

PreferredOne®

UPDATE *A Newsletter for PreferredOne Providers & Practitioners*

June 2014

2014 PreferredOne Provider Forum

We are pleased to invite PreferredOne providers to visit us at PreferredOne for a Provider Forum on **Wednesday, September 24, 2014**.

7:00 a.m. – 7:30 a.m. – Sign-in and continental breakfast

7:30 a.m. – 8:30 a.m. – Program

This is a great opportunity for you to hear the PreferredOne updates, learn about our members, get the first the look at new policies, and give input on upcoming issues. This forum will keep you current and up to date on all that is happening at PreferredOne in this ever-changing health care industry.

We would like to hear your feedback. A special Q & A section will be posted on the PreferredOne website following the forum. We will answer any questions you might have. We hope to see you here!

Attend in Person

Please visit PreferredOne.com, click on “Providers” on the bottom menu bar on the home page. Then click on the link for the 2014 PreferredOne Provider Forum and submit your email address to register - or just click [HERE](#) to be taken directly to the registration page.

Attend via Webinar

If you're unable to attend in person, attend via webinar! Submit your email address on the PreferredOne website as seen above. The webinar login information will be emailed to you a few days before the forum.

Pricing and Payment Update

ICD-10 Readiness

PreferredOne continues efforts for ICD-10 readiness, despite ICD-10 Delay. Congress voted in favor of the Protecting Access to Medicare Act of 2014 that included a provision that delays the implementation of ICD-10 until at least October 2015. No firm date or direction has been given by CMS at this time. Despite the delay, PreferredOne will continue its efforts preparing for ICD-10 including upgrading systems, end-to-end testing and revenue neutral analysis. More information to follow as CMS provides more direction.

Remember to visit the ICD-10 website for updates and information. The FAQ dates will be updated once we receive more direction from CMS. The website is https://www.preferredone.com/providers/icd10_update.aspx

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Multiple Imaging Performed on Same Date of Service

As communicated at the September 2013 Provider Forum, the new pricing and payment policy P16-“Multiple Imaging Performed on the Same Date of Service” was to become effective April 1, 2014. However, due to system constraints, the amount reimbursed for subsequent applicable imaging procedures will have to change from 75% to 50% of the allowable rate. This policy will now become effective September 1, 2014. All other aspects of the policy remain in effect. An updated policy is [\(Exhibit A\)](#).

Coding Update

Facility Billing of Unlisted Codes

If the service is a surgery a complete description of the unlisted code is required along with the operative report. Sending only the operative note is often not sufficient to determine what the unlisted code is being used for. Providers should include a written letter or explanation that indicates what the unlisted service consisted of.

If the service is a diagnostic/laboratory test, clinical notes should be included describing the patient's diagnoses, the test performed and the results of the test.

Services Reported on the Same Date of Service

All services reported by the same provider on the same date of service should be on the same claim

DSM-V

We do not accept medical claims with DSM codes. Medical claims should be billed with ICD-9 codes. To explain the difference: Basically the DSM is a diagnostic coding system and ICD is a billing/reimbursement coding system.

How are DSM-5 and ICD Related?

DSM-5 and the ICD should be thought of as companion publications. DSM-5 contains the most up-to-date criteria for diagnosing mental disorders, along with extensive descriptive text, providing a common language for clinicians to communicate about their patients. The ICD-9 contains the code numbers needed for insurance reimbursement and for monitoring of morbidity and mortality statistics by national and international health agencies.

Appeals

When sending appeals please include the member number, claim number and date of service. Include a written description of what is being appealed. Often sending only the notes is not sufficient to make a determination.

CMS 1500 Paper Claim Form Change

Effective May 9, 2014, a new CMS 1500 paper claim form is required for use. We have updated the intranet and internet applications to reflect the new form. The new form accommodates ICD-10 codes and also makes a number of changes to various boxes. The biggest change is that some boxes are now used to report various claim dates and/or providers. A “code qualifier” is used to indicate what data is being reported. Please refer to the attached document as it explains what all of the changes are; and what the code qualifiers mean.

Note: This data is not “new”. This data has been reported in the electronic claim since the conversion to HIPAA version 5010. The new CMS 1500 allows this data to be displayed on the form.

Medical Policy Update



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 Benefits and Tools and choose Medical Policy, Pre-certification and Prior Authorization.

The Behavioral Health, Chiropractic, Medical/Surgical, and Pharmacy and Therapeutics Quality Management Subcommittees approve new criteria sets and clinical policy bulletins for use in their respective areas of Integrated Healthcare Services. Quality Management Subcommittee approval is not required when there has been a decision to retire a PreferredOne criterion or when medical policies are created or revised; approval by the Chief Medical Officer is required. The Quality Management Subcommittees are informed of these decisions.

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.

Behavioral Health Criteria

- New Criteria:
 - MC/M024 Autism Spectrum Disorders in Children: Early Intensive Behavior and Developmental Therapy
- Criteria with major revisions: None
- Retired Criterion: None
- New Policy: None
- Retired Policy: None

Chiropractic Criteria

- New Criteria: None
- Criteria with major revisions: None
- Retired Criteria: None
- New Policy: None
- Retired Policy: None

Medical/Surgical Criteria

- New Criteria:
 - Comparative Genomic Hybridization
 - Laboratory Testing for Detection of Heart Transplant Rejection
- Criteria with major revisions: None
- Retired Criteria: None
- New Policy: None
- Retired Policy: None

Medical Management

Investigational/Experimental/Unproven Comparative Effectiveness List

- Addition:
 - Comparative Genomic Hybridization for all indications not addressed in the newly created criteria set
- Deleted:
 - Lovaas
- Revised:
 - Chemotherapy/Chemosensitivity Tumor Resistance is now proven effective in the setting of recurrent epithelial ovarian cancer with two or less previous chemotherapy regimens, and re-biopsy of tissue. It remains investigative for all other indications.
 - Fecal microbiota transplantation is now proven effective for treatment of refractory c.difficile infection. It remains investigative for all other indications.
 - Inflammatory bowel disease (IBD) metabolite testing is now proven effective for monitoring compliance in patients not responding to 6-mercaptopurine and azathioprine therapy and to assess suspected toxicity. It remains investigative for all other indications.
 - Neuromuscular stimulator, electric shock unit is effective for treatment of denervated muscles, knee osteoarthritis, Bell's palsy, cerebral palsy, or for improving ambulatory function and muscle strength in patients with progressive diseases.
 - Spinal cord stimulation, cervical is proven effective for complex regional pain syndrome. It remains investigative for all other indications.

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, new FDA-approved devices, 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 B-F**) 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.

With the continued roll-out of the Affordable Care Act provisions and local Exchange products, new policies and criteria will continue to be developed and posted.

For the most current version of the policy and criteria documents, please access the Medical Policy area 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

Pharmacy Section

Pharmacy Criteria

- New Criteria: None
- Criteria with major revision: None
- Retired Criteria: None
- New Policy: None
- Retired Policy: None

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.

Quality Management Update

Minnesota Community Measurement - Release of the 2013 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 2013 Health Care Quality Report on their website during the first quarter of 2014. The 2013 Health Care Quality report features comparative provider group performance on preventive care screening and chronic disease care. One of the primary objectives of this report is to provide information to support provider group quality improvement. Provider groups will find this report useful to improve health care systems for better patient care. Sharing results with the public provides recognition for provider groups that are doing a good job now and motivates other groups to work harder. The report will allow provider groups to track their progress from year-to-year and to set and measure goals for future health care initiatives. The MNCM website also provides consumers with information regarding their role as active participants in their own care. Visit the MNCM website site to view the 2013 annual report at www.mncm.org.

Quality Management (QM) Program

The mission of the QM Program is to identify and act on opportunities that improve the quality, safety and value of care provided to PreferredOne members, both independently and/or collaboratively, with contracted practitioners and community efforts, and also improve service provided to PreferredOne members and other customers.

PreferredOne's member and physician website will be updated in the near future to offer the following program documents:

- 2014 PreferredOne QM Program Description, Executive Summary
- 2013 Year-End QM Program Evaluation, Executive Summary

To access these documents, log into the Provider site, and then click on the Quality Management Program link under the Information heading.

If you would like to request a paper copy of either of these documents please contact Heather Clark at 763-847-3562 or e-mail us at quality@preferredone.com.

HEDIS Data

We would like to thank all of our provider groups for their cooperation and collaboration during our recent HEDIS medical record review process. We realize that this process is burdensome to clinics and staff and appreciate your willingness in working with our vendor to ensure our HEDIS results for 2014 are accurate. Thank you!

PreferredOne

DEPARTMENT:	Pricing & Payment	APPROVED DATE:	4/1/2014
POLICY DESCRIPTION:	Multiple Imaging Performed on the Same Date of Service		
EFFECTIVE DATE:	9/1/2014		
PAGE:	1 of 1	REPLACES POLICY DATED:	4/1/2014
REFERENCE NUMBER:	P#16	RETIRED DATE:	

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

PURPOSE: To provide guidelines for reimbursement when multiple imaging is performed on the same member, same date of service by the same group practice or facility.

POLICY: Multiple imaging selected services performed at the same group practice or facility, the same date of service and same patient may be subject to multiple procedure reduction for the secondary and subsequent procedures.

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. The imaging services that qualify for multiple imaging reduction are identified in the CMS RVU file with a Multiple procedure indicator = 4 or Revenue Code ranges 35x and 61x or CMS defined radiology composite APCs.
2. This applies to group practices billing on CMS HCFA 1500 claim form, regardless of place of service and facilities including outpatient hospitals and free-standing surgery centers billing on CMS UB claim form.
3. Multiple imaging reductions apply to these codes when performed on the same patient by the same group practice or facility during the same session.
4. A single imaging procedure subject to the multiple imaging reduction concepts is submitted with multiple units. For example, code 70450 is submitted with 2 units. A multiple imaging reduction would apply to the second unit.
5. Exceptions to the multiple imaging reduction:
 - a. When modifier -26 for the professional component only is billed

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- b. When modifier -59 to indicate the procedure was done on the same day but not during the same session

- 6. When multiple procedures are performed on the same date of service, PreferredOne will select the procedure classified in the highest payment group for the primary procedure. This procedure will be reimbursed at 100% of PreferredOne's contracted rate. Subsequent imaging procedures will be reimbursed as follows: If the group practice bills globally the subsequent imaging procedures will be reimbursed at 50% of the allowed rate. If the group practice or facility bills TC technical component, the subsequent imaging procedures will be reimbursed at 50% of the allowed rate, or for APC methodology, grouped to the appropriate composite APC.

DEFINITIONS:

**REFERENCES: CMS Transmittal 1104 Change Request 7747 August 2, 2012
MedLearn Matters # MM7747**

Chiropractic Policy

Reference #	Description
002	Plain Film X-rays
003	Passive Treatment
004	Experimental, Unproven, or Investigational Services
006	Active Procedures in Physical Medicine
007	Acute and Chronic Pain Administration Policy
011	Infant Care Policy - Chiropractic
012	Measurable Progressive Improvement - Chiropractic
013	Chiropractic Manipulative Therapy Documentation
014	Plan of Care
015	Advanced Imaging

Medical Criteria

Reference #	Category	Description
A006	Cardiac/Thoracic	Ventricular Assist Devices (VAD)
B002	Dental and Oral Maxillofacial	Orthognathic Surgery
C007	Eye, Ear, Nose, and Throat	Surgical Treatment of Obstructive Sleep Apnea
D001	DME	Microprocessor-Controlled Prostheses for the Lower Limb
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)
G002	Skin and Integumentary	Breast Reduction Surgery
G003	Skin and Integumentary	Excision Redundant Tissue
G004	Skin and Integumentary	Breast Reconstruction
G007	Skin and Integumentary	Prophylactic Mastectomy and Oophorectomy
G008	Skin and Integumentary	Hyperhidrosis Surgery
G010	Skin and Integumentary	Lipoma Removal
G011	Skin and Integumentary	Hyperbaric Oxygen Therapy
H003	Gastrointestinal/Nutritional	Bariatric Surgery
I007	Neurology	Cryoablation/Cryosurgery for Hepatic, Prostate, and Renal Oncology Indications
I008	Neurological	Sacral Nerve Stimulation
I009	Neurological	Deep Brain Stimulation
I010	Neurological	Spinal Cord/Dorsal Column Stimulation <i>Revised</i>
K001	General Surgical/Medical	IVAB for Lyme Disease
K002	General surgical/ medical	Bronchial Thermoplasty
L008	Diagnostic	Continuous Glucose Monitoring Systems for Long Term Use
L009	Diagnostic	Intensity Modulated Radiation Therapy (IMRT)
L010	Diagnostic	Genetic Testing for Hereditary Breast or Ovarian Cancer Syndromes (BRCA1/BRCA2, BART, PTEN, TP53)
L011		Insulin Infusion Pump
L012	Diagnostic/Radiology	Oncotype DX Breast Cancer Assay
L014	Diagnostic	Laboratory Testing for Detection of Heart Transplant Rejection <i>New</i>
L015	Diagnostic	Comparative Genomic Hybridization (CGH, aCGH) <i>New</i>
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 <i>Revised</i>
M006	BH/Substance Related Disorders	Mental Health Disorders: Partial Hospital Program (PHP)
M007	BH/Substance Related Disorders	Mental Health Disorders: Residential Treatment <i>Revised</i>
M010	BH/Substance Related Disorders	Substance Related Disorders: Inpatient Primary Treatment

M014	BH/Substance Related Disorders	Detoxification: Inpatient Treatment
M020	BH/Substance Related Disorders	Autism Spectrum Disorders in Children: Non-Intensive 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)
N002	Rehabilitation	Inpatient Skilled Services (Skilled Nursing Facility and Acute Inpatient Rehabilitation) <i>Revised</i>
N003	Rehabilitation	Occupational and Physical Therapy: Outpatient Setting
N004	Rehabilitation	Speech Therapy: Outpatient Setting
N005	Rehabilitation	Torticollis and Positional Plagiocephaly Treatment for Infants/Toddlers
N007	Rehabilitation	Home Health Care
T001	Transplant	Bone Marrow / Stem Cell Transplant
T002	Transplant	Kidney, SPK, SPLK Transplant
T003	Transplant	Heart Transplant
T004	Transplant	Liver Transplant
T005	Transplant	Lung Transplant
T007	Transplant	Pancreas, PAK, and Autologous Islet Cell Transplant

Medical Policy

Reference #	Description
A001	Elective Abortion
A003	Amino Acid Based Elemental Formula (AABF) <i>Revised</i>
A004	Acupuncture <i>New</i>
A005	Autism Spectrum Disorders in Children: Assessment and Evaluation <i>New</i>
C001	Court Ordered Mental Health Services
C002	Cosmetic Treatments <i>Revised</i>
C003	Criteria Management Development, Application, and Oversight <i>Revised</i>
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
D008	Dressing Supplies
D009	Dental Services, Hospitalization, and Anesthesia for Dental Services Covered Under the Medical Benefit
G001	Genetic Testing for Heritable Conditions
G002	Gender Reassignment
H006	Hearing Devices
H007	Hospice Care <i>Revised</i>
H008	FDA-Approved Humanitarian Use Devices (HUD) <i>New</i>
I001	Investigational/Experimental Services
I002	Infertility Treatment
I003	Routine Preventive Immunizations <i>Revised</i>
L001	Laboratory Tests
N002	Nutritional Counseling
P008	Medical Policy Document Management and Application <i>Revised</i>
P009	Preventive Screening Tests for Grandfathered Plans
P010	UVB Phototherapy (non-laser) for Skin Disorders <i>Revised</i>
P011	Prenatal Testing
R002	Reconstructive Surgery
S008	Scar Revision
T002	Transition of Care - Continuity of Care
T004	Therapeutic Pass
T006	PreferredOne Designated Transplant Network Provider
V001	Vision Care, Pediatric <i>New</i>
W001	Physician Directed Weight Loss Programs

Pharmacy Criteria

Reference #	Description
A003	Combination Beta-2 Agonist/Corticosteroid Inhalers Step Therapy ^{Revised}
A005	Antidepressant Medications Step Therapy
A008	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) Medications Step Therapy
B003	Botulinum Toxin ^{Revised}
B004	Biologics for Rheumatoid Arthritis
B005	Biologics for Plaque Psoriasis
B006	Biologics for Crohn's Disease
B009	Bisphosphonates and Osteoporosis Prevention and Treatment Medications
B010	Biologics for Juvenile Idiopathic Arthritis and Juvenile Rheumatoid Arthritis
B011	Biologics for Psoriatic Arthritis
B012	Biologics for Ankylosing Spondylitis ^{Revised}
B013	Biologics for Ulcerative Colitis
B014	Benign Prostatic Hypertrophy Medications Step Therapy ^{Revised}
C002	Cyclooxygenase-2 (COX-2) Inhibitors Step Therapy (Celebrex)
E001	Erectile Dysfunction Medications - Non-PDE-5 Inhibitor Medications
F001	Fenofibrate Medications Step Therapy
I001	Topical Immunomodulators Step Therapy: Elidel & Protopic
I002	Immune Globulin Therapy (IgG, IVIg, SCIG) ^{Revised}
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
R003	Topical Retinoid Medications Step Therapy ^{Revised}
R004	Rituxan Prior Authorization (Non-Oncology)
S003	Sedative Hypnotics Step Therapy
V001	Vascular Endothelial Growth Factor Antagonists for Intravitreal Use
W001	Weight Loss Medications

Pharmacy Policy

Reference #	Description
B001	Backdating of Prior Authorizations
C001	Coordination of Benefits
C002	Cost Benefit Program
C003	Compounded Drug Products
F001	Formulary and Co-Pay Overrides
O001	Off-Label Drug Use
P001	Bypass of Prior Authorization of a Medication Ordered by a Contracted Specialist
Q001	Express Scripts Quantity Limits
Q002	ClearScript Quantity Limits <i>Revised</i>
R001	Review of New FDA-Approved Drugs and Clinical Indications <i>Revised</i>
S001	Step Therapy
T001	Tobacco Cessation Medications <i>New</i>