MEDICAL MUTUAL®

2060 East Ninth Street
Cleveland, OH 44115-1355

Mutual News Third Quarter, 2017

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Stay Informed with the Provider Manual

The Provider Manual contains Medical Mutual's policies, procedures and guidelines for professional and institutional providers and is considered part of the Provider Agreement. During the third quarter 2017 review of the Provider Manual, there were no updates. The Provider Manual can be accessed at Provider.MedMutual.com, Tools & Resources, Provider Manual.

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 Updates

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed or revised in March through June, 2017 are outlined in the chart below. CMPs are regularly reviewed, updated, added or withdrawn, and therefore are subject to change.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.

Medical				
Policy Number		**Title**	**Policy Number**	**Title**
94007	●	Evaluation of Vestibular Disorder	201528 ●	Disc Decompression
94022	●	Bone Mineral Density Studies	201531 ●	Salivary Hormone Testing
94057	●	Light Therapies for Dermatological Conditions	201532 ●	Gait Analysis
95004	●	Surgical Management of Obstructive Sleep Apnea	201617 ●	Non-wearable Automatic External Defibrillator (AED)
95029	●	Manipulation Under Anesthesia	2003-C ●	Electrical Stimulation for Treatment of Dysphagia
99005	●	Allergy Testing	2005-D ●	Percutaneous Neuromodulation Therapy
200002	●	Autonomic Nervous System Testing	2005-E ●	Pulsed Electrical Stimulation—Osteoarthritis of Knee
200117	●	Continuous Glucose Monitoring	2009-C ●	Anal Fistula Plug
200135	●	Surgical Treatment of Migraine Headaches	2011-B ●	Bioimpedance Spectroscopy
200215	●	Audiology Testing	2011-C ●	Wireless Gastrointestinal Motility Monitoring System
200218	●	Carpal Tunnel, Tendon Sheath or Ligament, Tendon and Trigger Point Injections	2011-E ●	Suit Therapy
			2011-F ●	Ovarian Adnexal Mass Assessment Score Test System
200224	●	Sublingual Immunotherapy	2012-B ●	Bronchial Thermoplasty
200229	●	Whole Body CT Scan Screening	2013-B ●	Bulking Agents for Fecal Incontinence—Solesta
200301	●	Small Bowel, Small Bowel-Liver and Multivisceral Trans	2014-A ●	Nonsurgical Treatment of Obstructive Sleep Apnea
200314	●	Prothrombin Time (PT) or International Normalized Ratio Home Monitoring	2015-A ●	Prostatic Urethral Lift
			2015-B ●	Sacroiliac Joint Fusion (iFuse System)
200602	●	Spinal Cord Stimulation for Treatment of Chronic Pain	2015-C ●	Computer-aided Detection of Breast MRI
200604	●	Functional Electrical Stimulation for Rehabilitation	2016-B ●	Myoelectric Mobility Systems—Upper Extremity
200801	●	Smooth Pursuit Neck Torsion Testing	201721 ▲	iStent Trabecular Micro-Bypass
200813	●	Artificial Intervertebral Disc Replacement	2017-A ▲	Electromagnetic Navigational Bronchoscopy
201005	●	Intraperitoneal Hyperthemic Chemotherapy	2017-B ▲	Micra Transcatheter Pacing System (TPS)
201017	●	Autologous Platelet-Rich Plasma	200606 ■	Radiofrequency Ablation for Treatment of Trigeminal
201022	●	Spinal Unloading Device—Low Back Pain—Scoliosis	201015 ■	Electromagnetic Navigational Bronchoscopy
201102	●	Pancreatic Islet Cell Transplant	201309 ■	Implantable Miniature Telescope
201105	●	Prolotherapy—Musculoskeletal Conditions	201402 ■	Bone Growth Stimulation (Invasive and Semi-invasive)
201202	●	FerriScan		
201525	●	Thermal Intradiscal Procedures for Chronic Low Back Pain	201530 ■	Breath Testing for Detection of Heart Transplant Reject
201526	●	Low Level Laser (Light) Therapy	98017 ■	Ventricular Assist Devices and Total Artificial Heart System

▲ = New   ● = Revised   ■ = Retired

Medical Policy Updates (continued)

Pharmacy					
Policy Number		**Title**	**Policy Number**		**Title**
201316-CC	●	Immune Globulin IV (IVIG) 　Bivigam 　Carimune NF 　Flebogamma DIF 　Gammagard 　Gammagard SD 　Gammaplex 　Gamunex-C 　Octagam 　Privigen	201513	●	Ocular VEGF Inhibitors 　Eylea 　Lucentis 　Macugen
			99002	●	Viscos/Hyaluronic Acid Derivatives 　Euflexxa 　Gel-One 　Gelsyn-3 　GenVisc 850 　Hyalgan 　Hymovis 　Monovisc 　Orthovisc 　Synvisc 　Synvisc-One 　Supartz/Supartz FX
200806	●	Humira (Adalimumab)			
201411-CC	●	Alimta (Pemetrexed)			
201505-CC	●	Perjeta (Pertuzumab)			
201418	●	Abraxane (Paclitaxel)			
201713	▲	Siliq (Brodalumab)	201601-CC	●	Nucala (Mepolizumab)
201704	▲	Dupixent (Dupilumab)	201719-CC	●	Doxorubicin (Adriamycin)
201410-CC	▲	Bavencio (Avelumab)	201410-CC	●	Oncology Medications
201720-CC	▲	Global PA 　Radicava (Edaravone)	201722-CC	●	Cyclophosphamide IV
			201726-CC	▲	Brineura (Cerliponase Alfa)
201427-CC	●	Leuprolide Long-acting 　Lupron Depot 　Lupron Depot-ped 　Eligard 　Lupaneta Pack	201410-CC	▲	Imfinzi (Durvalumab)
			201518-CC	●	Cyramza (Ramucirumab)
			201619-CC	●	Tecentriq (Atezolizumab)
201517-CC	●	Zaltrap (Ziv-afilbercept)	201724	▲	Kevzara (Sarilumab)
201521	●	Nplate (Romiplostim)	201725	▲	Orencia SC (Abatacept Subcutaneous)

▲ = New　　　　● = Revised　　　　■ = Retired

Pharmacy

Updated U.S. Preventive Services Task Force (USPSTF) Guidelines on Preventive Low- to Moderate-Dose Statins Use for Commercial Non-Grandfathered Plans

Cardiovascular disease (CVD) is the leading underlying cause of death regardless of gender in the U.S. and globally.[1,2] Based on a recent update to the U.S. Preventive Services Task Force (USPSTF) recommendations, Medical Mutual will be covering low- to moderate-dose statins at no cost to qualified members for primary prevention of CVD, if covered by the member's prescription plan. Coverage of zero cost preventive statins will occur as the member's prescription plan renews after December 1, 2017. The qualification criteria include:

- Patient must not have a prior history of CVD
- Patient must have one or more CVD risk factor

- Patient is between 40–75 years old
- Patient must have a calculated 10-year risk of a cardiovascular event of 10% or greater.[3,4]

The following medications will be provided at no cost to qualified members, if covered by the member's prescription plan:

Low-Dose Statins		Moderate-Dose Statins	
■ Fluvastatin 20 to 40 mg ■ Pravastatin 10 to 20 mg	■ Lovastatin 10 to 20 mg ■ Simvastatin 5 to 10 mg	■ Atorvastatin 10 to 20 mg ■ Fluvastatin XL 80 mg ■ Pravastatin 40 to 80 mg ■ Simvastatin 20 to 40 mg	■ Fluvastatin 40 mg (twice daily) ■ Lovastatin 40 mg ■ Rosuvastatin 5 to 10 mg

In the rare instance none of the generics above are appropriate or the member has tried and failed an equivalent generic, please contact Express Scripts at (800) 753-2851 for a copay review for an equivalent brand statin. Combination agents (Caduet, Liptruzet, Vytorin, Advicor, Simcor, Juvisync) which include a statin are not recommended for primary prevention as they were not amongst the statin regimens in clinical trials evaluated by the USPSTF.[3] Before initiating statin therapy, providers are still advised to discuss lifestyle modifications and improve other CVD risk factors if applicable.

1   Benjamin EJ, Blaha MJ, Chiuve SE, et al. Heart disease and stroke statistics—2017 update. A report from the American Heart Association. Circulation. 2017; 135:e146-e603. Available at: http://circ.ahajournals.org/content/135/10/e146/tab-article-info.

2   Center of Disease Control and Prevention. National Center for Health Statistics. Number of deaths for leading causes of death. 2015. Last updated March 17, 2017. Available at: https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm.

3   US Preventive Services Task Force. Statin use for the primary prevention of cardiovascular disease in adults. US Preventive Task Force recommendations statement. JAMA. 2016; 316(19):1980-2007.

4   Greenland, P, Bonow, R. Interpretation and use of another statin guideline. JAMA. 2016; 316(19):1977-1979.

Notice of Changes to Prior Authorization Requirements

Medical Mutual requires prior approval for all of the following drugs filled under the medical or pharmacy benefits:

- All new specialty drugs

- All new drugs with significant safety, clinical or potential abuse or diversion concerns

This requirement is intended to ensure medications are used safely and will be effective for members. The prior approval criteria for these drugs are contained in the New Drug Prior Approval policy available at Provider.MedMutual.com:

- For medical policies, select Tools & Resources, Care Management, Corporate Medical Policies. Here you will also find revisions to our corporate medical policies, as well as information about our prior approval services and ExpressPAth, a web-based tool that providers can use to manage prior approval requests for medications covered under the medical benefit.

- For pharmacy policies, Select Tools & Resources, Care Management, Rx Benefit Management, Coverage Management (Prior Authorization). Here you can find revisions to our pharmacy prior authorization policies, as well as information about quantity limits, step therapy and formulary updates.

Care Management & Clinical Practice Guidelines

How to Document Adult and Pediatric Body Mass Index Assessments in Members' Medical Records

As part of Healthcare Effectiveness Data and Information Set (HEDIS®) quality metrics, body mass index (BMI) or BMI percentile information must be documented in the medical record at least once in the previous two years for all members. When documenting a member's BMI, please use the following American Medical Association 2017 ICD-10 codes below:

Adult (ages 20 and older)			
Code	**BMI**	**Code**	**BMI**
Z68.1	**≤19**	Z68.32	32.0–32.9
Z68.2	**20–29**	Z68.33	33.0–33.9
Z68.20	20.0–20.9	Z68.34	34.0–34.9
Z68.21	21.0–21.9	Z68.35	35.0–35.9
Z68.22	22.0–22.9	Z68.36	36.0–36.9
Z68.23	23.0–23.9	Z68.37	37.0–37.9
Z68.24	24.0–24.9	Z68.38	38.0–38.9
Z68.25	25.0–25.9	Z68.39	39.0–39.9
Z68.26	26.0–26.9	**Z68.4**	**≥40**
Z68.27	27.0–27.9	Z68.41	40.0–44.9
Z68.28	28.0–28.9	Z68.42	45.0–49.9
Z68.29	29.0–29.9	Z68.43	50.0–59.9
Z68.3	**30–39**	Z68.44	60.0–69.9
Z68.30	30.0–30.9	Z68.45	≥70
Z68.31	31.0–31.9		

Pediatric (ages 2 to 19)	
Code	**BMI**
Z68.5	**Pediatric**
Z68.51	<5th percentile
Z68.52	5th percentile–<85th percentile
Z68.53	85th percentile–<95th percentile
Z68.54	≥95th percentile

Note: These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC).

None of the information included in this article is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with applicable state and federal laws and regulations.

Clinical Practice Guidelines

Medical Mutual is committed to partnering with its network providers to deliver the highest quality care to our members. This effort includes adopting nationally

We're committed to delivering the highest quality care to our members.

recognized, professional organization, peer-reviewed, clinical practice guidelines and making them available on our provider website. All published guidelines outlined below have been reviewed carefully by a panel of actively practicing, board-certified Medical Mutual physician reviewers and can be found on Provider.MedMutual.com by selecting Tools & Resources, Care Management, Clinical Quality, Clinical Practice Guidelines.

- Alcohol Screening
- Asthma
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Depression, for Behavioral Health and Primary Care Providers
- Diabetes
- Preventive Care

Closing Care Gaps

At Medical Mutual, we have many initiatives to make sure members are getting the preventive screenings and services they need. With the following recommendations, please help us close care gaps to ensure members are managing their health care needs.

Patient Description	Recommended Screening/Health Service
Female Patients *Ages 52 – 74*	Breast cancer screening (mammogram)
All Patients *Ages 50 – 75*	Colorectal cancer screening
Diabetic Patients (Types 1 and 2) *Ages 18 – 75*	HbA1C testing Retinal eye exam Diabetic nephropathy monitoring

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

Medicare Advantage

Medicare Advantage (MA) Provider Directory Reminder

Please help confirm our Medicare Advantage (MA) provider directory is accurate for our members by following these three simple steps:
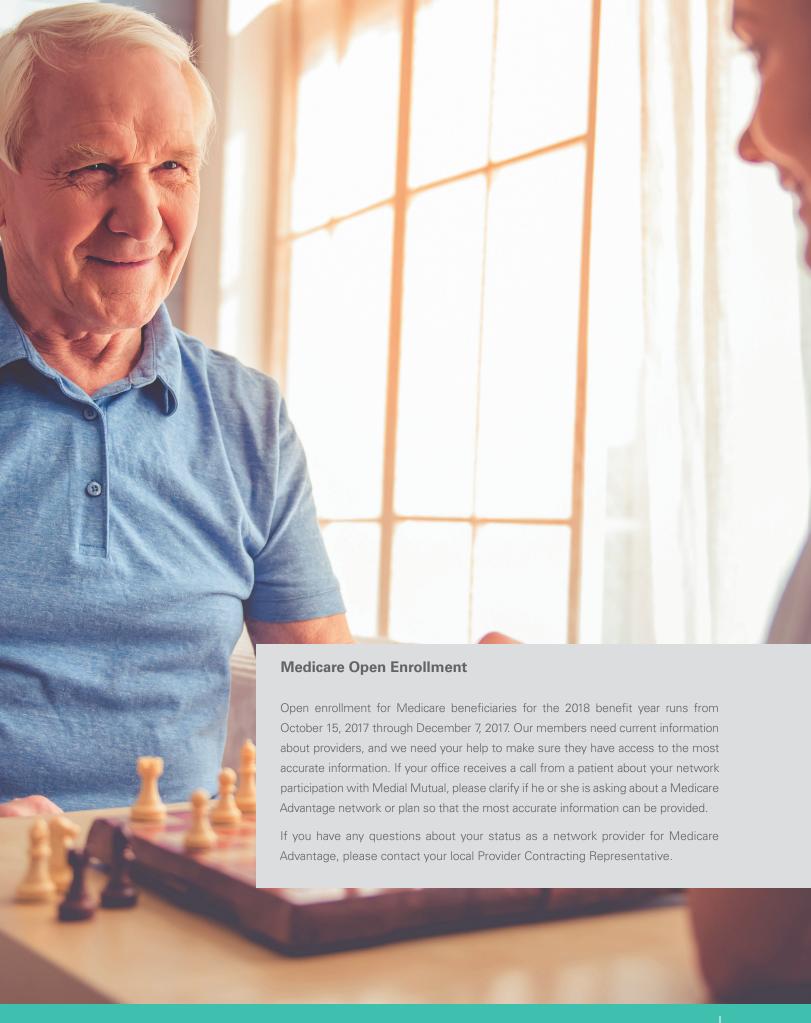
1. Review your information in the provider directory on a monthly basis.

2. Update your address, locations and phone number when there are changes to your practice via the Provider Information Form located at Provider.MedMutual.com, Tools & Resources, Forms.

3. Work directly with the entity responsible for the accuracy of your directory information if your credentialing is delegated to a third-party.

When updating your information for the provider directory, please follow the Centers for Medicare & Medicaid Services (CMS) guidelines below:

- The provider must regularly practice at the specific location listed.

- Providers who are on-call, substituting or rotating cannot be listed.

- Satellite locations cannot be listed unless the provider practices at the location on a regular basis and members can call the location to schedule an appointment.

- Hospital locations for which a member cannot call the phone number listed and make an appointment at the hospital location cannot be listed in the directory.

- The correct office address, including suite number, must be included in the listing.

- The group name printed in the directory must match the group name given when the member calls to make an appointment.

- The listing must include an accurate status of whether the provider is accepting new patients or not.

- Providers must notify Medical Mutual if the services provided at a location are limited to a certain subset of patients.

For questions about providing demographic information for claims payment purposes, please contact your Provider Contracting Representative.

Medicare Open Enrollment

Open enrollment for Medicare beneficiaries for the 2018 benefit year runs from October 15, 2017 through December 7, 2017. Our members need current information about providers, and we need your help to make sure they have access to the most accurate information. If your office receives a call from a patient about your network participation with Medial Mutual, please clarify if he or she is asking about a Medicare Advantage network or plan so that the most accurate information can be provided.

If you have any questions about your status as a network provider for Medicare Advantage, please contact your local Provider Contracting Representative.

Medicare Signature Requirements

The Centers for Medicare & Medicaid Services (CMS) have set the following requirements for provider signatures on medical records:

- Signatures can be handwritten or electronic.

  – Signatures must be legible.

  – An illegible signature may be an acceptable signature if the original medical record contains a printed signature below the illegible signature.

  – If the signature is not legible, a signature log or attestation statement can support the identity of the illegible signature.

- Late signatures cannot be added to medical records beyond a short delay. If signature is missing from the medical record beyond a short delay, then submission of an attestation statement from the provider would be necessary.

- If there is no date on the signature, the documentation must contain enough information to determine the date on which the service was performed or ordered.

A signature attestation is a statement that must be signed and dated by the author of the medical record entry and must contain sufficient information to identify the beneficiary.

The Risk Adjustment Data Validation completed by CMS may require Medical Mutual to receive an attestation form from a practitioner. If you receive a request from Medical Mutual, your prompt response is greatly appreciated.

For more information regarding these requirements, please visit cms.gov, Outreach and Education, Medicare, Medicare Learning Network, MLN Publications and search for "Signature Requirements."

Report Fraud, Waste and Abuse (FWA) and Compliance Concerns

Providers must report Fraud, Waste and Abuse (FWA) and compliance violations to Medical Mutual through any of the channels below:

Compliance Hotline   (800) 762-8130

Compliance Connection   MMO.IntercedeServices.com

Mailing Address   Compliance Officer, MZ 01-10B-1900
                              Medical Mutual
                              2060 East 9th Street
                              Cleveland, OH 44115-1355

All reports, whether via phone, internet or mail, can be made without fear of retaliation. Providers will not be punished or retaliated against by Medical Mutual if suspected violations are reported. For compliance questions or concerns, please email MACompliance@MedMutual.com.

Reminders & Tips

Register for the Provider Portal and Go Paperless

If you have not registered for an account on the Provider Portal, 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 your information in the provider directory to ensure it's accurate.

Web Browser Support Update

Beginning October 11, 2017, Provider.MedMutual.com will no longer support Internet Explorer (IE) browsers 7 and earlier. Please update your browser by this date for continued access to our page.