



2060 East Ninth Street
Cleveland, OH 44115-1355

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Mutual News

First Quarter 2017

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Mutual News

First Quarter, 2017

Stay Informed with the Provider Manual

Our Provider Manual is available at Provider.MedMutual.com under Tools and Resources. The Provider Manual is updated quarterly to include the latest policies, procedures and guidelines providers need to effectively work with Medical Mutual.

During Q1 2017, the following sections of the Provider Manual were reviewed:

- Care Management Programs
- Medicare Advantage Plan
- Pharmacy

Contact Us

Visit Provider.MedMutual.com to log in to the Provider Portal.

If you have questions, please contact your provider contracting representative:

**Central/SE Ohio
(Columbus Office)**

(800) 235-4026

**NE Ohio/Pennsylvania
(Cleveland Office)**

(800) 625-2583

**NW Ohio/NE Indiana
(Toledo Office)**

(888) 258-3482

**SW Ohio/SE Indiana/Kentucky
(Cincinnati/Dayton Office)**

(800) 589-2583

Medical Policy and Claims Processing Updates

Update to Overpayment Recovery Process

On January 3, 2017, a change was made to the way the overpayment recovery is represented on the Medical Mutual 835 Provider Level Balance (PLB) segments. Previously, when overpayment recovery had been present

When PLB03-1 contains the qualifier 'WO', the control number that will appear in PLB03-2 will consist of the first date of service followed by the patient account number.

on the 835, the PLB03-2 element contained the Medical Mutual claim number for which recovery was being made. As this number identifies to Medical Mutual which claims are subject to the recovery, it does not clearly identify to a provider's system from which of the provider's patient accounts the amounts are being recovered.

To clearly indicate electronically which of the provider's patient accounts are affected when Medical Mutual exercises overpayment recovery, the following change to the 835 will be made. When PLB03-1 contains the qualifier 'WO' (for Overpayment Recovery), the control number that will now appear in PLB03-2 will consist of the first date of service (formatted as yyyyymmdd) followed by the patient account number with a space separating the two values.

These changes will apply equally to PLB05, 07, 09, 11 and 13 if these elements are needed.

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed or revised between October 1 and December 28, 2016, are outlined in the chart on the opposite page.

CMPs are regularly reviewed, updated, added or withdrawn, and therefore are subject to change. For a complete list of CMPs, please visit Provider.MedMutual.com and select Tools & Resources, Care Management, [Corporate Medical Policies](#).

Prior Approval and Investigational Services

For a list of services requiring prior approval or considered investigational, visit Provider.MedMutual.com and select Tools & Resources, Care Management, [Prior Approval and Investigational Services](#).

Medical			Pharmacy		
Policy Number	Title		Policy Number	Title	
94052	●	Therapeutic Apheresis	201519	●	Octreotide (Sandostatin) Revised
95029	●	Manipulation Under Anesthesia	200805	●	Enbrel (Etanercept) Revised
98006	●	Botulinum Toxin Types A and B	98006	●	Botulinum Toxin Botox Dysport Myobloc Xeomin
200206	●	Lung Transplantation			
200210	●	Pancreas Transplantation			
200211	●	Breast Cancer Screening and Diagnostic Procedures—Breast Ductal Lavage	201003	●	Enzyme Replacement Therapy for Gaucher Disease Elelyso Cerezyme Vpriv
200237	●	Chelation Therapy			
200506	●	Retinal Imaging			
200520	●	Urinary Incontinence A. Pelvic Floor Electrical Stimulation	201013	●	Provenge (Sipuleucel)
200902	●	Robotic Surgical System	201418	●	Abraxane (Paclitaxel)
201016	●	Outpatient Intravenous Insulin Therapy	98031-CC	●	Synagis (Palivizumab)
201203	●	Meniett Low-Pressure Pulse Generator—Meniere's Disease	201012	●	Stelara (Ustekinumab)
201208	●	Lumbar Spinal Fusion	201406	●	Prostanoid Infusion Therapy and Inhalation Therapy
201303	●	Genetic Testing and Genetic Counseling General Policy	201423-CC	●	Enytvio (Vedolizumab)
201314	●	Inhaled Nitric Oxide	201430-CC	●	Keytruda (Pembrolizumab)
201426	●	Transcatheter Pulmonary Valve Implantation	201428-CC	●	Vectibix (Panitumumab)
201532	●	Gait Analysis	201101	●	Actemra (Tocilizumab)
201535	●	AmniSure® ROM (Rupture of Membrane) Test	201107	●	Benlysta (Belimumab)
201536	●	Quantitative Sensory Testing	201511-CC	●	Opdivo (Nivolumab)
201539	●	Radiofrequency Thermal Neurolysis	201210	■	Pegylated Interferon—Hepatitis C
201607	▲	Tumor Treating Fields	201410-CC	●	Oncology Medications
201617	▲	Non-wearable automatic external defibrillator (AED)	201316-CC and 201317-CC	●	Immune globulins
2005-D	●	Percutaneous Neuromodulation Therapy	201616	▲	Exondys 51
2005-L	●	EpiFLO For Chronic Non-Healing Wounds	201421	●	Soliris (Eculizumab)
2006-D	●	Radiofrequency Microtenotomy	99002-CC	●	Hyaluronic acid derivatives, intra-articular
2007-C	●	Endobronchial Valve for Tx of a Bronchopleural Fistula	201602	●	Testosterone Injection and Pellet: Depo-Testosterone Aveed Delatestryl Testopel Pellet
2009-C	●	Anal Fistula Plug	201534	●	Lysosomal Storage Disorders
2009-D	●	Microcurrent Electrical Therapy	200809	●	Orencia (Abatacept)
2010-B	●	Tumor Chemosensitivity and Chemoresistance Assays	201417	●	Zometa (Zoledronic Acid)
2011-C	●	Wireless Gastrointestinal Motility Monitoring System	200807	●	Remicade (Infliximab)
2011-D	●	Applied Behavioral Analysis	200808-CC	●	Rituxan (Rituximab)
2011-E	●	Suit Therapy	201620	▲	Jevtana (Cabazitaxel)
2012-A	●	Interferential Stimulation	201619	▲	Tecentriq (Atezolizumab)
2013-C	●	Tenex Health TX Procedure	201307	●	Copaxone/Glatopa (Glatiramer Acetate)
2015-C	●	Computer-aided Detection of Breast MRI	201306	●	Interferon Beta Avonex Betaseron Extavia Plegridy Rebif
200804	■	External Cardiac Defibrillators			
2008-E	■	Bioidentical Hormone Therapy			
201320	■	Unicondylar Interpositional Spacer			

▲ = New

● = Revised

■ = Retired

Pharmacy

High-Risk Medications in the Elderly

Did you know that the national average for prescribing high-risk medications is 0.86 claims per elderly beneficiary? The AGS Beers Criteria and the Pharmacy Quality Alliance state that the geriatric population faces increased sensitivity to medication side effect profiles due to changes in drug pharmacokinetics and pharmacodynamics. These concerning side effects can include but are not limited to confusion, drowsiness, and hypotension. The Center for Medicare and Medicaid Services (CMS) has identified certain high-risk medications that should be avoided in the elderly.



Ohio's claims per elderly beneficiary is lower than the national average.

Medical Mutual would like to work with prescribers to assure the utmost safety of our members. Prescribers should consider the following when prescribing seniors a high-risk medication:

1. Are the patient's current symptoms an underlying cause of an adverse drug reaction from another medication?
2. Is the medication appropriate for this age group?
3. Is there a safer medication that could be used as an alternative?
4. Does the medication interact with current patient medication profile?
5. Does the benefit of the high-risk medication outweigh the risk of side effect?

Our data analysis shows that the most high-risk medications prescribed for Medical Mutual senior members are: **zolpidem**, **amitriptyline**, **cyclobenzaprine**, and **hydroxyzine**. Please refer to the table on the next page for common side effects and recommendations.

These recommendations are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis or treatment. Members should make decisions about care with their healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on the member's specific benefit plan.

2017 Use of High-Risk Medications in the Elderly (HRM) REVISED based on 2015 AGS Beers Criteria. (2017). Retrieved from http://pqaalliance.org/images/uploads/files/2017_HRM.pdf

Identifying Medications that Older Adults Should Avoid or Use With Caution: the 2012 American Geriatrics Society Updated Beers Criteria (2012, February 29). Retrieved from <http://www.americangeriatrics.org/files/documents/beers/BeersCriteriaPublicTranslation.pdf>

STARTing and STOPping Medications in the Elderly (2011, September). Retrieved from http://www.ngna.org/_resources/documentation/chapter/carolina_mountain/STARTandSTOPP.pdf

Updated prescriber-level Medicare data. (2016, August 18). Retrieved from <https://www.cms.gov/newsroom/mediareleasedatabase/fact-sheets/2016-fact-sheets-items/2016-08-18.html>

High-Risk Medications Overview

	Drug(s)	Side Effects	Avoid in patients with...	Clinical Pearls
Non-benzodiazepine hypnotics	Eszopiclone Zaleplon Zolpidem	Confusion Falls Bone Fractures	Dementia Cognitive/Mental Impairment History of Falls History of Fractures	These drugs produce minimal improvement in sleep latency and duration If used for sleep, consider melatonin. It is found to be most effective in the geriatric population
Tertiary Tricyclic Antidepressants	Amitriptyline Amitriptyline/ Chlordiazepoxide Amitriptyline/ Perphenazine Clomipramine Doxepin (>6 mg/day) Imipramine Perphenazine- Amitriptyline Trimipramine	Highly Anticholinergic Confusion Drowsiness Blurred Vision Orthostatic Hypotension Difficulty Urinating Dry Mouth Constipation	Dementia Cognitive/Mental Impairment History of Falls History of Fractures Syncope Fainting Chronic Constipation	Avoid benzodiazepines when treating insomnia, agitation or delirium (serious confusion that may have lasting effects). If used for depression, consider bupropion, SSRIs or SNRIs.
Skeletal Muscle Relaxants	Carisoprodol Chlorzoxazone Cyclobenzaprine Metaxalone Methocarbamol Orphenadrine	Hypotonia Drowsiness	History of Falls History of Fractures Syncope Fainting	Most muscle relaxants have questionable effectiveness If used for muscle spasms, consider baclofen or tizanidine.
Antihistamines	Brompheniramine Carbinoxamine Chlorpheniramine Clemastine Cyproheptadine Dexbrompheniramine Dexchlorpheniramine Diphenhydramine (oral) Doxylamine Hydroxyzine Promethazine Triprolidine	Highly Anticholinergic Confusion Drowsiness Blurred Vision Difficulty Urinating Dry Mouth Constipation	Chronic Constipation Dementia Cognitive/Mental Impairment History of Falls History of Fractures Syncope Fainting	If used for allergies, consider saline, second-generation antihistamines or intranasal steroids.

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Updated prescriber-level Medicare data. (2016, August 18). Retrieved from <https://www.cms.gov/newsroom/mediareleasedatabase/fact-sheets/2016-fact-sheets-items/2016-08-18.html>



Prior Approval Update: Drugs Billed Under the Medical Benefit

As of March 1, 2017, the following prescription medications require prior approval when requested under the member's medical benefit through Medical Mutual:

- Ilaris (Canakinumab)
- Brodalumab
- Nulojix (Belatacept)
- Dupilumab

The list is subject to change. For more information on medications requiring prior approval or medications that are considered investigational, and to view a complete list of our [Corporate Medical Policies](#), visit [Provider.MedMutual.com](#) and select Tools & Resources, Care Management.

New Formulary Option for Medical Mutual Employer Groups

On February 1, 2017, a new formulary option, Medical Mutual's National Preferred Formulary, was introduced for certain employer groups with pharmacy benefits through Express Scripts' relationship with Medical Mutual. This formulary option is an incentive-based formulary that is intended to bring high value drug therapy to our members with only small changes in their coverage. An incentive-based formulary promotes the use of generic or preferred brand name medications through the use of lower copayments. It was developed by an independent panel of clinical experts with a focus on clinical elements.

A full formulary guide book is available at [MedMutual.com/2017npdrugs](#) to help review drug coverage for your patients. Formulary exclusions are also summarized in the 2017 National Preferred Formulary, Preferred Drug List Exclusions document, which can be found under the Prescription Formulary tab at [Provider.MedMutual.com](#), Tools & Resources, Care Management, [RX Management](#) for your convenience.

*When these medications are provided under a member's prescription drug benefit, please contact the pharmacy benefit manager at the number on the member's identification card for prior approval requirements.

Care Management & Clinical Practice Guidelines

Screening Patients for Depression in Primary Care

According to the U.S. Preventive Services Task Force (USPSTF), major depressive disorder is one of the leading causes of disability in individuals 15 years and older. Many people seek care from their primary care physician (PCP) for an annual physical or an office visit for the presentation of other symptoms. This provides PCPs with increased opportunities to screen for depression within their patient population.

A major depression diagnosis is dependent on recognizing both physical and psychological symptoms that exceed normal reactions to typical life stressors.

The diagnosis of major depressive disorder depends on the recognition of a variety of physical and psychological symptoms that exceed normal reactions to life stressors. A major depressive disorder diagnosis meets the criteria as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

All positive screening results should lead to additional assessment that considers severity of depression and comorbid psychological problems (e.g., anxiety, panic attacks, or substance abuse), alternate diagnoses and medical conditions, and possible referral to a specialized behavioral healthcare provider. There are several reliable standardized screening tools available at no cost, such as the Patient Health Questionnaire 2 and 9 (PHQ-2 and PHQ-9), which are available on our provider website. To access these tools and other Behavior Health resources visit Provider.MedMutual.com, Tools and Resources, Care Management, [Clinical Quality Guidelines](#). Open the Depression for Behavioral Health and Primary Care Providers links and click on one of the documents available, including the PHQ-2 screen. This tool can be used to quickly screen patients for depression and help the PCP make a referral to a behavioral health provider.

Know the Symptoms

The symptoms of major depression may manifest in several ways including but not limited to:

- Fatigue
- Loss of appetite/unexplained weight loss
- Unexplained gastrointestinal issues
- Lack of interest in usual activities
- Sleep disturbances
- Complaints of vague aches and pains
- Substance abuse

These recommendations are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis, or treatment. Members should make decisions about care with their health care providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on the member's specific benefit plan.



Hypertension Initiative Begins Soon

Medical Mutual is inviting select network primary care providers to work with us in a one-year program designed to help improve our members' blood pressure control and other associated conditions. Our goal, with your help, is to improve our members' rate of blood pressure control (target is blood pressure readings of less than 140/90) and prevent complications such as heart attack, stroke or end-stage renal disease.

Our target population for this program includes members who are:

- Enrolled in Medical Mutual Marketplace or Medicare Advantage plans
- Age 18 and older with a diagnosis of hypertension

Program benefits include:

- On-site visit for Q&A presentation, both pre- and post-program.
- Provider-specific reporting with blood pressure data as documented in the medical record, pre- and post-program.
- Office staff support, including sharing tips on blood pressure measurement and patient handouts. Medical Mutual key contact information and follow-up office visit reminders will also be offered, if applicable.
- Blood pressure monitor vouchers for Medical Mutual members identified as being in need of more frequent monitoring.

If you have patients who meet the criteria and would like to participate in this initiative, please email us at ClinicalQuality@MedMutual.com or call (800) 586-4523.

Preventive Screenings are Important and Easier to Manage with Medical Mutual

Encourage Patients to Schedule Prevention Screenings

Medical Mutual continues to remind members that living a long, healthy life begins with preventive care. To reinforce this, we are working with providers to make sure all members get the preventive care they need in 2017 and making scheduling easier.

Preventive screenings are an effective way to detect health risks. According to Centers for Disease Control and Prevention, Americans use preventive services at nearly half the recommended rate.

The provider-patient relationship is the key to improving this rate as physicians and other providers are influential in how likely a patient is to schedule appointments and regular screenings. When providers interact with Medical Mutual members, they should remind them of the appropriate prevention screenings available to them based on their age, gender and family history. This can include the following:

- Wellness visit/physical exam (blood pressure, body mass index)
- Cancer screenings (breast, colorectal, skin, cervical, testicular, prostate)
- Sensory screenings (vision, hearing)

These recommendations are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis, or treatment. Members should make decisions about care with their health care providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on the member's specific benefit plan.

SMART Appointment Scheduling

Medical Mutual's arrangement with Altegra Health provides enhanced care and services for our Affordable Care Act and Medicare Advantage plan members. Services provided by Altegra Health will include assistance in making appointments and providing reminders to select members regarding preventive services. Members receiving appointment scheduling assistance may be overdue for important preventive care, screenings, or their annual wellness exam. Through the automated and live communications, SMART appointment scheduling also:

- Educates members on the value of preventive care
- Provides valuable services and resources throughout the appointment cycle:
 - SMART Care Card that details care gaps to address during the visit
 - SMART Confirmation notifying providers of the same care gaps to address
 - Member follow-up calls to confirm attendance and completeness of care

Providers will be notified of some care gaps their patients may need addressed.

Medical Mutual is committed to enhancing the quality of care for our members through preventive care, and appreciates providers' help to engage and educate members regarding these options.



Medicare Advantage

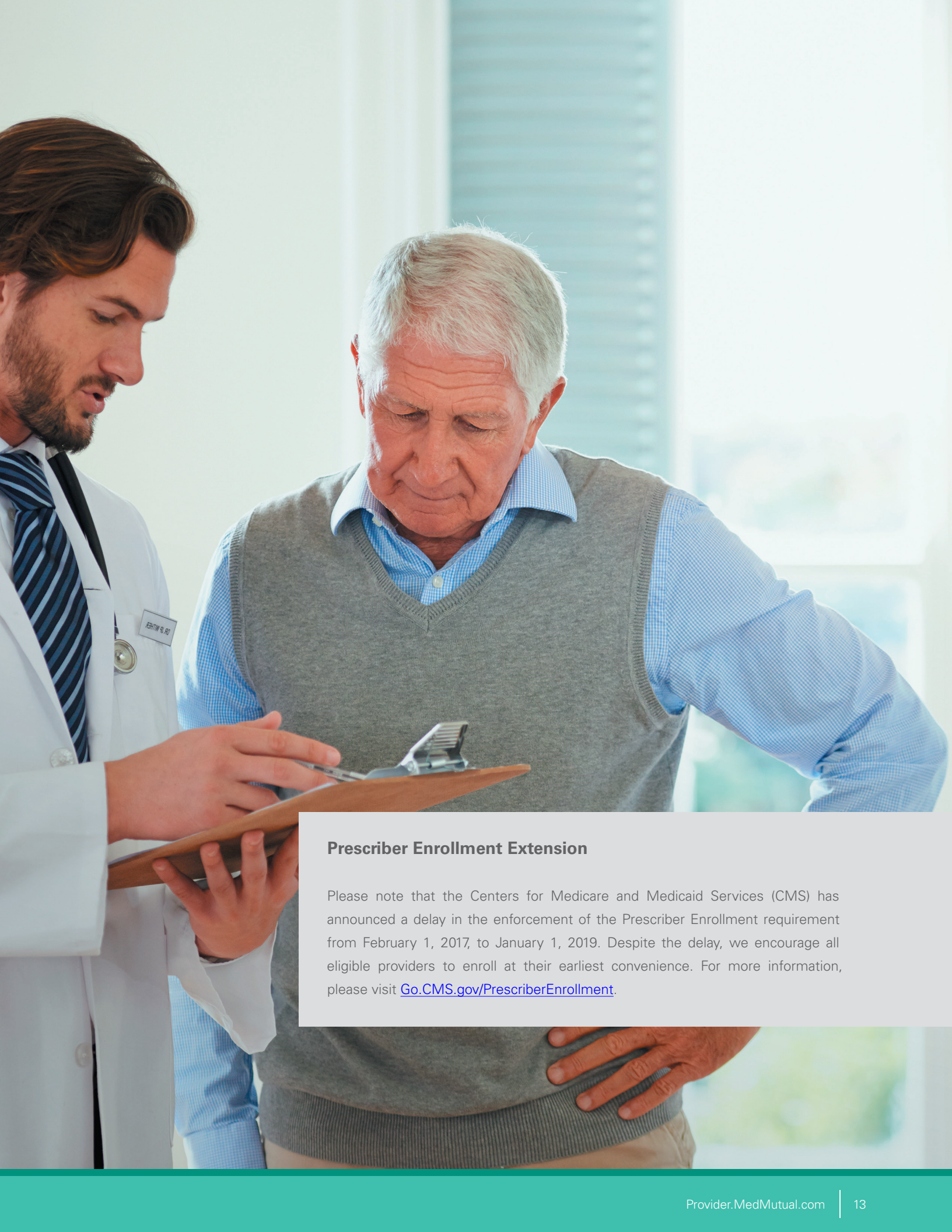
Medicare Outpatient Observation Notice

The Notice of Observation Treatment and Implication for Care Eligibility Act (NOTICE Act) requires all hospitals and critical access hospitals (CAH) to provide written and oral notice, within 36 hours, to patients who are in observation or other outpatient status for more than 24 hours.

The Medicare Outpatient Observation Notice (MOON) is a standardized CMS document that must be provided to a patient or a representative. It explains the reasons the individual is an outpatient receiving observation services and the implications of receiving outpatient services, such as required Medicare cost-sharing and post-hospitalization eligibility for Medicare coverage of skilled nursing facility services. An oral explanation of the MOON must be provided, ideally in conjunction with the delivery of the notice. A patient or representative must sign the MOON to acknowledge receipt. If he refuses to sign, hospital staff must document delivery of the MOON and the patient's refusal.

All hospitals and CAHs are required to provide this notification beginning March 8, 2017. For additional information or to [download a copy of the MOON](#), visit CMS.gov, Regulations-and-Guidance, Legislation, Paperwork Reduction Act of 1995, PRA-Listing and search for form CMS-10611.





Prescriber Enrollment Extension

Please note that the Centers for Medicare and Medicaid Services (CMS) has announced a delay in the enforcement of the Prescriber Enrollment requirement from February 1, 2017, to January 1, 2019. Despite the delay, we encourage all eligible providers to enroll at their earliest convenience. For more information, please visit [Go.CMS.gov/PrescriberEnrollment](https://www.cms.gov/PrescriberEnrollment).

Schedule Medicare Advantage Members for an Annual Wellness Visit or Welcome to Medicare Visit

We encourage you to schedule your Medical Mutual Medicare Advantage members for an Annual Wellness Visit or Welcome to Medicare Visit. This benefit is offered at no out-of-pocket cost for your patients and is an opportunity for you to talk with your patients about any health concerns they may have. It's also an opportunity for you to meet with your patients to assess their chronic conditions and overall health and wellness.

It's important to cover the following items during the visit:

- Current chronic conditions, ongoing treatment plans
- Screenings for high blood pressure, diabetes, depression, and heart disease
- Medication review
- Preventive treatments for:
 - Colon, breast and other cancers
 - Glaucoma
 - Osteoporosis
- Lab work, as needed*
- BMI calculation,
- Counseling on urinary incontinence and fall risk,
- Physical and mental health assessments*

*Not all items on this list may be a covered benefit. Coverage for certain items and services are subject to the terms and conditions of the member's policy.

Reminders and Tips

Register for the Provider ePortal and Go Paperless

If you have not registered for an account on the Provider ePortal, register today by following these simple steps:

1. Visit Provider.MedMutual.com
2. Select Register Here in the upper-right corner
3. Complete the required fields and log in to your new account

Enrollment gives you access to demographic information, fee schedule lookup, and electronic remittance advice. Additionally, you can opt-in to receiving all provider publications and updates via email.

If you have already registered, please take a few moments to review your communications preferences, catch up on news, and check information in the provider directory to ensure it's accurate.

