

PreferredOne

UPDATE

A NEWSLETTER FOR PREFERRED ONE PROVIDERS

July 2004

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Active Health Management

PreferredOne has contracted with ActiveHealth Management, a medical information technology company that aggregates and analyzes patient data to uncover opportunities to improve treatment. Specifically, ActiveHealth compiles all available patient claims, lab, and pharmacy data into a single patient file, and then uses a sophisticated computer software program to analyze this data employing a continually expanding set of clinical rules.

Through this process, ActiveHealth uncovers potential discrepancies between the available patient data and the most recent evidence-based medical literature. PreferredOne then communicates patient-specific care considerations to treating physicians. ActiveHealth was founded by physicians in recognition of the fact that doctors practice under enormous time constraints and often

can't keep up with the overwhelming volume of treatment innovations and new medical information relevant to each patient's care. Further, physicians may treat patients without full knowledge of or access to all patient information, e.g., results of lab tests ordered or medications prescribed by another physician.

ActiveHealth's clinical rule sets were developed by a panel of Board-certified physicians with a broad range of clinical specialties. The rule sets are continually reviewed and refined as new information becomes available. A distinct advantage of ActiveHealth's technology is its ability to rapidly incorporate important new medical information that has a potentially serious impact

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on patients.

For example, ActiveHealth rapidly adapted the new guidelines issued by the National Cholesterol Education Panel into our cholesterol rule sets.

ActiveHealth also built a new rule immediately following the recent Baycol recall and sent patient-specific notices to physicians whose patients had filled prescriptions for that medication.

ActiveHealth offers a new information and support service designed to help treating physicians reach the goal of providing the most informed care to patients.

Please feel free to visit the ActiveHealth Website at :

www.activehealthmanagement.com



Network Management Updates

PreferredOne

Enters New Business Relationships

Effective 8/1/04, PreferredOne is partnering with selected carriers to assist in market areas where PreferredOne does not have a presence. We have chosen Cigna as our large group partner and Assurant Health, (formerly know as Fortis), as our small group partner. This will round out our ability to sell and market products with all employers from small, mid-size to large employers.

In order to track claims more efficiently, this new partnership is creating a new PO box. ~~*Beginning 8/1/04 all Cigna and Assurant should be mailed to:~~ **Beginning with Cigna**, as of 8/1/04 all Cigna claims should be mailed to:

PreferredOne Administrative Services
PO Box 1512
Minneapolis, MN 55440-1512

You will begin to see ID cards that say "Cigna" ~~*or "Assurant Health"~~ with the PreferredOne Administrative Services logo with the P.O. Box listed above. Please make sure to update your system for this new claims address.

If you have any questions regarding this new relationship, please feel free to contact your provider relations representative.

**(Revised 8/6/04)*



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As part of becoming a publicly traded company, Fortis Health has changed its name to Assurant Health. This change became effective March 1, 2004. New ID Cards will be re-issued later this year.

Behavioral Health/CD Authorization Changes

Any Behavioral Health treatment program of 3 hours or more per day now requires authorization. This is a change from the previous requirement in which authorization was required for programs over 4 hours.

The Minnesota Universal Outpatient Mental Health/Chemical Health Authorization Form is now interactive (can be completed online) and can be accessed on the AUC Web site at:

<http://www.mmaonline.net/auc/mntlhlthtag.htm>

Outpatient Chemical Dependency treatment no longer requires authorization.

University of Minnesota Employee Plan Co-Pay

Please be aware that PreferredOne University of Minnesota members have 100% coverage for their lab and x-ray services when performed as either a part of their preventive care or for an office visit due to illness. Members should not be charged a co-pay for their lab work or x-rays.

Provider Discontinuing Services to Members

PreferredOne has revised and updated its policy "Provider Discontinuing Services to Members" per Minnesota Department of Health requirements. Please see attachment #7. If you have any questions, you may call your Provider Relations Representative.



Network Management Updates

Coding Update

by Elaine McLinden, Manager

New ICD9 codes for October, 2004:

The new ICD9 codes have been published and PreferredOne will be ready to accept them for services dates of 10/01/04 and later.

New Policy for length of stay requirement before transfer to a skilled nursing facility.

If you are a skilled nursing facility, or have a skilled nursing facility as part of your hospital, be sure to read the new medical policy and billing policy included in this newsletter. (attachment # 9,11)

Transfers to a skilled nursing facility, or discharge from a hospital's acute floor to a hospital's rehab floor require prior authorization. A 4 day stay is required before transferring to the skilled nursing facility. Transfers occurring earlier than 4 days will result in a decrease payment to a skilled nursing facility, or rehab unit within the hospital.

Illness & Preventative visits on the same day:

The preventative and illness visit must be on the same HCFA 1500 and not separated onto two claims.

PreferredOne will allow any combination of 99212, 99213, 99201, 99202, 99203 in conjunction with a comprehensive preventative medicine visit.

We will *not* consider combinations of 99214, 99215, 99204, 99205 (level 4, & 5) to be reimbursed in addition to the preventative visit. Reimbursement will be based on the illness visit only.

Review for payment of the preventative visit may be made under the following situation.

- Notification to PreferredOne that this is a "corrected claim" (via a new paper claim). EDI claims will cause the claim to deny as a duplicate.
- The level 4 or 5 visit is removed and replaced with a level 2 or 3 visit along with the other procedures/ or preventive service previously billed.

Requests to Change Diagnosis Codes:

We have had many appeals from providers requesting a change in diagnosis codes either from preventative to illness, or illness to preventative. Some of the requests are accompanied by medical records with the expectation that PreferredOne can change the diagnosis code.

PreferredOne cannot change a diagnosis code unless the provider submits a corrected claim with the new diagnosis.

It also appears that members may be asking providers to change diagnosis codes based on their benefits. As an example, if a member has preventative coverage but is on a medication for an illness, the reason for ordering that test may in fact be due to the illness and not for preventative reasons. It is appropriate for the provider to make the determination of the reason the tests are being ordered. While the visit may be preventative, the tests, etc may be illness related and the member may have a co-pay or deductible apply to the services according to their benefits and diagnosis submitted.

We support the provider in their determination of the reason the tests were ordered. While the visit may be preventative, the tests etc. may be illness related and the member may have a co-pay or deductible apply to the services according to their benefits and diagnosis submitted.



Medical Management Updates

Coding Cont'd

Infertility Diagnosis Coding:

Benefits for the diagnosis of infertility and treatment such as artificial insemination, gift and or zift procedures are defined by member benefit plans.

As an example, even though the member may have an underlying problem such as endometriosis, if the reason for the weekly visits, lab tests, follicle x-rays is to prepare for artificial insemination, gift or zift the diagnosis should be infertility not endometriosis. Claims may be paid incorrectly when the services appear to be for the investigation of the problem, or treatment when in fact, the patient is in a program for artificial insemination.

PreferredOne will recoup payments that may have been paid inadvertently based on the reported diagnosis, and or review of the medical records.

Knee Surgery Different Compartments same knee CPT29877, G0289-Medicare:

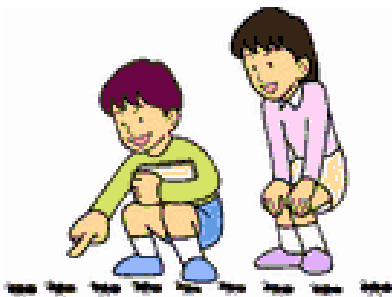
When Debridement Surgery is performed on separate compartments of the same knee report the additional procedure using G0289, not 29877.

Health and Behavior Assessment/Intervention 96150-96155:

These codes should only be submitted by non-MD behavior health providers, such as social workers/psychologists.

These services do not have a TC-26 component. It is a professional service only and should be billed with the CPT code 9610-96155 without a TC or 26 modifier.

These codes are not to be used by MD's. A physician would report either the E/M codes, or the appropriate psychotherapy codes for services for behavior health assessment or intervention.



Prior Authorization for Specialty Pharmaceuticals

By Dr. John Fredrick



The impact of specialty pharmaceuticals/ biologics has been significant over the past few years. Health plans have been historically quite aggressive in the management of utilization of these new drugs. PreferredOne has reviewed its experience with some of the specialty pharmaceuticals in the areas of rheumatology and neurology. The utilization of these drugs by the Rheumatol-

ogy and Neurology specialists has been very consistent with the evidenced-based guidelines in the community.

Since there has been minimal benefit to requiring the prior authorization from these specialists PreferredOne has implemented a process to allow many prescriptions written by these specialists to be automatically authorized by our pharmacy benefit manager when they are presented to the pharmacy. This is expected to minimize the hassle factor for the patients and physician groups significantly. Retrospective review of the prescribing patterns will continue to occur to confirm that the change in policy is appropriate

The change has been reviewed and approved by the Pharmacy & Therapeutics Committee at PreferredOne. We will continue to look at other areas to assure that we are minimizing our reviews to the areas of practice were there is some value.



Medical Management Updates

Medical Policy & Criteria Update

By Joni Riley, Manager of Medical Policy

Medical Policies are available on the PreferredOne web site to members and to providers without prior registration . The website address is:

<http://www.PreferredOne.com>

Click on Health Resources in the upper left hand corner and choose the Medical Policy menu item. A new feature on the Medical Policy menu page is a search capability.

PreferredOne Medical Policy and Criteria are developed and updated using an evidence-based approach analyzing available scientific literature in addition to expert professional practice guidelines and expert consensus opinion.

Based on this approach, maintenance tocolytic therapy for management on pre-term labor was to be added to the investigational list effective April 1st. However, some healthcare services retain support in the medical community despite clear evidence from reliable evidence in the medical literature demonstrating lack of safety, effectiveness, or effect on health outcomes. For this reason maintenance tocolytic therapy was not added, and home uterine activity monitoring (HUAM) was removed from the investigational list. Coverage is not guaranteed for these services and requests for coverage will be reviewed on a case-by-case basis by a physician case reviewer. In addition to a medical necessity review, communication with the ordering provider will be made by providing appropriate American College of Obstetricians and Gynecologists (ACOG) recommendations and relevant medical evidence reported in the peer-reviewed literature.

New in the medical-surgical area is a Medical Policy which states PreferredOne's new position requiring a four-day qualifying length of stay in an acute care facility before transfer to a lower level of care for continued rehabilitation paralleling CMS policy. Also new in the

medical surgical area is the addition of the NTI-tss device for migraines, Transluminal Power Phlebectomy (TRIVEX) & Endovenous Laser Therapy (ELAT) for treatment of varicose veins, and Dry Needling to the Investigational List. New in the behavioral health area is criteria for Autism Spectrum Treatment and the addition of both Secretin infusion and Lovaas therapy to the Investigational List. New criteria in Pharmacy and Therapeutics include criteria for Biologic Drugs for Arthritic Conditions and Biologic Drugs for Psoriasis.

The latest Medical and Pharmacy Policy and Criteria indexes are attached and indicate new and revised Medical Policy documents approved at recent meetings of the PreferredOne Medical/Surgical Quality Management Subcommittee, Behavioral Health Quality Management Subcommittee, and Pharmacy & Therapeutics Quality Management Subcommittee. Please add the attached indexes (Exhibits 8-13) 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 of medical policies or if you have questions feel free to contact me at (763)-847-3238 or on line at jriley@preferredone.com.



Medical Management Updates

Medical Policy Update

By Joni Riley, Manager, Medical Policy

Institute for Clinical Systems Improvement (ICSI) Update

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

Health Care Guidelines:

- Assessment and Management of Acute Pain
- Diagnosis and Treatment of Hypertension
- Heart Failure in Adults
- Inpatient Management of Heart Failure
- Venous Thromboembolism
- Mental Depression in Adults for Mental Health Care
- Major Depression in Adults in Primary Care

Technology Assessment Reports:

- Cranial Orthoses for Deformational Plagiocephaly
- Diet Programs for Weight Loss in Adults
- Computer Aided Detection of Breast Cancer
- Electron-Beam and Helical Computed Tomography for Coronary Artery Disease



Quality Update

Debra Doyle, Director, Quality Improvement

PreferredOne Community Health Plan (PCHP) conducts a Health Plan Employer Data and Information Set (HEDIS®) audit annually for selected effectiveness of care and utilization indicators for the State of Minnesota. Chlamydia screening is one of the clinical indicators we have reported for the past four years.

The Minnesota Department of Health reported a significant increase in the number of diagnosed sexually transmitted diseases between 2002 and 2003 including Chlamydia infections. JAMA (Dec. 2002) reported in, “The Effect of a Clinical Practice Improvement Intervention on Chlamydia Screening Among Adolescent Girls,” indicated, “Chlamydia is the most commonly reported STD in the USA with 3 million to 4 million cases occurring annually.” Up to 15 percent of young women are estimated to have the disease. Untreated Chlamydia can lead to pelvic inflammatory disease, infertility, ectopic pregnancy and other serious health problems, including an increased risk of HIV infections. The vast majority of tubal infertility cases are caused by untreated Chlamydia infections. These complications can be prevented with appropriate treatment. Despite this information, the overall screening rate for eligible PCHP members remains static at 19%.

The AHRQ U.S. Preventative Services Task Force, the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists are just a few of the organizations that recommend annual screening for Chlamydia for all sexually active women 25 and younger. We are encouraging all PreferredOne physicians to follow these recommendations. This and other information can be found online on the AHRQ web site at www.ahrq.gov or National Guideline Clearinghouse web site at www.guideline.gov.

Department:	Network Management	Approved:	September 2003
Policy Description:	Provider Discontinuing Services to Member	Effective:	
Reference #:		Replaces Policy:	
Page:	1 of 1	Origin:	1/1/96
		Retired:	

SCOPE: Network Management

PURPOSE: Provider may elect to discontinue providing services for a Member for the following reasons:

- Unpaid bills incurred by the member before enrollment
- Unpaid co-payments or coinsurance incurred by the member after enrollment
- Member is uncooperative or abusive toward the provider
- Member and provider are unable to agree on a course of treatment

POLICY: Provider Discontinuing Services to Member

PROCEDURE:

1. If the plan is open access, upon request PreferredOne will provide the member with the name, address and telephone number of the other participating providers. Additionally, PreferredOne will work jointly with the provider in arranging for transition of care for the Member and will assist in moving the Member to another participating provider. Until these arrangements are made, the provider agrees to provide emergency coverage if needed.
2. If the member is covered under the PreferredOne Care Team Plan, the provider is to notify Plan and Member, in writing, with member information and reason of termination by the 10th of the month. The Plan will furnish the enrollee with the name, address and telephone number of other participating providers in the same area of medical specialty. Members required to elect a new primary care clinic will become effective at the new clinic the first day of the following month.


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Medical criteria accessible through this site serve as a guide for evaluating the medical necessity of services. They are intended to promote objectivity and consistency in the medical necessity decision-making process and are necessarily general in approach. They do not constitute or serve as a substitute for the exercise of independent medical judgment in enrollee specific matters and do not constitute or serve as a substitute for medical treatment or advice. Therefore, medical discretion must be exercised in their application. Benefits 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.

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Criteria #	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	Uvulopalatopharyngoplasty (UPPP)
C008	Eye, Ear, Nose, and Throat	Strabismus Repair (Adult and pediatric)
C009	Eye, Ear, Nose, and Throat	Cochlear Implant
E008	Obstetrical and Gynecological	Uterine Artery Embolization (UAE)
F005	Orthopaedic/Musculoskeletal	Spinal Fusion
F013	Orthopaedic/Musculoskeletal	IDET (Intradiscal Electrothermal Treatment)
F014	Orthopaedic/Musculoskeletal	Percutaneous Vertebroplasty & Kyphoplasty <i>Revised</i>
F015	Orthopaedic/Musculoskeletal	Extracorporeal Shockwave Therapy (ESWT) for Plantar Fasciitis
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
G006	Skin and Integumentary	Gynecomastia Procedures <i>Revised</i>
G007	Skin and Integumentary	Prophylactic Mastectomy
G008	Skin and Integumentary	Hyperhidrosis Treatment
H003	Gastrointestinal/Nutritional	Bariatric Surgery
I007	Urological	Cryosurgery Ablation of the Prostate
I008	Urological	Implantable Sacral Nerve Stimulator
J001	Vascular	Treatment of Varicose Veins
L001	Diagnostic	Positron Emission Tomography (PET) Scan
L002	Diagnostic	Electron Beam Computed Tomography (EBCT)/Ultrafast Computed Tomography (UFCT)
M001	MH/Substance Related Disorders	Inpatient Treatment for Mental Disorders <i>Revised</i>
M002	MH/Substance Related Disorders	Electroconvulsive Therapy (ECT) <i>Revised</i>
	MH/Substance Related	

M004	Disorders	Day Treatment Program-Mental Health Disorder <i>Revised</i>
M005	MH/Substance Related Disorders	Eating Disorders-Inpatient Treatment
M006	MH/Substance Related Disorders	Partial Hospitalization Program (PHP) -Mental Health Disorder <i>Revised</i>
M007	MH/Substance Related Disorders	Residential Treatment
M008	MH/Substance Related Disorders	Outpatient Psychotherapy <i>Revised</i>
M009	MH/Substance Related Disorders	Outpatient Chronic Pain Program Criteria <i>Revised</i>
M010	MH/Substance Related Disorders	Substance Related Disorders: Inpatient Primary Treatment
M014	MH/Substance Related Disorders	Admission for Adult/Adolescent Inpatient Detoxification
M019	MH/Substance Related Disorders	Pathological Gambling Outpatient Treatment
M020	MH/Substance Related Disorders	Autism Spectrum Disorders Treatment <i>Revised</i>
N001	Rehabilitation	Acute Inpatient Rehabilitation <i>Revised</i>
N002	Rehabilitation	Skilled Nursing Facilities <i>Revised</i>
N003	Rehabilitation	Outpatient Occupational, Physical and Speech Therapy
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

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Criteria #	Description
A001	Elective Abortion
A002	Mifepristone/RU486 <i>Revised</i>
A003	Acupuncture
C001	Court Ordered Mental Health & Substance Related Disorders Services <i>Revised</i>
C002	Cosmetic Surgery
C003	Cleft Lip/Cleft Palate
C004	Children's Health Supervision Services
C005	Communication Services for Ventilator-Dependent Members (In-Patient)
C008	Oncology Clinical Trials Covered/Non-covered Services
D001	Diagnostic Procedures for Cancer
D002	Diabetic Supplies
D004	Durable Medical Equipment, Non-Durable/Supplies, Support Devices and Prosthetics <i>Revised</i>
D005	Dental-Hospitalization & Anesthesia
D007	Disability Determinations: Proof of Incapacity Requirements
D008	Dressing Supplies
E001	Ambulance Transportation
E002	Emergency Care
E004	Enteral Nutrition Therapy
E005	EROS Device (Vacuum Therapy for Treatment of Female Sexual Dysfunction) <i>Revised</i>
G001	Genetic Testing
H001	Home Health Aid Services
H003	Home Prothrombin Time Testing Devices
H004	Healthcares Services with Demonstrated Lack of Therapeutic Benefit <i>Revised</i>
I001	Investigational/Experimental <i>Revised</i>
I002	Infertility Diagnosis and Treatment (Female and Male)
I004	Immunizations
M003	In-Patient Maternity Length of Stay and Postdelivery Care
N001	Non-Plan Services
N002	Nutritional Counseling
O001	OB/GYN Direct Access
P001	Phenylketonuria Formula
P003	Port-Wine Stain
P004	Private Room
P006	Enrollees with Mental Health Disorders not Receiving Active Psychiatric Treatment (Inpatient)
P007	Preparatory/Preoperative Blood Donation <i>Revised</i>
R002	Reconstructive Surgery

R004	Referrals-Standing Referrals to Specialty Care
S001	Scalp Hair Protheses
S002	Second Opinion Related to Substance Related Disorders and Mental Health Services
S005	School Based Therapy
S006	Screening Tests
S007	Sensory Integration (SI)
T001	Temporal Mandibular Disorder (TMD) Temporal Mandibular Joint (TMJ) Disorder Craniomandibular Disorder
T002	Transition/Continuity of Care
T004	Therapeutic Overnight Pass
T005	Transfers to a Lower Level of Care for Rehabilitation from an Acute Care Facility <i>New</i>
V001	Vision Therapy
W001	Wireless Capsule Endoscopy

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

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Criteria #	Description
C001	Coordination of Benefits
F001	Formulary & Copay Overrides <i>Revised</i>
H001	Half Tab Program <i>Revised</i>
O001	Off-Label Drug Use
Q001	Quantity Limits per Prescription per Copayment <i>Revised</i>
S001	Step Therapy DOER ONLY <i>Revised</i>

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