification still required for claims payment
- Antiviral Step Therapy: Due to generic availability of Valtrex, a step therapy program is no longer required
- Beta Blocker Step Therapy: Notification still required for claims payment
- Dihydropyridine Calcium Channel Blocker Step Therapy: Notification still required for claims payment
- Kuvan: Due to low volume of requests and lack of impact
- Other Antidepressants (non SSRI) Step Therapy: effective 6/1/2010, these classes of medications were incorporated into new Antidepressant Step Therapy criterion
- SSRI Step Therapy: Effective 6/1/2010, this class of medications was incorporated into new Antidepressant Step Therapy criterion

One (1) new Pharmacy Related Medical Policy Was Created

- Backdating of Prior Authorizations

- *No new Pharmacy Related Medical Policies Were Retired*

- *No additions or deletions to the Pharmacy Investigational/Unproven Comparative Effectiveness List*

Biologics for Inflammatory Conditions (Rheumatoid Conditions, Crohns Disease, Plaque Psoriasis) – Coming soon!

- Incorporates into the current Prior Authorization criteria certain dosing guidelines and continues the concept of injectable(s) before infusible
- Removal of specialty bypass for rheumatologists, gastroenterologists, and dermatologists

Medical Policy Update



Medical Policy documents are available on the PreferredOne website to members and to providers without prior registration. The website address is www.preferredone.com. Click on Health Resources and choose Medical Policy from the menu.

PreferredOne uses Milliman Care Guidelines as an additional tool to support the Integrated Healthcare Services staff in making medical necessity determinations. Milliman is a national vendor for care guidelines. Our on-going evaluation of the guidelines continues. If both Milliman and PreferredOne have criteria for the same healthcare service, we compare the two criteria sets

Page 7...

...Cont'd from page 6

to assess if we will continue to follow PreferredOne criteria or adopt Milliman Care guidelines. If we chose to adopt a Milliman Care Guideline, the PreferredOne criterion is retired.

The Behavioral Health, Chiropractic, Medical/Surgical, and Pharmacy and Therapeutics Quality Management Subcommittees approve new criteria sets for use in their respective areas of Integrated Healthcare Services. Quality Management Subcommittee approval is not required when there has been a decision to adopt Milliman Care Guidelines, to retire PreferredOne criterion or when Medical Policies are created or revised; approval by the Chief Medical Officer is required. Notification of these actions is brought to the Quality Management Subcommittees as informational only. Milliman Guidelines cannot be posted on our website, however, copies of individual guidelines are available upon request.

Since the last newsletter, the Behavioral Health Quality Management Subcommittee has approved or been informed of the following:

- No new or retired Behavioral health criteria sets
- One new Behavioral health policy:
 - Court Ordered Substance Related Disorder Services: Developed to address court ordered treatment for this condition separately from court ordered mental health services
- No retired Behavioral health policies

Since the last newsletter, the Chiropractic Quality Management Subcommittee has approved or been informed of the following:

- No new Chiropractic criteria sets
- Two new Chiropractic policies:
 - CPB I001 Infant Care: Developed to define what is appropriate chiropractic care for infants (defined as ages birth to 24 months)
 - CPB MPI001 Measurable Progressive Improvement: Developed based on questions from Providers regarding how this is assessed
- No retired Chiropractic policies

Since the last newsletter, the Medical/Surgical Quality Management Subcommittee has approved or been informed of the following:

- Two new Medical/Surgical criteria sets:
 - MC/G010 Lipoma Removal: Developed to have explicit criteria that differentiates the medical necessity indications from the cosmetic reasons for lipoma removal
 - MC/L010 Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes and BRCA Analysis Rearrangement Testing (BART): Developed due to increasing requests for services and the desire for PreferredOne to transition from a coverage policy position to adoption of formal medical necessity criteria
- One retired Medical/Surgical criteria set:
 - MC/F021 Bone Growth Stimulators: This was replaced with a Milliman criteria set that meets the local community standard of care, negating the need to maintain PreferredOne specific criteria for this treatment
- No new or retired Medical/Surgical related medical policies
- Nine additions to the Investigational/Unproven Comparative Effectiveness List:
 - Carotid Intima-Media Thickness (CIMT) Study for assessing CHD risk
 - Chemo Sensitivity and Chemo Resistance Assays
 - Dynamic Stretching Devices/Splinting (low load progressive stretch) for forearm, ankle, toe, and shoulder
 - Home Tocolytic Therapy *Page 8...*

...Cont'd from page 7

- Home Uterine Activity Monitoring (HUAM)
- Horizontal Therapy
- Salivary Hormone Testing
- Subtalar Joint Arthroereisis and Implant (e.g. Maxwell-Brancheau or HyProCure Sinus Tarsi) for flexible flat foot (pes planus) syndrome in children
- Saliva and Urine Neurotransmitter Testing
- One deletion to the Investigational/Unproven Comparative Effectiveness List
 - Dynamic Adjustable Splint - Knee

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

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

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

Quality Management Update

Affirmative Statement about Incentives

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

Minnesota Community Measurement - Release of the 2009 Health Care Quality Report

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

- Reporting the results of health care quality improvement efforts in a fair and reliable way to medical groups, regulators, purchasers and consumers.
- Providing resources to providers and consumers to improve care.
- Increasing the efficiencies of health care reporting in order to use our health care dollars wisely.

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

MNCM released their 2009 Health Care Quality Report on their website during the first quarter of 2010. The 2009 Health Care Quality report features comparative provider group performance on preventive care screening and chronic disease care. *Page 9...*

...Cont'd from page 8

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 MNMCM website also provides consumers with information regarding their role as active participants in their own care. Visit the MNMCM website site to view the 2009 annual report at www.mnhealthscores.org.

Do You Have a Doctor Who is not Accepting New Patients?



PreferredOne is requesting all physicians to submit information regarding acceptance of new patients. If you are a clinic site that has a physician who is **not accepting new patients** you can go to PreferredOne.com, select For Providers, login, select Your Clinic Providers and edit the Accepting New Patients information for your provider. Our provider directories will be updated with this information.

If you are unable to access the provider secured website, please send an alert to PreferredOne by electronic mail to Quality@PreferredOne.com. We would ask that you include your clinic(s) site name and address, the practitioner(s) name and NPI number for those no longer accepting new patients and the contact information for the individual sending us the notification, in case we have questions.

PreferredOne

DEPARTMENT:	Pricing and Payment	APPROVED DATE:	4/1/2010
POLICY DESCRIPTION:	RVU Status Indicators for Professional Services		
EFFECTIVE DATE:	4/1/2010		
PAGE:	1 of 1	REPLACES POLICY DATED:	1/1/2010
REFERENCE NUMBER:	007	RETIRED DATE:	

SCOPE: Network Management, Customer Service Department for PreferredOne, PreferredOne Community Health Plan and PreferredOne Administrative Services, Inc, Medical Management, Claim Department for PreferredOne Community Health Plan, PreferredOne Administrative Services, PPO claims, Model Office, and PreferredOne Participating Providers

PURPOSE: Identify services that are not separately payable as defined by Centers of Medicare and Medicaid (CMS)

DEFINITIONS: Per CMS, Status Code of B = Bundled Code. Payment for covered services are always bundled into payment for other services not specified. (An example is a telephone call from a hospital nurse regarding care of a patient).

POLICY: PreferredOne will not allow separate payment for codes that are assigned the RVU Status "B" as published in the Federal Register for Physician Services.

PROCEDURE:

- 1) Any code submitted that has a status code of B assigned will not be separately payable and will be provider liability.
- 2) Any code with a status code of B that has an RVU value assigned or PreferredOne deems to be an exception, will be exempt from the policy.
- 3) If this policy conflicts with any language in the Summary Plan Description (SPD) or Certificate of Coverage (COC), the SPD/COC will supersede this policy.
- 4) See list below of codes that applies to this policy. This list will be reviewed on a periodic basis by PreferredOne.

A4262 Temporary tear duct plug
A4263 Permanent tear duct plug
A4270 Disposable endoscope sheath
A4300 Cath impl vasc access portal
A4550 Surgical trays





























G0269 Occlusive device in vein art
Q3031 Collagen skin test
R0076 Transport portable EKG
22841 Insert spine fixation device
91123 Irrigate fecal impaction
92531 Spontaneous nystagmus study
92532 Positional nystagmus test
92533 Caloric vestibular test
92534 Optokinetic nystagmus test
92605 Eval for nonspeech device rx
92606 Non-speech device service
97602 Wound(s) care non-selective
99001 Specimen handling
99002 Device handling
99024 Postop follow-up visit
99070 Special supplies
99071 Patient education materials
99080 Special reports or forms
99090 Computer data analysis
99288 Direct advanced life support
36416 Capillary blood draw
99050 Medical services after hrs
99051 Med serv, eve/wkend/holiday
99053 Med serv 10pm-8am, 24 hr fac
99056 Med service out of office
99058 Office emergency care
99060 Out of office emerg med serv

REFERENCES:

Exhibit B

Pharmacy Criteria Table of Contents

Click on description link to view the PDF

Reference #	Description
A002	Oral Antifungal Therapy: Lamisil & Sporanox  <i>Revised</i>
A003	Combination Beta2-Agonist Inhalers 
A004	Antihistamines Step Therapy  <i>Revised</i>
B003	Botulinum Toxin 
B004	Biologics for Rheumatoid Arthritis/Psoriatic Arthritis & JRA 
B005	Biologics for Plaque Psoriasis: Amevive, Enbrel, Humira, Remicade, & Stelara 
B006	Biologics for Inflammatory Bowel Diseases: Humira (adalimumab), Remicade (infliximab) & Tysabri (natalizumab) 
B009	Bisphosphonates Step Therapy  <i>Revised</i>
C002	Cyclooxygenase-2 (COX-2) Inhibitors (Celebrex) 
C003	Topical Corticosteroids Step Therapy 
D003	Diabetic Drugs Step Therapy  <i>Revised</i>
E001	Erectile Dysfunction Medications 
F001	Fenofibrate Step Therapy 
G001	Growth Hormone Therapy 
H001	HMG - CoA Reductase Inhibitor 
I001	Topical Immunomodulators Step Therapy: Elidel & Protopic  <i>Revised</i>
I002	Immune Globulin Intravenous Therapy (IGIV) or Intravenous Immune Globulin Therapy (IVIG) 
L002	Leukotriene Pathway Inhibitors Step Therapy 
L003	Lyrica Step Therapy 
M001	Multiple Sclerosis Drugs: Avonex, Betaseron, Copaxone, Extavia, Novantrone, Rebif, Tysabri  <i>New</i>
N002	Nasal Steroids Step Therapy 
O001	Overactive Bladder Medication Step Therapy 
P001	Proton Pump Inhibitor (PPI) Step Therapy 
S002	Selective Serotonin Reuptake Inhibitors (SSRIs) Step Therapy 
S003	Sedative Hypnotics Step Therapy 
S004	Antidepressant Step Therapy for Adults - non SSRI 
T002	Tramadol Step Therapy 
W001	Weight Loss Medications 

Revised 11/19/08



Quick Links:
[Chiropractic Policies](#)
[Medical Criteria](#)
[Medical Policies](#)
[Pharmacy Criteria](#)
[Pharmacy Policies](#)

[Back](#)

Exhibit C

Pharmacy Policies Table of Contents

Click on description link to view the PDF

Reference #	Description
B001	Backdating of Prior Authorizations 
C001	Coordination of Benefits 
C002	Cost Benefit Program  <i>Revised</i>
F001	Formulary and Co-Pay Drug Overrides 
N001	National Formulary Exceptions 
O001	Off-Label Drug Use 
P001	Bypass of Prior Authorization of a Medication Ordered by a Contracted Specialist  <i>Revised</i>
P002	Pharmacy Programs for ClearScript 
Q001	Quantity Limits per Prescription per Copayment  <i>Revised</i>
S001	Step Therapy  <i>Revised</i>

Revised 11/19/08

Quick Links:[Chiropractic Policies](#)[Medical Criteria](#)[Medical Policies](#)[Pharmacy Criteria](#)[Pharmacy Policies](#)[Back](#)

Exhibit D

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
B002	Dental and Oral Maxillofacial	Orthognathic Surgery
C008	Eye, Ear, Nose, and Throat	Strabismus Repair (Adult)
F022	Orthopaedic/Musculoskeletal	Cervical Disc Arthroplasty (Artificial Cervical Disc)
F024	Orthopaedic/Musculoskeletal	Radiofrequency Ablation Neck and Back
G001	Skin and Integumentary	Eyelid and Brow Surgery (Blepharoplasty & Ptosis Repair)
G002	Skin and Integumentary	Breast Reduction Surgery
G003	Skin and Integumentary	Excision Redundant Tissue
G004	Skin and Integumentary	Breast Reconstruction
G008	Skin and Integumentary	Hyperhidrosis Surgery
G009	Skin and Integumentary	Laser Treatment for Psoriasis
G010	Skin and Integumentary	Lipoma Removal <i>New</i>
H003	Gastrointestinal/Nutritional	Bariatric Surgery
L008	Diagnostic	Continuous Glucose Monitoring Systems for Long Term Use
L010	Diagnostic	Breast or Ovarian Cancer, Hereditary -BRCA1 and BRCA2 Genes and BRCAAnalysis Rearrangement Testing (BART) <i>New</i>
M001	BH/Substance Related Disorders	Mental Health Disorders: Inpatient Treatment
M002	BH/Substance Related Disorders	Electroconvulsive Treatment (ECT): Inpatient Treatment
M004	BH/Substance Related Disorders	Mental Health Disorders: Day Treatment Program
M006	BH/Substance Related Disorders	Mental Health Disorders: Partial Hospital Program (PHP)
M007	BH/Substance Related Disorders	Mental Health Disorders: Residential Treatment
M008	BH/Substance Related Disorders	Psychotherapy: Outpatient Treatment
M009	BH/Substance Related Disorders	Chronic Pain: Outpatient Program
M019	BH/Substance Related Disorders	Pathological Gambling: Outpatient Treatment
M020	BH/Substance Related Disorders	Autism Spectrum Disorders Treatment
M021	BH/Substance Related Disorders	Vagus/Vagal Nerve Stimulation (VNS) for Treatment Resistant Depression and Treatment Resistant Bipolar Depression
N003	Rehabilitation	Occupational and Physical Therapy: Outpatient Setting
N004	Rehabilitation	Speech Therapy: Outpatient
N005	Rehabilitation	Torticollis and Positional Plagiocephaly Treatment for Infants/Toddlers
N006	Rehabilitation	Acupuncture
T002	Transplant	Kidney/Pancreas Transplantation

Revised 12/10/08

Quick Links:

[Chiropractic Policies](#)

[Medical Criteria](#)

[Medical Policies](#)

[Pharmacy Criteria](#)

[Pharmacy Policies](#)

[Back](#)

Exhibit E

Medical Policy Table of Contents

Click on description link to view the PDF

Reference #	Description
C001	Court Ordered Mental Health Services  <i>Revised</i>
C002	Cosmetic Treatments  <i>Revised</i>
C003	Criteria Management and Application 
C008	Oncology Clinical Trials, Covered / Non-covered Services 
C009	Coverage Determination Guidelines  <i>Revised</i>
C010	Demonstration of Provider Clinical Competence  <i>Revised</i>
C011	Court Ordered Substance Related Disorder Services  <i>New</i>
D002	Diabetes Mellitus Supplies Coverage 
D004	Durable Medical Equipment, Orthotics, Prosthetics and Supplies  <i>Revised</i>
D007	Handicapped Dependent Eligibility 
D008	Dressing Supplies 
E004	Nutrition Therapy 
G001	Genetic Testing 
H005	Home Health Care (HHC) 
H006	Hearing Devices 
I001	Investigational/ Experimental Services 
I002	Infertility Treatment  <i>Revised</i>
I003	Routine Preventive Immunizations  <i>Revised</i>
I004	Mental Health Disorders: Intensive Residential Treatment Services (IRTS) 
I005	Intensity Modulated Radiation Therapy (IMRT) Coverage Considerations 
N002	Nutritional Counseling 
P008	Medical Policy Document Management and Application 
P009	Preventive Screening Tests  <i>Revised</i>
P010	Narrow-band UVB Phototherapy (non-laser) for Psoriasis  <i>Revised</i>
R002	Reconstructive Surgery 
R003	Acute Rehabilitation Facilities 
R004	Physical, Occupational or Speech Therapy; Outpatient Setting 
S008	Scar Revision 
S011	Skilled Nursing Facilities  <i>Revised</i>
S012	Substance Related Disorders Coverage Considerations 
T002	Transition of Care - Continuity of Care 
T004	Therapeutic Overnight Pass  <i>Revised</i>
W001	Physician Directed Weight Loss Programs 

Revised 02/09/09

Quick Links:

[Chiropractic Policies](#)
[Medical Criteria](#)
[Medical Policies](#)
[Pharmacy Criteria](#)
[Pharmacy Policies](#)

[Back](#)

Chiropractic Policies Table of Contents

Click on description link to view the PDF

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

*Revised 02/04/09***Quick Links:**[Chiropractic Policies](#)[Medical Criteria](#)[Medical Policies](#)[Pharmacy Criteria](#)[Pharmacy Policies](#)[Back](#)