PreferredOne®
UPDATE A Newsletter for PreferredOne Providers & Practitioners
July 2015

ICD-10 Update

ICD-10 is still on track for implementation effective 10/1/2015 dates of service. We have been testing with clearinghouses and providers with the intent of completing these tests by the end of July. So far we have been successful in accepting claims either directly from providers or from the clearinghouses. The claims systems have also been able to adjudicate the claims as expected, and generate the 835 remit back to the provider. Final results will be posted to our website after completion of the testing. Here is the link to the website. https://www.preferredone.com/providers/icd10_update.aspx. We have attached the FAQ to this newsletter, but any updates will be made on the website (Exhibit A).

Coding Update

Unlisted Codes

Claims have been submitted containing unlisted CPT® code(s) for which a separate, payable procedure cannot be identified. When this occurs, the unlisted CPT® code will be denied.

To best facilitate payment for an unlisted CPT® code, please include in the claim's narrative section the specific procedure that is being done.

If the service is a surgery, an operative report is required but 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 with an explanation that indicates what the unlisted service consisted of.

If the service is a laboratory test a complete description of the test, physician order and any pertinent clinical information should be provided.

Units of Measure

For surgical procedures without a unit of measure in the description the code should be submitted on a single line with one unit.

Appeal submission

Appeals should be submitted with the appropriate form/cover sheet. The appeal should include the member number, member name, claim number, date of service and a description of what is being appealed.

REMINDER—CPT® code 81003 (*Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy*) is **not** a separately billable service with any antepartum or postpartum visit, regardless if reporting the individual or components of (59425 - *Antepartum care only; 4-6 visits* or 59426 - *Antepartum care only; 7 or more visits* or 59430 - *Antepartum care only; 7 or more visits*) or the global maternity service. If reported, service will deny as provider liability.

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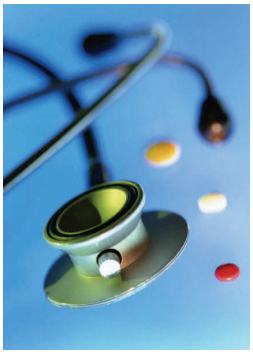
2015 PreferredOne Provider Forum

Please stay tuned for updates regarding the Fall 2015 PreferredOne Provider Forum. Your Provider Relations Representative, Contractor, or PreferredOne contact will reach out to you with information.

Medical Management



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 polices 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 investigative list.

Behavioral Health

- New Criteria: None
- Revised Criteria
    - MC/M010 Substance Related Disorders: Inpatient Primary Treatment
    - MC/M023 Mental Health Disorders: Intensive Residential Treatment Services (IRTS)
- Retired Criteria: None
- New Policy: None
- Revised Policy: None
- Retired Policy: None

Chiropractic

- New Criteria: None
- Revised Criteria: None
- Retired Criteria: None
- New Policy: None
- Revised Policy: None
- Retired Policy: None

Medical/Surgical

- New Criteria: None
- Revised Criteria
    - MC/C007 Surgical Treatment of Obstructive Sleep Apnea
    - MC/I008 Sacral Nerve Stimulation
    - MC/I009 Deep Brain Stimulation
    - MC/I010 Spinal Cord/Dorsal Column Stimulation
    - MC/L010 Genetic Testing for Hereditary Cancer Syndromes
    - MC/L015 Comparative Genomic Hybridization (CGH, aCGH)
    - MC/N002 Inpatient Skilled Services
- Retired Criteria: None
- New Policy: None
- Revised Policy
    - MP/A002 Amino Acid Based Elemental Formula
    - MP/D005 Dietary Formulas for PKU or Other Inborn Errors of Metabolism
    - MP/I003 Routine Preventive Immunizations
    - MP/M001 Molecular Testing
    - MP/N002 Nutritional Counseling
    - MP/R002 Reconstructive Surgery
    - MP/T004 Therapeutic Pass
- Retired Policy: None

Investigative List

- Additions
    - Gene expression profiling for breast cancer except the Oncotype DX® Breast Cancer Assay
    - Gene expression profiling for prostate cancer except the Prolaris™ assay or the Oncotype DX® Prostate Cancer Assay
- Removed: Transcranial Magnetic Stimulation (TMS)

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

- Now requiring PA for HCPC E0471, for new starts only

Remember to check the 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.

For the most current version of the policy and criteria documents, please access the Medical Policy option on the PreferredOne website.

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

Pharmacy

Pharmacy and Therapeutics QM Subcommittee

- New Criteria:
  - D003 Diabetic Medications Step Therapy
  - PC/G001 Growth Hormone
- Revised Criteria
  - PC/A005 Antidepressant Medications Step Therapy
  - PC/B004 Biologics for Rheumatoid Arthritis
  - PC/B005 Biologics for Plaque Psoriasis
  - PC/B006 Biologics for Crohn's Disease
  - PC/B009 Bisphosphonates and Osteoporosis Prevention and Treatment Medications
  - PC/B011 Biologics for Psoriatic Arthritis
  - PC/B012 Biologics for Ankylosing Spondylitis
  - PC/B013 Biologics for Ulcerative Colitis
  - PC/B015 Breast Cancer Risk Reduction Medications
  - PC/C002 COX-2 Inhibitor (Celebrex) Step Therapy
  - PC/H001 HMG-CoA Reductase Inhibitor Medications Step Therapy
  - PC/M001 MS Medications
  - PC/ P001 PPI Step Therapy
  - PC/R003 Topical Retinoid Medications Step Therapy
  - PC/S003 Sedative-Hypnotics
  - PC/T001 Tobacco Cessation Medications
  - PC/W001 Weight Loss Medications
- Retired Criteria: None
- New Policy: PP/B002 Biosimilar Products
- Revised Policy:
  - PP/C003 Compounded Drug Products
  - PP/P001 Bypass of Prior Auth of a Medication Ordered by a Contracted Specialist
  - PP/S001 Step Therapy
- 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 2014 Health Care Quality Report

Minnesota Community Measurement (MNCM) is a 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 2014 Health Care Quality Report on their website during the first quarter of 2015. The 2014 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 2014 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:

- 2015 PreferredOne QM Program Description, Executive Summary
- 2014 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 2015 are accurate. Thank you!

Exhibit A

PreferredOne®

ICD-10 FAQ'S FROM PROVIDERS

Q: Is PreferredOne ready for ICD-10?

A: Yes, systems have been upgraded to be able to receive ICD-10 and testing is ongoing.

Q: When should providers begin billing Preferred One the ICD-10 codes?

A: ICD-10 Procedure and Diagnosis Codes for services & discharges with dates of service 10/1/2015 and beyond

Q: Will Preferred One still accept ICD-9 codes after 10/1/15?

A: ICD-9 procedure and diagnosis codes for services with dates of service PRIOR to 10/1/2015 will continue to be accepted. Claims with ICD-9 procedure and diagnosis codes for services and discharges with dates of service 10/1/2015 will reject

Q: Will Preferred One use any type of map or crosswalk from ICD-9 to ICD-10 or vice versa?

A: No crosswalk ICD-9 to ICD-10 or ICD-10 to ICD-9 codes will be used for adjudicating claims. Maps will be used to model financial neutrality.

Q: Can both ICD-9 and ICD-10 codes be submitted on the same claim?

A: No, Preferred One will not accept both ICD-9 and ICD-10 codes on same claim

Q: When will PreferredOne begin testing for claims activity?

A: Preferred One is targeting testing with some direct trading partners and some clearinghouses by Q1 2015. We will communicate results on the website or provider newsletters

Q: When will PreferredOne begin testing for revenue neutrality?

A: PreferredOne will be ready to test with pilot providers on revenue neutrality 1st Qtr 2015 i.e. accept dually coded inpatient selected claims

Q: For 10/1/2015 inpatient discharges, how will claims be adjudicated since DRG grouper V32 is used, which is not ICD-10 compliant?

A: 10/1/2015 the Inpatient claims will be grouped using the new ICD-10 compliant DRG grouper V33. Inpatient reimbursement will be based on DRG V32 weights and rates

Q: How do you plan to manage capitation reconciliations?

A: N/A PreferredOne does not have capitation agreements

Q: Will Outpatient APC grouper claims be impacted on 10/1/2015?

A: Outpatient APC claims will be grouped and priced utilizing same grouper, methodology and reimbursement throughout the year. Benefit impacts will still apply

Q: Does Preferred One anticipate any delays with claims adjudication as a result of ICD-10?

A: We do not foresee any delays in adjudication from the health plan perspective

Q: Will any timely filing deadlines be extended as a result of ICD-10?

A: No. Timely Filing Deadlines will remain the same. However for issues beyond the provider's control such as clearinghouse or software upgrades, this will be considered on a case by case basis. As always, let your provider representative know as soon as you see any issues with your systems or transmissions.

Q: How will you handle payment provisions of contracts that are diagnosis based?

A: Contracts are not dependent on diagnosis at this time. Member benefits are and will be cross walked.

Q: Will you renegotiate the contract to replace ICD -9 codes with ICD 10Codes? If so when will you renegotiate and what will you do if renegotiation does not occur until after the switch over to ICD 10?

A: Provider contracts may be updated to remain budget neutral. This should be discussed with your contract manager

Q: When will any updated policies be available?

A: Updated medical, coding and payment policies will be communicated by 2nd Qtr 2015 via the provider bulletins.

Q: Are coverage policies going to be updated with new codes?

A: PreferredOne coverage policies do not reference specific diagnosis codes so there is no intent to change coverage policies based on the change to ICD-10. Any updated medical policies will be communicated via the provider bulletins.

Q: How will providers receive updated communication on ICD-10?

A: Additional provider communication will be via website or Provider Newsletters

Q: Are you making changes to the GEMs/reimbursement mapping provided by CMS?

A: Yes, we will be using a 3M mapping product.

Q: To what degree will the transition impact managed care rate schedules?

A: N/A PreferredOne does not have separate schedules for managed care.

Q: When should prior authorizations begin using ICD-10 codes?

A: ICD-9 codes should continue to be used for prior authorizations made until 9/30/2015, regardless of the date of service. (For example, a call into Preferred One made on 9/1/2015 for a service taking place 11/1/2015 should still use ICD-9 codes). ICD-10 codes should be used for prior authorizations made beginning 10/1/2015.

Q: Will Preferred One reimburse non-specific ICD-10 diagnosis or procedure codes?

A: The main intent of ICD-10 is to be more specific, but there are some cases where non-specific codes are possible. Non-specific ICD-10 diagnosis or ICD-10 procedure codes submitted on either HCFA or UB claim forms will be reviewed on a case by case basis to determine if reimbursement is appropriate. If there is a more specific code available, the claim may be denied and returned to provider. Medical records may be requested to substantiate billing.

Q: How long will it take to implement the version compatible with ICD-10 Codes?

A: We have been working on this for several years and will be ready to go live by 10/1/2015 date

Q: What is the earliest date(s) that current software version can be upgraded to accommodate the ICD-10 code sets?

A: Our claims software version is currently upgraded to accommodate the ICD-10 code sets

Q:What are your plans to manage potential problems related to network connectivity, processing time and overall integrations since there will be a period where you'll be simultaneously processing ICD 9 and ICD 10 claims that will have a very different IT processing requirements given the differences in the amount of data, complexity, etc?

A: This is part of end to end testing. The claims system is being tested to ensure that it can handle processing of both ICD-9 and ICD-10 correctly based on the date of service. We are testing with the clearinghouses as well.

Q: Will you share the result of internal processing for transaction? (True end to end testing)

A: General findings will be posted on website, not specific to any provider

Q: If ICD-10-codes are to be used will the payer give the provider a copy of the new grouper logic?

A: Grouper Logic is based according to CMS specifications in their final rules

Q: Why is CMS Not Allowing Dual Coding?

A: With the ICD-10 deadline approaching, many small physician offices are yet to prepare for the transition. Initially, a dual coding system was proposed to help unprepared practices sail through revenue disruptions. As a part of this system, practices would have been allowed to submit claims coded in ICD-9 or ICD-10 during the transition period.

However, in February 2015, a revised guidance statement was released by CMS which explained that the dual processing of ICD-9 and ICD-10 codes would not be allowed for practices.

This is because majority of payers and providers have already adopted IT systems that will accept new ICD-10 codes. According to the CMS, providers can run their medical practice effectively by utilizing a single coding standard. To ensure timely payments post ICD-10 implementation, many practices are opting to outsource the coding and billing needs to third parties.

Q: What is the contingency plan if all claims fail?

A: PreferredOne is doing everything possible to prevent this. We have been preparing and conducting tests in preparation for ICD-10 so do not anticipate that a contingency plan will need to be invoked. As always, let your provider rep know as soon as you see any issues with your systems or transmissions. Claims can still be processed manually if necessary.

Q: Are there plans to ramp up staffing so needs are met?

A: At this time PreferredOne is not planning on increasing staff specific to ICD-10 beyond what was done to prepare for ICD-10 and will continue to evaluate the need. PreferredOne is preparing to monitor incoming claims for early identification of any abnormal issues as well as training existing staff to be available to support. There will also be an internal team available to help trouble shoot issues that arise during the transition.

Q: Will claims potentially be held up?

A: PreferredOne does not anticipate any hold up for claims for ICD-10 at this time.This could be an issue with either provider or health plan. There is always a potential for any claim to be held up for a variety of reasons, not just specific to ICD_10.

Exhibit B

Pharmacy Policies

Reference #	Description
B001	Backdating of Prior Authorizations
B002	Biosimilar Products
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 *Revised*
Q001	Express Scripts Quantity Limits
Q002	ClearScript Quantity Limits *Revised*
R001	Review of New FDA-Approved Drugs and Clinical Indications
S001	Step Therapy
T001	Tobacco Cessation Medications *Revised*

Exhibit C

Pharmacy Criteria

Reference #	Description
A003	Combination Beta-2 Agonist/Corticosteroid Inhalers Step Therapy
A005	Antidepressant Medications Step Therapy *Revised*
B003	Botulinum Toxin
B004	Biologics for Rheumatoid Arthritis *Revised*
B005	Biologics for Plaque Psoriasis *Revised*
B006	Biologics for Crohn's Disease *Revised*
B009	Bisphosphonates and Osteoporosis Prevention and Treatment Medications *Revised*
B010	Biologics for Juvenile Idiopathic Arthritis and Juvenile Rheumatoid Arthritis
B011	Biologics for Psoriatic Arthritis *Revised*
B012	Biologics for Ankylosing Spondylitis *Revised*
B013	Biologics for Ulcerative Colitis *Revised*
B014	Benign Prostatic Hypertrophy Medications Step Therapy
B015	Breast Cancer Risk Reduction Medications Step Therapy *Revised*
C002	Cyclooxygenase-2 (COX-2) Inhibitors Step Therapy (Celebrex)
D003	Diabetic Medication Step Therapy
E001	Erectile Dysfunction Medications - Non-PDE-5 Inhibitor Medications
G001	Growth Hormone Therapy *New*
H001	HMG - CoA Reductase Inhibitor Step Therapy
H002	Hepatitis C Medications
I002	Immune Globulin Therapy (IgG, IVIg, SCIg)
L003	Gabapentin/Lyrica Medications Step Therapy
M001	Multiple Sclerosis Medications *Revised*
N002	Nasal Corticosteroids Step Therapy
O001	Overactive Bladder Medication Step Therapy
P001	Proton Pump Inhibitor (PPI) Step Therapy *Revised*
P002	Phosphodiasterase-5 Inhibitor Medications
R003	Topical Retinoid Medications Step Therapy
R004	Rituxan Prior Authorization (Non-Oncology)
S003	Sedative Hypnotics Step Therapy
V001	Vascular Endothelial Growth Factor Antagonists for Intravitreal Use
W001	Weight Loss Medications

Exhibit D

Medical Policies

Reference #	Description
A001	Elective Abortion
A003	Amino Acid Based Elemental Formula (AABF) *Revised*
A004	Acupuncture
A005	Autism Spectrum Disorders in Children: Assessment and Evaluation
C001	Court Ordered Mental Health Services
C002	Cosmetic Treatments
C003	Criteria Management Development, Application, and Oversight
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 *Revised*
D007	Disabled Dependent Eligibility *Revised*
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
H008	FDA-Approved Humanitarian Use Devices (HUD)
I001	Investigative/Experimental Services
I002	Infertility Treatment
I003	Routine Preventive Immunizations *Revised*
L001	Laboratory Tests
M001	Molecular Testing for Tumor/Neoplasm Biomarkers *Revised*
N002	Nutritional Counseling
P008	Medical Policy Document Management and Application
P010	UVB Phototherapy (non-laser) for Skin Disorders
P011	Prenatal Testing
P013	Pharmacogenetic/Pharmacogenomic Testing and Serological Testing for Inflammatory Conditions
R002	Reconstructive Surgery *Revised*
S008	Scar Revision
T002	Transition of Care - Continuity of Care: PCHP PAS-ERISA *Revised*
T004	Therapeutic Pass *Revised*
T006	PreferredOne Designated Transplant Network Provider *Revised*
T007	Transition of Care - Continuity of Care: PIC and PAS Non-ERISA *New*
V001	Vision Care, Pediatric *Revised*
W001	Physician Directed Weight Loss Programs

Exhibit E

Medical Criteria

Reference #	Category	Description
A006	Cardiac/Thoracic	Ventricular Assist Devices (VAD)
B002	Dental and Oral Maxillofacial	Orthognathic Surgery
B003	Dental and Oral Maxillofacial	Orthodontic Services
C007	Eye, Ear, Nose, and Throat	Surgical Treatment of Obstructive Sleep Apnea *Revised*
D001	Durable Medical Equipment	Microprocessor-Controlled Prostheses for the Lower Limb
F021	Orthopaedic/Musculoskeletal	Bone Growth Stimulators (Osteogenic): Electrical/Electromagnetic and Ultrasonic
F024	Orthopaedic/Musculoskeletal	Radiofrequency Ablation (Neurotomy, Denervation, Rhizotomy) Neck and Back
G001	Skin and Integumentary	Eyelid and Brow Surgery (Blepharoplasty & Ptosis Repair)
G002	Medical/ Surgical	Breast Reduction Surgery
G003	Skin and Integumentary	Excision Redundant Tissue
G004	Medical/ Surgical	Breast Reconstruction
G007	Medical/ Surgical	Prophylactic Mastectomy and Oophorectomy
G008	Skin and Integumentary	Hyperhidrosis Surgery
G010	Skin and Integumentary	Lipoma Removal
G011	Medical/ Surgical	Hyperbaric Oxygen Therapy
H003	Gastrointestinal/Nutritional	Bariatric Surgery
I007	Oncology	Cryoablation/Cryosurgery for Hepatic, Prostate, and Renal Oncology Indications
I008	Neurological	Sacral Nerve Stimulation *Revised*
I009	Neurological	Deep Brain Stimulation *Revised*
I010	Neurological	Spinal Cord/Dorsal Column Stimulation *Revised*
K001	Surgical/ Medical	IVAB for Lyme Disease
K002	Surgical/ Medical	Bronchial Thermoplasty
L008	Diagnostic	Continuous Glucose Monitoring Systems for Long Term Use
L009	Radiation Therapy	Intensity Modulated Radiation Therapy (IMRT)
L010	Diagnostic	Genetic Testing for Hereditary Cancer Syndromes
L011	Durable Medical Equipment	Insulin Infusion Pump
L012	Diagnostic	Gene Expression Profiling *Revised*
L014	Diagnostic	Laboratory Testing for Detection of Heart Transplant Rejection
L015	Diagnostic	Comparative Genomic Hybridization (CGH, aCGH) *Revised*

L016	Diagnostic	Lung Cancer Screening by Computed Tomography *New*
M001	BH/Substance Related Disorders	Mental Health Disorders: Inpatient Treatment
M004	BH/Substance Related Disorders	Mental Health Disorders: Day Treatment/Intensive Outpatient Program (IOP)
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 and Substance Related Disorders: Residential Treatment
M010	BH/Substance Related Disorders	Substance Related Disorders: Inpatient Primary Treatment *Revised*
M014	BH/Substance Related Disorders	Detoxification and Addiction Stabilization: Inpatient Treatment
M020	BH/Substance Related Disorders	Autism Spectrum Disorders in Children: Non-Intensive Treatment
M022	BH/SubstanceRelated Disorders	Mental Health Disorders: Residential Crisis Stabilization Services (CSS)
M023	BH/SubstanceRelated Disorders	Mental Health Disorders : Intensive Residential Treatment Services (IRTS) *Revised*
M024	BH/Substance Related Disorders	Autism Spectrum Disorders in Children: Early Intensive Behavioral and Developmental Therapy (EIBDT)
N002	Rehabilitation	Inpatient Skilled Services (Skilled Nursing Facility and Acute Inpatient Rehabilitation) *Revised*
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 Transplantation
T002	Transplant	Kidney, SPK, SPLK Transplantation *Revised*
T003	Transplant	Heart Transplantation
T004	Transplant	Liver Transplantation
T005	Transplant	Lung Transplantation
T007	Transplant	Pancreas, PAK, and Autologous Islet Cell Transplantation *Revised*

Exhibit F

Chiropractic Policies

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