

PreferredOne®

UPDATE *A Newsletter for PreferredOne Providers & Practitioners*

February 2013

Member Rights & Responsibilities

PreferredOne presents this Member Rights & Responsibilities with the expectation that observance of these rights will contribute to high quality patient care and appropriate utilization for the patient, the providers, and PreferredOne. PreferredOne further presents these rights in the expectation that they will be supported by our providers on behalf of our members and an integral part of the health care process. It is believed that PreferredOne has a responsibility to our members. It is in recognition of these beliefs that the following rights are affirmed and presented to PreferredOne members. (Exhibit A)

New Pricing & Payment Policy for 2013

As communicated at the Fall Provider Forum, PreferredOne no longer uses ASC Grouper Payment methodology in 2013 for outpatient surgical procedures. Because of the change, the coding policy H-9 “Reimbursement for Free Standing Ambulatory Surgery Centers & Hospital Outpatient Ambulatory Surgery Centers” was retired effective 1/1/2013. A new policy had to be written to continue the pricing policy that was included in H-9 for times when a scheduled outpatient surgical procedure results in an inpatient admission within 24 hours of the service. That part of the policy is still enforced. Please read the attached new Pricing and Payment Policy P13 “Reimbursement for Outpatient Services When Admitted as Inpatient”. (Exhibit B)

Coding Update

Prolonged Services - When billing prolonged services, documentation of time is required. Please refer to CPT and CMS guidelines for information.

Outpatient Surgery - Reminder that all services provided on the same day of outpatient surgery should be billed on a single claim form

36410 - Venipuncture requiring the skill of a physician. This code is not to be used for a routine venipuncture; if the provider does not have staff to perform the venipuncture; or for drawing blood for autologous or platelet rich plasma injections.

Psychiatry code changes for 2013

There are some major revisions to the psychology CPT codes. There are not always direct 1:1 crosswalks from the new codes to the deleted codes.

Deleted Codes

- 90801-90802, 90804-90829, 90857, and 90862.

New Codes

- Range from 90785-90840.

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CLAIM ADDRESSES:

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Minneapolis, MN 55459-0212

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Phone: 763-847-4400
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Fax: 763-847-4010

PreferredOne Community Health Plan (PCHP)
PO Box 59052
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PreferredOne Administrative Services (PAS)
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PreferredOne will follow Medicare and not allow the add on code 90863. We will allow the add on code 90785 for interactive complexity. Documentation must clearly define the exact complexity.

Please be aware that psychotherapy when performed with an E&M service may be billed only by a physician or other qualified healthcare professional (e.g., CNS, NP).

Providers should refer to the 2013 CPT® manual as well as information from various psychiatric societies for billing guidelines. It is inappropriate for a payer to instruct providers on how to report services rendered. We will be auditing claims to confirm that providers are following the billing guidelines.

Billing Professional Services

ALL professional services rendered by the same provider, for same date of service, and at the same encounter (visit) are to be reported on one (1) 837P claim. **Only if** the member (patient) has been discharged from that encounter, leaves the clinic site and then returns later in the day for another encounter (visit), then a second claim with that same date of service reflecting the services for that encounter may be reported.

Case Management Update

Referrals for Complex Case Management and Disease Management Programs

WE WANT YOUR REFERRALS

What is Case Management?

Case management is a collaborative process involving a Case Manager (an RN or Social Worker), the plan member, the member's family, and health care providers. The goal of case management **is to help members** navigate through the complex medical system. The Case Manager will assist in preventing gaps in care with the goal of achieving optimum health care outcomes in an efficient and cost-effective manner. This service is **not** intended to take the place of the attending providers or to interfere with care but to support the treatment plan promoting member compliance.

Programs from PreferredOne at No Cost to PreferredOne Members

Programs include support for members with chronic illness, low back pain, pregnancy and complex medical conditions / multiple co-morbidities. There is no cost for this service and it is strictly voluntary. Leadership and oversight are provided by Dr. John Frederick, MD, Chief Medical Officer, and Mary Miller, RN, CRRN, CCM, Vice President of Integrated Healthcare Services.

How to Make a Referral

Provider referrals and member self referrals are made by contacting PreferredOne and requesting to speak with a Case Manager. The telephone number for the case management department is 1-800-940-5049 Ext. 3456. Department hours are Monday-Friday 7:00a.m. to 7:00p.m. CST.

Core Services

- Serve as a resource to members and caregivers
- Provide both verbal and written education regarding condition, community resources, and information
- Support coordination of care and prescribed treatment plan outlined by primary provider
- Serve as a liaison between the health plan, member, and providers

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Focus on complex and multiple conditions including (but not all inclusive):

- Cancer
- Stroke
- Kidney Disease
- Liver Disease
- Transplants (BMT, Solid Organ)
- Spinal Cord Injury
- Traumatic Brain Injury
- Newborn with complications
- Trauma (car accident = musculoskeletal, neurological, surgeries etc.)
- Depression / Mental Health issues

Chronic Illness Management (CIM) and Treatment Decision Support (TDS)?

PreferredOne has Chronic Illness Management and Treatment Decision Support programs available to PreferredOne members who live with chronic conditions. Your patients will still have the same level of benefits, access to any ancillary services and access to your referral network. They will continue to see you and receive the same services that you currently provide them.

The Chronic Illness Management (CIM) and Treatment Decision Support (TDS) Programs focus on the following conditions:

Chronic Illness/Rare Chronic Illness

- Diabetes
- Coronary Heart Disease
- Heart Failure
- Chronic Obstructive Pulmonary Disease
- Asthma
- Ulcerative Colitis
- Crohn's Disease
- Rheumatoid Arthritis
- Multiple Sclerosis
- ALS
- Cystic Fibrosis
- Gaucher's Disease
- Hemophilia
- Myasthenia Gravis
- Parkinson's Disease
- Sickle Cell Anemia
- Lupus
- Seizure Disorder

Treatment Decision Support

- Low Back Pain
- Pregnancy

Benefits to You and Your Practice

These PreferredOne programs are designed to collaborate with you and your recommended treatment plans. With the help of a nurse, your patients are educated telephonically about their chronic conditions and taught how to track important signs and symptoms specific to their condition. There are several benefits to you when your patients participate in these PreferredOne programs.

Participants Learn

- How to better follow and adhere to your treatment plan
- How to maximize their office visits with you

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- Timely communication with provider. If warning signs are discovered through the program, you are notified via a faxed Health Alert, if appropriate.
- Program participants receive ongoing support and motivation to make the necessary lifestyle changes you have recommended to them.

Benefits to Your Patients

- Access to a PreferredOne Registered Nurse and/or Licensed Social Worker
- Information about managing their health condition
- Education and tools to track their health condition
- Equipment, as needed, for participation in the program
- Access to Healthwise®, an online health library at PreferredOne.com

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Health care provider referrals and member self referrals are accepted by contacting PreferredOne and requesting to speak with a Case Manager. The telephone number for the case management department is 1-800-940-5049 Ext. 3456. Department hours are Monday-Friday 7:00a.m. to 7:00p.m. CST.

Medical Policy Update



Affirmative Statement About Incentives

PreferredOne does not 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.

Adverse Determination – To Speak to a Physician Reviewer

PreferredOne Integrated Healthcare Services Department attempts to process all reviews in the most efficient manner. We look to our participating practitioners to supply us with the information required to complete a review in a timely fashion. We then hold ourselves to the timeframes and processes dictated by the circumstances of the case and our regulatory agencies.

Practitioners may, at any time, request to speak with a peer reviewer at PreferredOne regarding the outcome of a review by calling 763-847-4488, option 2 and the Intake Department will facilitate this request. You or your staff may also make this request of the nurse reviewer with whom you have been communicating about the case and she/he will facilitate this call. If at any time we do not meet your expectations and you would like to issue a formal complaint regarding the review process, criteria, or any other component of the review, you may do so by calling or writing to our Customer Service Department.

PreferredOne, Grievance Department

6105 Golden Hills Dr.
Golden Valley, MN 55416
(763) 847-4488, Option 3
(800) 379-7727, Option 3

Medical Policy documents are available on the PreferredOne website to members and to providers without prior registration. The website address is PreferredOne.com. Click on Health Resources and choose the Medical Policy and Pre-certification/Prior Authorization List menu.

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Revised Criteria and Policies

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

Medical/Surgical: There are no new criteria.

Chiropractic: There are no new criteria.

Revision to the Investigational/Experimental/Unproven Comparative Effectiveness List

- Laser Therapy, High Power is now considered investigative for all indications.

Genetic testing is a growing field in medicine and does require prior authorization. For those benefit plans that cover genetic testing, it is considered medically necessary when all of the following exist:

- The member displays clinical features, or is at direct risk of inheriting the mutation in question; and
- The results of the test will directly impact the current treatment being delivered; and
- After history and physical examination and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain and a valid specific test exists for the suspected condition.

To streamline the prior authorization process for genetic testing, in addition to the above information, please include the name of the specific gene being tested, the suspected diagnosis or condition being tested for, and the name of the test.

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

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

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

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

Pharmacy Update



2013 PreferredOne/ClearScript Formulary

PreferredOne utilizes the ClearScript formulary for its members who have ClearScript as their Pharmacy Benefit Manager (PBM). This formulary undergoes a complete review annually with all changes taking effect on January 1 of each year. Attached is the abbreviated 2013 ClearScript formulary. (**Exhibit H**)

Online Medication Request Forms

Providers and office staff can now submit medication request forms to PreferredOne online at PreferredOne.com. Click On: For Providers > Pharmacy Resources > Pharmacy Medication Request Form – Online Submission.

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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 need 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 Policy and Criteria

Pharmacy – New Criteria:

- PC/B014 Benign Prostate Hypertrophy Medications Step Therapy
- PC/P002 Phosphodiesterase-5 Inhibitor Medications

Pharmacy – Retired Criteria: None

Pharmacy – New Policies: None

Pharmacy – Retired Policies: None

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.

Quality Management Update

Blood Pressure Readings for Controlling High Blood Pressure

In 2013 PreferredOne will once again focus on an initiative to control high blood pressure among our members diagnosed with hypertension. Controlling blood pressure is a HEDIS measurement specified by NCQA and is also reported by Minnesota Community Measurement. We value this project and deem it to be important for our members because hypertension is the most treatable form of cardiovascular disease, and medication compliance is a significant factor that contributes to the overall success of treatment. PreferredOne will provide medication adherence education to members diagnosed with hypertension. As part of this initiative in 2013 we are asking for provider's assistance by conducting a secondary reading of your patient's blood pressure if it is high on the initial reading and ensuring that the patient's medical records reflects both of the measurements taken.

HEDIS Medical Record Review

As a reminder, PreferredOne's HEDIS medical record review vendor will be contacting clinics in the coming weeks to coordinate medical record review for PreferredOne members seen at your clinics. HEDIS measures are nationally used by all accredited health plans, and PreferredOne also has an obligation to the Minnesota Department of Health to collect HEDIS data on an annual basis. Medical record review is an important component of the HEDIS compliance

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In 2013 NCQA has made the process more rigorous and shortened the review timeframe. We would appreciate your cooperation with collecting medical record review information at your clinic site(s). We appreciate your clinic's assistance in making this a smooth process.

Health Advisory – Minnesota Department of Health: Varicella

In 2005, MDH revised the Communicable Disease Reporting Rules (Minn. Rules Chapter 4605) such that only unusual case incidence, critical illness, and laboratory-confirmed cases of varicella were reportable. In addition, MDH was given the authority to conduct sentinel surveillance to assess the changing epidemiology of varicella and vaccine effectiveness. The Rules also allowed the Commissioner of Health to require case-based varicella reporting if the commissioner determines that "sentinel surveillance can no longer provide adequate data for epidemiologic purposes." (Minn. Rule. 4605.7042)

In August 2012, the Commissioner of Health determined that declining varicella incidence necessitates universal case-based reporting. During the 2011-2012 school year, the 80 sentinel school sites reported only 35 cases. Furthermore, case-based reporting will provide greater opportunity to implement exposure follow-up for high-risk contacts and outbreak control measures.

For more information:

[Reporting Varicella-zoster Disease](#)

(<http://www.health.state.mn.us/divs/idepc/dtopics/reportable/varicella.html>)

Instructions for reporting Varicella.

[Varicella \(Chickenpox\) and Zoster \(Shingles\) Statistics](#)

(<http://www.health.state.mn.us/divs/idepc/diseases/varicella/stats.html>)

Statistics from Varicella surveillance in Minnesota schools, 2006-2011.

Please contact Vicki Buttery (vicki.buttery@state.mn.us) or Claudia Miller (claudia.miller@state.mn.us) at 651-201-5414 or 1-877-676-5414 (toll free) with any questions or concerns.

Medical Record Documentation Policy

Please see ([Exhibit I](#)) for our Medical Record Documentation Policy.

PreferredOne Member Rights & Responsibilities

As a PreferredOne member, you have the following rights and responsibilities:

1. A **right** to receive information about PreferredOne, its services, its participating providers and your member rights and responsibilities.
2. A **right** to be treated with respect and recognition of your dignity and right to privacy.
3. A **right** to available and accessible services, including emergency services, 24 hours a day, 7 days a week.
4. A **right** to be informed of your health problems and to receive information regarding treatment alternatives and risks that are sufficient to assure informed choice.
5. A **right** to participate with providers in making decisions about your health care.
6. A **right** to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
7. A **right** to refuse treatment recommended by PreferredOne participating providers.
8. A **right** to privacy of medical, dental and financial records maintained by PreferredOne and its participating providers in accordance with existing law.
9. A **right** to voice complaints and/or appeals about PreferredOne policies and procedures or care provided by participating providers.
10. A **right** to file a complaint with PCHP and the Commissioner of Health and to initiate a legal proceeding when experiencing a problem with PCHP or its participating providers. For information, contact the Minnesota Department of Health at 651.201.5100 or 1.800.657.3916 and request information.
11. A **right** to make recommendations regarding PreferredOne's member rights and responsibilities policies.
12. A **responsibility** to supply information (to the extent possible) that PreferredOne participating providers need in order to provide care.
13. A **responsibility** to supply information (to the extent possible) that PreferredOne requires for health plan processes such as enrollment, claims payment and benefit management.
14. A **responsibility** to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
15. A **responsibility** to follow plans and instructions for care that you have agreed on with your participating providers.

PreferredOne

DEPARTMENT:	Pricing & Payment	APPROVED DATE:	12/1/2012
POLICY DESCRIPTION:	Reimbursement for Outpatient Services When Admitted as Inpatient		
EFFECTIVE DATE:	1/1/2013	REPLACES POLICY DATED:	
PAGE:	1 of 3	RETIRED DATE:	
REFERENCE NUMBER:	P#13		

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

PURPOSE: To provide guidelines for reimbursement for Outpatient Services when admitted as inpatient within 24 hours of the Outpatient Service.

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. Inpatient Health Services Following Scheduled Outpatient Surgical Procedure
Payment for Hospital Outpatient Ambulatory Surgery Centers - Admission of an Enrollee to hospital as an inpatient within 24 hours of rendering of Scheduled Outpatient Surgical Procedure shall be reimbursed at the appropriate inpatient payment. Such payment shall be considered payment in full for all Health Services rendered to Enrollee for the entire of the Admission, including the scheduled outpatient surgical procedure. Charges for such scheduled outpatient surgical procedure shall not be separately billed by Hospital, but shall be included in the inpatient Admission charges.
2. Other coding and system edits may apply

DEFINITIONS:

REFERENCES: Contract Definition of Enrollee, P#11, H-9

Pharmacy Policies

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

Medical Policies

Reference #	Description
A003	Amino Acid Based Elemental Formula (AABF)
C001	Court Ordered Mental Health Services
C002	Cosmetic Treatments
C003	Criteria Management and Application
C008	Oncology Clinical Trials, Covered / Non-covered Services
C009	Coverage Determination Guidelines
C011	Court Ordered Substance Related Disorder Services
D004	Durable Medical Equipment, Orthotics, Prosthetics and Supplies
D005	Dietary Formulas, Electrolyte Substances, or Food Products for PKU or Other Inborn Errors of Metabolism
D007	Disabled Dependent Eligibility <i>Revised</i>
D008	Dressing Supplies
D009	Dental Services, Hospitalization, and Anesthesia for Dental Services Covered Under the Medical Benefit
G001	Genetic Testing
G002	Gender Reassignment
H005	Home Health Care (HHC)
H006	Hearing Devices
I001	Investigational/Experimental Services
I002	Infertility Treatment
I003	Routine Preventive Immunizations
L001	Laboratory Tests
N002	Nutritional Counseling
P008	Medical Policy Document Management and Application
P009	Preventive Screening Tests for Grandfathered Plans <i>Revised</i>
P010	Narrow-band UVB Phototherapy (non-laser) for Psoriasis
P011	Prenatal Testing
R002	Reconstructive Surgery
R003	Acute Rehabilitation Facilities
S008	Scar Revision
S011	Skilled Nursing Facilities
T002	Transition of Care - Continuity of Care <i>Revised</i>
T004	Therapeutic Pass
W001	Physician Directed Weight Loss Programs

Chiropractic Policies

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

Pharmacy Criteria

Reference #	Description
A003	Combination Beta-2 Agonist/Corticosteroid Inhalers Step Therapy
A004	Antihistamines Step Therapy
A005	Antidepressants Step Therapy
A008	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) Medications Step Therapy <i>Revised</i>
B003	Botulinum Toxin <i>Revised</i>
B004	Biologics for Rheumatoid Arthritis
B005	Biologics for Plaque Psoriasis
B006	Biologics for Crohn's Disease
B009	Osteoporosis Prevention and Treatment Medications
B010	Biologics for Juvenile Rheumatoid Arthritis
B011	Biologics for Psoriatic Arthritis
B012	Biologics for Ankylosing Spondylitis
B013	Biologics for Ulcerative Colitis
B014	Benign Prostatic Hypertrophy Medications Step Therapy <i>New</i>
C002	Cyclooxygenase-2 (COX-2) Inhibitors Step Therapy (Celebrex)
E001	Erectile Dysfunction Medications - Non-PDE-5 Inhibitor Medications <i>Revised</i>
F001	Fenofibrate Step Therapy
H001	HMG - CoA Reductase Inhibitor Step Therapy
I001	Topical Immunomodulators Step Therapy: Elidel & Protopic
I002	Immune Globulin Therapy (IVIG) <i>Revised</i>
L002	Leukotriene Pathway Inhibitors Step Therapy
L003	Gabapentin Step Therapy
M001	Multiple Sclerosis Medications
N002	Nasal Corticosteroids Step Therapy
O001	Overactive Bladder Medication Step Therapy
P001	Proton Pump Inhibitor (PPI) Step Therapy
P002	Phosphodiesterase-5 Inhibitor Medications <i>New</i>
R003	Topical Retinoid Medications Step Therapy <i>Revised</i>
R004	Rituxan Prior Authorization
S003	Sedative Hypnotics Step Therapy
T002	Tramadol Step Therapy <i>Revised</i>
T004	Triptans Step Therapy
V001	Vascular Endothelial Growth Factor Antagonists for Intravitreal Use <i>Revised</i>
W001	Weight Loss Medications

Medical Criteria

Reference #	Category	Description
A006	Cardiac/Thoracic	Ventricular Assist Devices (VAD)
B002	Dental and Oral Maxillofacial	Orthognathic Surgery <i>Revised</i>
C007	Eye, Ear, Nose, and Throat	Surgical Treatment of Obstructive Sleep Apnea
D001	DME	Microprocessor-Controlled Prostheses for the Lower Limb <i>Revised</i>
F021	Orthopaedic/Musculoskeletal	Bone Growth Stimulators (Osteogenic): Electrical/Electromagnetic and Ultrasonic
F022	Orthopaedic/Musculoskeletal	Intervertebral Disc Prosthesis
F024	Orthopaedic/Musculoskeletal	Radiofrequency Ablation (Neurotomy, Denervation, Rhizotomy) Neck and Back
G001	Skin and Integumentary	Eyelid and Brow Surgery (Blepharoplasty & Ptosis Repair) <i>Revised</i>
G002	Skin and Integumentary	Breast Reduction Surgery
G003	Skin and Integumentary	Excision Redundant Tissue
G004	Skin and Integumentary	Breast Reconstruction <i>Revised</i>
G007	Skin and Integumentary	Prophylactic Mastectomy and Oophorectomy <i>Revised</i>
G008	Skin and Integumentary	Hyperhidrosis Surgery
G010	Skin and Integumentary	Lipoma Removal
G011	Skin and Integumentary	Hyperbaric Oxygen Therapy
H003	Gastrointestinal/Nutritional	Bariatric Surgery <i>Revised</i>
I007	Neurology	Cryoablation/Cryosurgery for Hepatic, Prostate, and Renal Oncology Indications
I008	Neurological	Sacral Nerve Stimulation
I009	Neurological	Deep Brain Stimulation <i>Revised</i>
I010	Neurological	Spinal Cord/Dorsal Column Stimulation
K001	General Surgical/Medical	IVAB for Lyme Disease
L008	Diagnostic	Continuous Glucose Monitoring Systems for Long Term Use
L009	Diagnostic	Intensity Modulated Radiation Therapy (IMRT)
L010	Diagnostic	Breast or Ovarian Cancer, Hereditary -BRCA1 and BRCA2 Genes and BRCAAnalysis Rearrangement Testing (BART)
L011		Insulin Infusion Pump
L012	Diagnostic/Radiology	Oncotype DX Breast Cancer Assay
M001	BH/Substance Related Disorders	Mental Health Disorders: Inpatient Treatment
M004	BH/Substance Related Disorders	Mental Health Disorders: Day Treatment Program
M005	BH/Substance Related Disorders	Eating Disorders-Level of Care Criteria
M006	BH/Substance Related Disorders	Mental Health Disorders: Partial Hospital Program (PHP)
M007	BH/Substance Related Disorders	Mental Health Disorders: Residential Treatment
M009	BH/Substance Related Disorders	Chronic Pain: Outpatient Program
M010	BH/Substance Related Disorders	Substance Related Disorders: Inpatient Primary Treatment <i>Revised</i>

M014	BH/Substance Related Disorders	Detoxification: Inpatient Treatment <i>Revised</i>
M020	BH/Substance Related Disorders	Pervasive Developmental Disorders in Children: Evaluation and Treatment <i>Revised</i>
M022	MH/Substance Related Disorders	Mental Health Disorders: Residential Crisis Stabilization Services (CSS)
M023	MH/Substance Related Disorders	Mental Health Disorders : Intensive Residential Treatment Services (IRTS)
N003	Rehabilitation	Occupational and Physical Therapy: Outpatient Setting <i>Revised</i>
N004	Rehabilitation	Speech Therapy: Outpatient
N005	Rehabilitation	Torticollis and Positional Plagiocephaly Treatment for Infants/Toddlers
N006	Rehabilitation	Acupuncture
T001	Transplant	Bone Marrow / Stem Cell Transplantation
T002	Transplant	Kidney, SPK, SPLK Transplant <i>Revised</i>
T003	Transplant	Heart Transplant
T004	Transplant	Liver Transplantation
T005	Transplant	Lung Transplantation
T007	Transplant	Pancreas, PAK, and Autologous Islet Cell Transplant <i>Revised</i>

This is an abbreviated listing of Preferred Brand Name and Generic Medications listed on the formulary. This listing includes most, but not all, drugs. All drugs included on the formulary are not necessarily covered by each member's prescription drug benefit plan. The inclusion of a drug on this list does not imply coverage under all plans. Coverage of listed products will be subject to the limitations of the prescription drug benefit plan design. Members should consult their prescription drug benefit manual or contact a customer service representative to determine specific coverage.

A	amlodipine besylate	benzonatate	CANASA	CIPRODEX
a/b otic	amlodipine/benzapril	benzoyl peroxide	capacet	ciprofloxacin er
abacavir	amnestem	benzotropine mesylate	capital/codeine	ciprofloxacin hcl
acarbose	amoxapine	betamethasone dipropionate	captopril	citalopram hydrobromide
acebutolol hcl	amoxicillin	betamethasone valerate	captopril/hydrochlorothiazide	claravis
acetaminophen/codeine	amoxicillin/clavulanate	beta-val	carbamazepine	clarithromycin
acetazol hcl	amphetamine/dextro-amphet- amine	betaxolol hcl	carbamazepine er	clarithromycin er
acetazolamide	ampicillin	bethanechol chloride	carbidopa/levodopa	CLEOCIN VAGINAL
acetazolamide er	AMTURNIDE	BETOPTIC-S	carbidopa/levodopa cr	clidinium/chlordiazepoxide
acetic acid	amyl nitrite	bicalutamide	carbidopa/levodopa er	clindamycin hcl
acetylcysteine	anagrelide hydrochloride	bisoprolol fumarate	carbidopa/levodopa odt	clobetasol propionate
ACTONEL	anastrozole	bisoprolol fumarate/hctz	carbidopa/levodopa sr	clomipramine hcl
acyclovir	ANDROGEL	briellyn	carbinoxamine maleate	clonazepam
adapalene	android	brimonidine tartrate	cardec dm	clonazepam odt
ADVAIR DISKUS	ANDROXY	bromaphedrine d	cardioplegic	clonidine hcl
ADVAIR HFA	antipyrine/benzocaine	bromdex d	carisoprodol	clopidogrel
aero otic hc	APIDRA	bromfed dm	carisoprodol/aspirin	clorazepate dipotassium
afeditab cr	APIDRA SOLOSTAR	bromfenac	carisoprodol/aspirin/codeine	clozapine
AGGRENOLX	apraclonidine	bromhist pdx	carteolol hcl	codeine/acetaminophen
ak-con	apri	bromhist-nr	cartia xt	colestipol hcl
AKNE-MYCIN	APTIVUS	bromocriptine mesylate	carvedilol	colocort
ak-poly-bac	aranelle	bromphenex dm	cavarest	COMBIPATCH
albuterol sulfate	arbinoxa	brompheniramine tann/phen	cavirinse	COMBIVENT
albuterol sulfate er	ARCAPTA NEOHALER	brompheniramine tannate	caziant	COMPLERA
alclometasone dipropionate	ASACOL	brompheniramine/phenyleph	cefaclor	compro
alendronate sodium	ASACOL HD	budeprion sr	cefaclor er	COMTAN
alfuzosin hcl er	ascomp/codeine	budeprion xl	cefadroxil	COREG CR
allopurinol	asmlpred	budesonide	cefdinir	COUMADIN
ALOCRIL	asmlpred plus	bumetanide	cefditoren pivoxil	CREON
ALOMIDE	aspirin-caffeine-butalbital	buproban	cefepodoxime proxetil	CRESTOR
ALORA	atenolol	bupropion hcl	cefprozil	CRESYLATE
alphatrex	atenolol/chlorthalidone	bupropion hcl er	cefuroxime axetil	CRINONE
alprazolam	atorvastatin calcium	bupropion hcl sr	CELEBREX	CRIXIVAN
alprazolam er	atovaquone/proguanil hcl	bupropion hcl xl	CELLCEPT	cromolyn sodium
alprazolam intensol	ATRIPLA	buspironone hcl	CENESTIN	cryselle-28
alprazolam odt	atropine sulfate	butalbital compound	cephalexin	cyclafem 1/35
alprazolam xr	ATROVENT HFA	butalbital compound/codeine	cetirizine hcl	cyclafem 7/7/7
altacaine	augmented betamethasone	butalbital/acetaminophen	chlordiazepoxide hcl	cyclobenzaprine hcl
altafrin	AVODART	butalbital/aspirin/caffeine	chlordiazepoxide hcl/clid	cyclogyl
altavera	AXIRON	butisol sodium	chlordiazepoxide/amitriptyline	cyclomydril
aluminum chloride	azasan	butorphanol tartrate	chlorothiazide	cyclopentolate hcl
alyacen 1/35	azathioprine	C	chloroxylenol/pramoxine	cyclophosphamide
alyacen 7/7/7	azelastine hcl	cabergoline	chlorpromazine hcl	cycloserine
amantadine hcl	azithromycin	cafergot	chlorthalidone	cyclosporine
amcinonide	AZOPT	caffeine citrate	chlorthalidone	cyclosporine modified
amethia	azurette	calcipotriene	chlorzoxazone	CYMBALTA
amethia lo	B	calcitonin-salmon	cholestyramine	
amethyst	baclofen	calcitrene	cholestyramine light	
amiloride hcl	balsalazide disodium	calcitriol	CIALIS	D
amiloride/hydrochlorothiazide	balziva	calcium acetate	ciclopirox	danazol
aminoacetic acid	benazepril hcl	camila	ciclopirox nail lacquer	dantrolene sodium
amiodarone hcl	benazepril hcl/hctz	camrese lo	cilostazol	dapsone
amitriptyline hcl		camrese lo	cimetidine	dasetta 1/35
amitriptyline/chlordiazepoxide			CIPRO HC	dasetta 7/7/7
				dermazene

desipramine hcl
desloratadine
desmopressin acetate
desonide
desoximetasone
DETROL LA
dexamethasone
dexamethasone intensol
dextroamphetamine sulfate
diacetazone
diazepam
diazepam intensol
diclofenac potassium
diclofenac sodium
diclofenac sodium dr
diclofenac sodium er
diclofenac sodium sr
diclofenac sodium xr
dicloxacillin sodium
dicyclomine hcl
didanosine
diflorasone diacetate
diflunisal
digoxin
DILANTIN
diltiazem cd
diltiazem hcl
diltiazem hcl cd
diltiazem hcl er
diltiazem hcl sr
diilt-xr
dilizac
dimenhydrinate
DIOVAN
dipyridamole
disopyramide phosphate
divalproex sodium
divalproex sodium dr
divalproex sodium er
donepezil hcl
dorzolamide hcl
dorzolamide hcl/timolol
doxazosin mesylate
doexpin hcl
doxycycline
doxycycline hyclate
doxycycline monoclade
dronabinol
DUETACT

E
econazole nitrate
EDURANT
EFFIENT
ELMIRON
EMCYT
emoquette
EMTRIVA
ENABLEX
enalapril maleate

enalapril maleate/hctz
endocet
endodan
enpresse-28
enulose
epidrin
epiflur
epinastine hcl
EPIPEN
EPIPEN-JR
epitol
EPIVIR
eplerenone
eprosartan mesylate
EPZICOM
ergocalciferol
ERGOLOID MESYLATES
ergomar
errin
erythromycin
erythromycin/benzoyl peroxide
erythromycin/sulfisoxazole
escitalopram oxalate
essian
essian h.s.
estazolam
esterified estrogens/meth
estradiol
estradiol/norethindrone acetate
ESTRING
estropipate
ethambutol hcl
ethosuximide
etidronate disodium
etodolac
etodolac er
EVISTA
EXELON PATCHES
exemestane

F
famciclovir
famotidine
FARESTON
felbamate
felodipine er
FEMHRT LOW DOSE .5/2.5 TABS
fenofibrate
fenofibrate micronized
fenoprofen calcium
fentanyl
fexofenadine hcl
finasteride
flecainide acetate
FLOENT DISKUS
FLOVENT HFA
fiuconazole
flucytosine
fludrocortisone acetate
flunisolide

fluocinolone acetonide
fluocinonide
fluorouracil
fluoxetine
fluoxetine dr
fluoxetine hcl
fluphenazine hcl
flurazepam hcl
flurbiprofen
flurbiprofen sodium
flutamide
fluticasone propionate
fluvastatin
fluvoxamine maleate
FML
FML FORTE
fosinopril sodium
fosinopril sodium/hctz
furosemide

G
gabapentin
GABITRIL
galantamine
galantamine hydrobromide
garamycin
gemfibrozil
gentamicin sulfate
gianvi
gildess fe 1.5/30
gildess fe 1/20
glimepiride
glipizide
glipizide er
glipizide xl
glipizide/metformin hcl
GLUCAGEN
GLUCAGON
glyburide
glyburide micronized
glyburide/metformin hcl
glycine
glycopyrrolate
granisetron hcl
granisol
griseofulvin microsize
guanfacine hcl

H
halobetasol propionate
haloperidol
hctz/triamterene
heather
hecoria
hematinic/folic acid
HUMALOG
HUMULIN 70/30
HUMULIN N
HUMULIN R
hydralazine hcl

hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/homatropine
hydrocodone/ibuprofen
hydrocortisone
hydrocortisone acetate
hydrocortisone butyrate
hydrocortisone valerate
hydrocortisone/acetic acid
hydrocortisone/iodoquinol
hydromet
hydromorphone hcl
hydroxychloroquine sulfate
hydroxyurea
hydroxyzine hcl
hydroxyzine pamoate
hyoscyamine sulfate
hyoscyamine sulfate er

I
ibandronate sodium
ibuprofen
imipramine hcl
imipramine pamoate
imiquimod
indapamide
indomethacin
indomethacin cr
indomethacin er
indomethacin sa
indomethacin sr
INTELENCE
INVIRASE
ipratropium bromide
ipratropium bromide/albuterol
irbesartan
irbesartan/hctz
ISENTRESS
isoditrate er
isometheptene/apap
isoniazid
isosorbide dinitrate
isosorbide dinitrate er
isosorbide dinitrate sa
isosorbide mononitrate
isosorbide mononitrate er
isradipine
itraconazole

J
jantoven
JANUMET
JANUVIA
jinteli
jolessa
jolivette
junel 1.5/30
junel 1/20
junel fe 1.5/30
junel fe 1/20

K
KALETRA
kalexate
kariva
KETEK
ketoconazole
ketoprofen
ketoprofen er
ketorolac tromethamine
ketotifen fumarate
klor-con
klotrix
KOVIA 6.5

L
labetalol hcl
lactulose
lamivudine
lamivudine/zidovudine
lamotrigine
LANOXIN
lansoprazole
LANTUS
LANTUS SOLOSTAR
latanoprost
leflunomide
lessina-28
letrozole
leucovorin calcium
levabuterol
LEVEMIR
LEVEMIR FLEXPEN
levetiracetam
levetiracetam er
levobunolol hcl
levocarnitine
levocetirizine dihydrochloride
levofloxacin
levonest
levonorgestrel and ethiny
levora 0.15/30-28
levorphanol tartrate
LEVOTHROID
levothyroxine sodium
LEVOXYL
LEXIVA
liothyronine sodium
lisinopril
lisinopril/hydrochlorothiazide
lithium carbonate
lithium carbonate er
lithium citrate
LITHOSTAT
LODOSYN
LOESTRIN 24 FE
lonox
lorazepam
lorazepam intensol
losartan potassium

losartan potassium/hctz
 LOTEMAX
 lovastatin
 LOVAZA
 low-ogestrel
 loxapine
 loxapine succinate
 lufyllin
 lutera
 LYRICA

M

magnacet
 maprotiline hcl
 marlissa
 meclizine hcl
 meclizine sodium
 medroxyprogesterone
 mefenamic acid
 mefloquine hcl
 meggestrol acetate
 meloxicam
 meperidine hcl
 meprobamate
 mercaptopurine
 mesalamine
 metadate er
 metaproterenol sulfate
 metaxalone
 metformin hcl
 metformin hcl er
 methamphetamine hcl
 methazolamide
 methenamine hippurate
 methenamine mandelate
 methimazole
 methitest
 methocarbamol
 methotrexate
 methscopolamine bromide
 methyclothiazide
 methyl dopa
 methyl dopa/hctz
 methyl ergonovine maleate
 methylin
 methylin er
 methylphenidate hcl
 methylphenidate hcl cd
 methylphenidate hcl cr
 methylphenidate hcl er
 methylphenidate hcl sr
 methylprednisolone
 metipranolol
 metoclopramide hcl
 metolazone
 metoprolol succinate er
 metoprolol tartrate
 metoprolol/hctz
 METROGEL TOPICAL
 metronidazole

metronidazole vaginal
 mexiletine hcl
 miconazole 3
 microgestin 1.5/30
 microgestin 1/20
 microgestin fe
 microgestin fe 1.5/30
 micronized colestipol hcl
 midodrine hcl
 migergot
 minocycline hcl
 minocycline hcl er
 minoxidil
 mirtazapine
 mirtazapine odt
 misoprostol
 modafinil
 moexipril hcl
 moexipril/hydrochlorothiazide
 mometasone furoate
 montelukast sodium
 morphine sulfate
 morphine sulfate cr
 morphine sulfate er
 mupirocin
 mycophenolate mofetil
 mydral
 myorisan

N

nabumetone
 nadolol
 nadolol/bendroflumethiazine
 NAMENDA
 naphazoline hcl
 naproxen
 naproxen dr
 naproxen ec
 naproxen sodium
 naratriptan hcl
 nateglinide
 neon 0.5/35-28
 neon 1/35-28
 neon 1/50-28
 neon 10/11-28
 nefazodone hcl
 neomycin sulfate
 NEORAL
 nevirapine
 NEXIUM
 NIASPAN
 nicardipine hcl
 nifediac cc
 nifedical xl
 nifedipine
 nifedipine er
 nimodipine
 nisoldipine
 nisoldipine er
 nitro-bid

nitrofurantoin
 nitroglycerin
 nitroglycerin er
 nitroglycerin sr
 nitroglycerin transdermal
 NITROSTAT SUB
 nizatidine
 norethindrone
 norethindrone acetate
 norgestimate/ethinyl estr
 nortrel 0.5/35 (28)
 nortrel 1/35 (21)
 nortrel 1/35 (28)
 nortrel 7/7/7
 nortriptyline hcl
 NORVIR
 nystatin
 nystatin vaginal
 nystatin/triamcinolone

O

ocella
 ofloxacin
 ogestrel
 olanzapine
 olanzapine odt
 olanzapine/fluoxetine
 mydral
 omeprazole
 omeprazole/sodium bicarbonate
 ondansetron hcl
 ondansetron odt
 oralone
 orphenadrine citrate cr
 orphenadrine citrate er
 ortho-est
 otomar
 otomax-hc
 oxandrolone
 oxaprozin
 oxazepam
 oxcarbazepine
 oxybutynin chloride
 oxybutynin chloride er
 oxycodone hcl
 oxycodone hcl cr
 oxycodone/acetaminophen
 oxycodone/aspirin
 oxycodone/ibuprofen
 OXYCONTIN
 oxymorphone hydrochloride

P

pacerone
 pantoprazole sodium
 paracaine
 paregoric
 paroxetine hcl
 paroxetine hcl er
 penicillin v potassium
 penicillin vk

pentazocine/acetaminophen
 pentazocine/naloxone hcl
 pentoxifylline cr
 pentoxifylline er
 perphenazine
 perphenazine/amitriptyline
 phenazopyridine hcl
 phenazopyridine plus
 phenazopyridine/butabarbital
 phenelzine sulfate
 phenobarbital
 phenytoin
 phenytoin sodium extended
 pilocarpine hcl
 pindolol
 pioglitazone hcl
 pioglitazone hcl/metformin
 piroxicam
 portia-28
 potassium chloride cr
 potassium chloride er
 PRADAXA
 pravastatin sodium
 prazosin hcl
 prednisolone
 prednisolone acetate
 prednisone
 prednisone intensol
 PREFEST
 PREMARIN TAB/VAGCRE
 PREMPHASE
 PREMPRO
 prevalite
 previfem
 PREZISTA
 primidone
 primlev
 primsol
 probenecid
 probenecid/colchicine
 prochlorperazine
 prochlorperazine maleate
 progesterone
 promethazine hcl
 promethazine hcl plain
 promethazine vc
 promethazine vc plain
 promethazine vc/codeine
 promethazine/codeine
 promethazine/phenylephrin
 promethazine-dm
 promethegan
 propafenone hcl
 propafenone hcl er
 propantheline bromide
 proparacaine hcl
 propranolol hcl
 propranolol hcl er
 propranolol/hctz
 propylthiouracil

protriptyline hcl
 PULMICORT INH
 PYLERA
 pyrazinamide

Q

quasense
 questran
 quetiapine fumarate
 quinapril hcl
 quinapril/hydrochlorothiazide
 quinaretic
 quinidine gluconate cr
 quinidine gluconate er
 quinidine sulfate
 quinidine sulfate er
 quinine sulfate
 QVAR

R

ramiptil
 RANEXA
 ranitidine hcl
 reclusen
 RELPAX
 REYATAZ
 RHINOCORT AQUA
 rifampin
 rimantadine hcl
 risperidone
 risperidone m-tab
 risperidone odt
 rivastigmine tartrate
 ropinirole er
 ropinirole hcl

S

salsalate
 SANDIMMUNE
 selegiline hcl
 SELZENTRY
 SEREVENT DISKUS
 seromycin
 SEROQUEL XR
 sertraline hcl
 silver sulfadiazine
 simvastatin
 smz-tmp ds
 sodium sulfacetamide
 SORIATANE
 sorine
 sotalol hcl
 sotalol hcl (af)
 sotret
 SPIRIVA HANDIHALER
 spironolactone
 spironolactone/hctz
 sprintec 28
 ssd
 STALEVO

stavudine
STRATTERA
sucralfate
sulfacetamide sodium
sulfadiazine
sulfasalazine
sulfazine ec
sulindac
sumatriptan
SUSTIVA
SYMBICORT
SYNTHROID

T

tacrolimus
TAMIFLU
tamoxifen citrate
tamsulosin hcl
TARKA
taztia xt
TEGRETOL
TEGRETOL-XR
TEKAMLO
TEKTURNA
TEKTURNA HCT
temazepam
terazosin hcl
terbinafine hcl
terbutaline sulfate
terconazole
testred
tetracycline hcl
theophylline
theophylline cr
theophylline er
theophylline sr
thioridazine hcl
thiothixene
ticlopidine hcl
TIKOSYN
tilia fe
timolol maleate
tinidazole
tizanidine hcl
TOBRADEX OINT
tobramycin sulfate
tobramycin/dexamethasone
TOBEX OINT
tolazamide
tolbutamide
tolmetin sodium
tolterodine tartrate
topiramate
torseamide
TOVIAZ
tramadol hcl
tramadol hcl er
tramadol hydrochloride/apap
trandolapril
tranylcypromine sulfate

trazodone hcl
tretinoin
triamcinolone acetonide
triamcinolone in orabase
triamterene/hctz
triazolam
TRICOR
trifluoperazine hcl
trifluridine
TRIGLIDE
trihexyphenidyl hcl
tri-legest fe
TRILEPTAL
TRILIPIX
trimethobenzamide hcl
trimethoprim
trimethomim sulfate/poly
trimethoprim/polymyxin b
trimipramine maleate
trinessa
tri-previfem
tri-sprintec
trivora-28
TRIZIVIR
tropicamide
trospium chloride
trospium chloride er
TRUVADA
tyzine

U

ULTRASE
UNITHROID
ursodiol

V

valacyclovir hcl
valproic acid
valsartan/hydrochlorothiazide
vancomycin hcl
vandazole
venlafaxine hcl
venlafaxine hcl er
VENTOLIN HFA
VERAMYST
verapamil hcl
verapamil hcl cr
verapamil hcl er
verapamil hcl sa
verapamil hcl sr
VESICARE
VIAGRA
VIOKACE
VIRACEPT
VIRAMUNE SOLN
VIRAMUNE XR
VIREAD 300mg TABS
VIVELLE-DOT
voriconazole
vospire er

W

warfarin sodium

X

XARELTO

Y

Y-COF DM

Z

zafirlukast
zaleplon
zarah
zazole
zenchent
zenchent fe
zencia
zeosa
ZIAGEN SOL
zidovudine
ziprasidone hcl
ZMAX
zolpidem tartrate
zolpidem tartrate er
zonisamide
zotex-12
zovia 1/35e
zovia 1/50e
ZOVIRAX CREAM/OINT

PreferredOne®

Department of Origin: Quality Management	Approved by: Quality Management Committee	Date approved: 7/9/09
Department(s) Affected: Quality Management, Network Management	Effective Date: 7/9/09	
Procedure Description: Medical Record Documentation Guidelines	Replaces Effective Procedure Dated: 10/09/08	
Reference #: QM/M001	Page:	1 of 2

PRODUCT APPLICATION:

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

BACKGROUND:

PreferredOne requires medical records to be maintained in a manner that is complete, current, detailed and organized, and permit effective and confidential patient care and quality review.

The medical record for each PreferredOne member, whether paper or electronic, should be an organized, consistent record that accurately communicates information required to render timely, comprehensive medical care.

PROCEDURE:

PreferredOne member health records must be maintained according to all of the following:

- I. The medical record must include all the following:
 - A. For paper records, all pages must contain patient identifier (name or ID#)
 - B. All record entries must:
 1. Be dated; and
 2. Must be legible
 - C. All medical record documentation must include:
 1. Patient specific demographic data (address, telephone number(s) and date of birth)
 2. A completed problem list that indicates significant illnesses and medical conditions for patient seen three or more times in one year
 3. A medication list if applicable, or a note of no medications
 4. Medication allergies and other allergies with adverse reactions prominently noted in the record, or documentation of no known allergies (NKA) or no history of adverse reaction appropriately noted
 5. Past medical history is identified and includes a review of serious accidents, surgical procedures and illnesses if the patient has been seen three or more times (for children and adolescents, 18 years and younger, past medical history relates to prenatal care, birth, operations and childhood illnesses)
 6. Current or history of "use" or "non-use" of cigarettes, alcohol and other habitual substances is present when age appropriate

PreferredOne®

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7. Continuity and coordination of care between the primary care practitioner and consultants as evidenced by consultant's written report or notation of verbal follow-up in the record's notes if consultations are ordered for the member (if applicable)
 8. An immunization record/history
 9. Evidence that treatment plans are consistent with diagnoses and notes indicating the specific time for return/follow-up in weeks, months, or "as needed" if the member requires follow-up care or return visits
- II. Medical records must be stored in a manner that allows easy retrieval and in a secure area that is inaccessible to unauthorized individuals.
- III. Clinic has written policies for:
- A. Documented standards for an organized medical record keeping system
 - B. Confidentiality, release of information and advanced directives
 - C. Chart availability including between practice sites (if applicable)
 - D. Reviewing test/lab results and communicating results to patient.
- IV. Compliance with medical record organization and documentation requirement policies will be monitored as follows:
- A. Chart audits will occur in coordination with HEDIS data collection on a yearly basis. A maximum of 10 charts per clinic will be reviewed for documentation completeness.
 - B. Clinics surveyed that do not meet an overall rate of 80 percent of the above record keeping requirements (based on the total number of charts reviewed) will be notified of their deficiencies and a corrective action plan will be requested from the clinic addressing how they will conform to the above guidelines with follow-up measurement performed the following year.

REFERENCES:

- 2009 NCQA Standards and Guidelines for the Accreditation of Health Plans, QI 12 Standards for Medical Record Documentation
- Minnesota State Statue 4685.1110, Subp. 13

DOCUMENT HISTORY:

Created Date: 5/22/06
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