MEDICAL MUTUAL®

2060 East Ninth Street
Cleveland, OH 44115-1355

Mutual News

Second Quarter, 2018

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Stay Informed with the Provider Manual

The 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.

Updates are listed below:

- Medicare Advantage Plans and Guidelines (Section 12): Care Management Programs, HEDIS and STARS

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)**
1-800-235-4026

**NE Ohio/Pennsylvania
(Cleveland Office)**
1-800-625-2583

**NW Ohio/NE Indiana
(Toledo Office)**
1-888-258-3482

**SW Ohio/SE Indiana/Kentucky
(Cincinnati/Dayton Office)**
1-800-589-2583

Medical Policy Updates

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed or revised between January 1 and February 28, 2018 are outlined in the following charts. CMPs are regularly reviewed, updated, added or withdrawn, and therefore are subject to change.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, and Corporate Medical Policies.

Medical

Policy Number		Title	Policy Number		Title
94002	●	Breast Reconstruction and Related Procedures	200616	●	Sacral Nerve Stimulation
94030	●	Bariatric Surgery for Obesity	200704	●	Intensity Modulated Radiation Therapy (IMRT)
94052	●	Therapeutic Apheresis	200714	●	Meniscal Allograft Transplantation
94055	●	Hyperbaric Oxygen Therapy — Systemic Hyperbaric Oxygen Therapy	200802	●	Cryoablation of Solid Tumors
			200803	●	Scleral Shell Contact Lens
95017	●	Implantable Infusion Pumps	200902	●	Robotic Surgical System
95034	●	Adult Strabismus Surgery	200908	●	Thoracic Electrical Bioimpedance
96001	●	Panniculectomy, Abdominoplasty and Suction-assisted	201004	●	Peripheral Nerve Stimulation with Implantable Stimulation
96018	●	Blepharoplasty, Brow Lift and Blepharoptosis Repair	201011	●	Radiofrequency Therapy for Treatment of Stress Urinary Incontinence in Women
98009	●	Ambulatory Blood Pressure Monitoring	201016	●	Outpatient Intravenous Insulin Therapy
99006	●	Immunotherapy	201203	●	Meniett Low-Pressure Pulse Generator — Meniere's Disease
200117	●	Continuous Glucose Monitoring			
200131	●	Contact Lenses	201208	●	Lumbar Spinal Fusion
200206	●	Lung Transplantation	201504	●	Vectra DA Blood Test
200210	●	Pancreas Transplantation	201506	●	Drug Testing
200211	●	Breast Cancer Screening and Diagnostic Procedures	201535	●	AmniSure® ROM (Rupture of Membrane) Test
			201607	●	Tumor Treating Fields
200233	●	Skin Substitutes	201609	●	Gender Dysphoria Treatment
200235	●	Magnetic Resonance Spectroscopy (MRS)	201618	●	Per-oral Endoscopic Myotomy (POEM)
200237	●	Chelation Therapy	201621	●	Pneumatic Compression Device — Deep Vein Thrombosis Prophylaxis
200302	●	Endometrial Ablation			
200403	●	Recombinate Human Bone Morphogenetic Protein-2a	201723	●	Applied Behavioral Analysis
			2005-J	●	Vertebral Axial Decompression (VAX-D)
200501	●	Destruction of Cutaneous Vascular Lesions: Laser Tech	2006-G	●	Fluid-Ventilated Gas-Permeable Contact Lenses
			2009-D	●	Microcurrent Electrical Therapy
200503	●	Microvolt T-Wave Alternans Testing	2010-B	●	Tumor Chemosensitivity and Chemoresistance Assays
200504	●	Intrastromal Corneal Ring Segments for the Treatment of Keratoconus			
			2012-A	●	Interferential Stimulation
200506	●	Retinal Imaging	2013-C	●	Tenex Health TX Procedure
200515	●	Laser Hemorrhoidectomy	2015-D	●	Hydrogen Breath Test for Irritable Bowel Syndrome
200520	●	Urinary Incontinence A. Pelvic Floor Electrical Stimulation	2016-A	●	Radiofrequency Ablation for Pulmonary Tumors
			2016-C	●	V-Go Disposable Insulin Delivery Device (Valeritas Inc.)
200521	●	Otoplasty			
200522	●	Epidural Adhesiolysis for Chronic Low Back Pain	2016-D	●	Mitral Valve Replacement
200601	●	Flucinolone Acetonide Intravitreal Implant			
200610	●	Computed Tomography Colonography (Virtual Colonoscopy)			

▲ = New   ● = Revised   ■ = Retired

Pharmacy

Corporate Medical Policies new or revised January 1, 2018–March 31, 2018

Pharmacy					
Policy Number		**Title**	**Policy Number**		**Title**
201419	●	Alpha 1 proteinase Inhibitor Aralast NP Glassia Prolastin Prolastin-C Zemaira	201006	●	Cinryze/Haegarda (C1 Esterase Inhibitor)
200808-CC	●	Rituxan (Rituximab)	201427-CC	●	Ocular VEGF Inhibitors Eylea Macugen Lucentis
201606	●	Taltz (Ixekizumab)	201316-CC	●	Immune Globulin IV (IVIG) Bivigam Carimune NF Flebogamma DIF Gammagard Gammagard SD Gammaplex Gamunex-C Octagam Privigen
201707	●	Kymriah (Tisagenlecleucel)			
201717	●	Lemtrada (Alemtuzumab)			
201733	●	Yescarta (Axicabtagene Ciloleucel)			
201705	●	Spinraza (Nusinersen)			
201720-CC	●	Global PA			
201805	▲	Hemlibra (Emicizumab-kxwh)			
201511-CC	●	Opdivo (Nivolumab)	201317	●	Immune Globulin SC (SCIG) Gammagard Gammaked Gamunex-C Hizentra HyQvia Cuvitru
201714	●	Parsabiv (Etelcalcetide)			
201807	●	Inhaled Prostacyclin Tyvaso Ventavis			
			201021	●	Firazyr (Icatibant Acetate)
201406	●	Remodulin (Treprostinil)	201512	●	Ruconest (C1 Esterase Inhibitor, Recomb)
201010	●	Acthar HP (Corticotropin)	201605-CC	●	Xgeva (Denosumab)
201616	●	Exondys 51 (Eteplirsen)	201405	●	Avastin (Bevacizumab)
201410-CC	●	Oncology Medications	201519	●	Sandostatin®/Sandostatin LAR® Depot (Octreotide Acetate)
201711	●	Darzalex (Daratumumab)			
201806	●	Epoprostenol Veletri Flolan	201602-CC	●	Testosterone Injection and Pellet Depo®-Testosterone (Testosterone Cypionate) Delatestryl (Testosterone Enanthate) Aveed (Testosterone Undecanoate) Testopel (Testosterone) Pellet
201719-CC	●	Doxorubicin			
201722-CC	●	Cyclophosphamide	201802	●	Luxturna (Voretigene Neparvovec-rzyl)
201619-CC	●	Tecentriq (Atezolizumab)	201725	▲	Trogarzo (Ibalizumab)
201808	▲	Lutathera (Lutetium Lu 177 Dotatate)			
201020	●	Berinert (C1 Esterase Inhibitor)			

▲ = New   ● = Revised   ■ = Retired

Pharmacy

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, and [Corporate Medical Policies](#). Here you will 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 will find revisions to our pharmacy prior authorization policies, as well as information about quantity limits, step therapy and formulary updates.

National Drug Code (NDC) Identifiers Must Be Included on Claims for All Medications

Effective June 1, 2018, National Drug Code (NDC) identifiers for all Healthcare Common Procedure Coding System (HCPCS) codes, must be included for all medications on professional and outpatient claims. Claims submitted to Medical Mutual without appropriate HCPCS codes and NDC identifiers on all medications will result in delay of payment.

Instructions on how to submit NDC codes on claims can be found in the Medical Mutual Provider Manual at [Provider.MedMutual.com](#). The quick links section contains a link to the Provider Manual.

Care Management & Clinical Practice Guidelines

Medical Record Request Survey

Medical Mutual is conducting a survey to understand how providers prefer to receive medical record requests. Please complete the survey at MedMutual.com/MedicalRecords to confirm your preferred retrieval method and Medical Record Organization (MRO), if applicable.

General Information

Tactical Management, Inc. Record Request Letters

The Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) require certain payers to participate in the annual HHS-CMS Risk Adjustment Data Validation (RADV) audit. Medical Mutual has selected Tactical Management, Inc. (TMI) as its initial validation audit (IVA) vendor to assist with the medical record retrieval for the RADV audit. Letters requesting information will begin to go out to providers in June 2018. This is a medical record review to validate risk adjustment data obtained from 2017 claim information that Medical Mutual has submitted to HHS.

Medical Mutual's agreement with TMI stipulates explicit criteria for working with provider offices in a respectful, non-disruptive and efficient manner. It also ensures any information shared by you during audit activities remains confidential in accordance with all applicable state and federal laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA regulations permit a covered entity, such as a physician practice, to disclose protected health information (PHI) to another covered entity, such as a health plan, without obtaining an enrollee's authorization or consent, for the purpose of facilitating healthcare operations. If you are selected for this audit, please submit medical records timely in order to meet the HHS-CMS deadline. Thank you in advance for your cooperation.

Member Rights and Responsibilities

Medical Mutual members have certain rights and responsibilities, which are defined as the member's role in working with Medical Mutual to achieve a quality, cost-effective health outcome. Your familiarity with these rights and responsibilities as the provider helps Medical Mutual members participate in their own healthcare. To view the full article Medical Mutual recently posted for providers on this topic, please go to Provider.MedMutual.com, Tools & Resources, In the News, (01/24/2018) Member Rights and Responsibilities.

If you have questions regarding this information please contact us at 1-800-362-1279.

Medicare Advantage

Provider Directory Accuracy

The Medicare Advantage provider directory is the most common and available tool members and their caregivers can use to access information about providers. Accurate and up-to-date provider information is essential to ensuring Medical Mutual members have access to the healthcare they need, when they need it, without having to call multiple phone numbers and locations.

In order to determine whether a location should be listed in the directory, providers should ask themselves the following question:

Can a member schedule a visit at the location listed in the directory, using the phone number listed in the directory?

If the answer is yes, then the location should be listed.

If the answer is no, then the location should not be listed.

Some examples of locations that should not be published in the directory are:

- Hospital locations, unless the provider has an office located in the hospital at which members can schedule appointments
- Satellite locations at which the provider does not regularly practice
- Locations where the provider is rotating, substituting, or on call

Once a provider determines that a location should be listed in the directory, the provider should make sure that the phone number is correct. The provider should notify Medical Mutual if they are not accepting new patients.

For further information and review of the locations a provider has listed in the directory, providers should contact their Provider Contracting Representative.
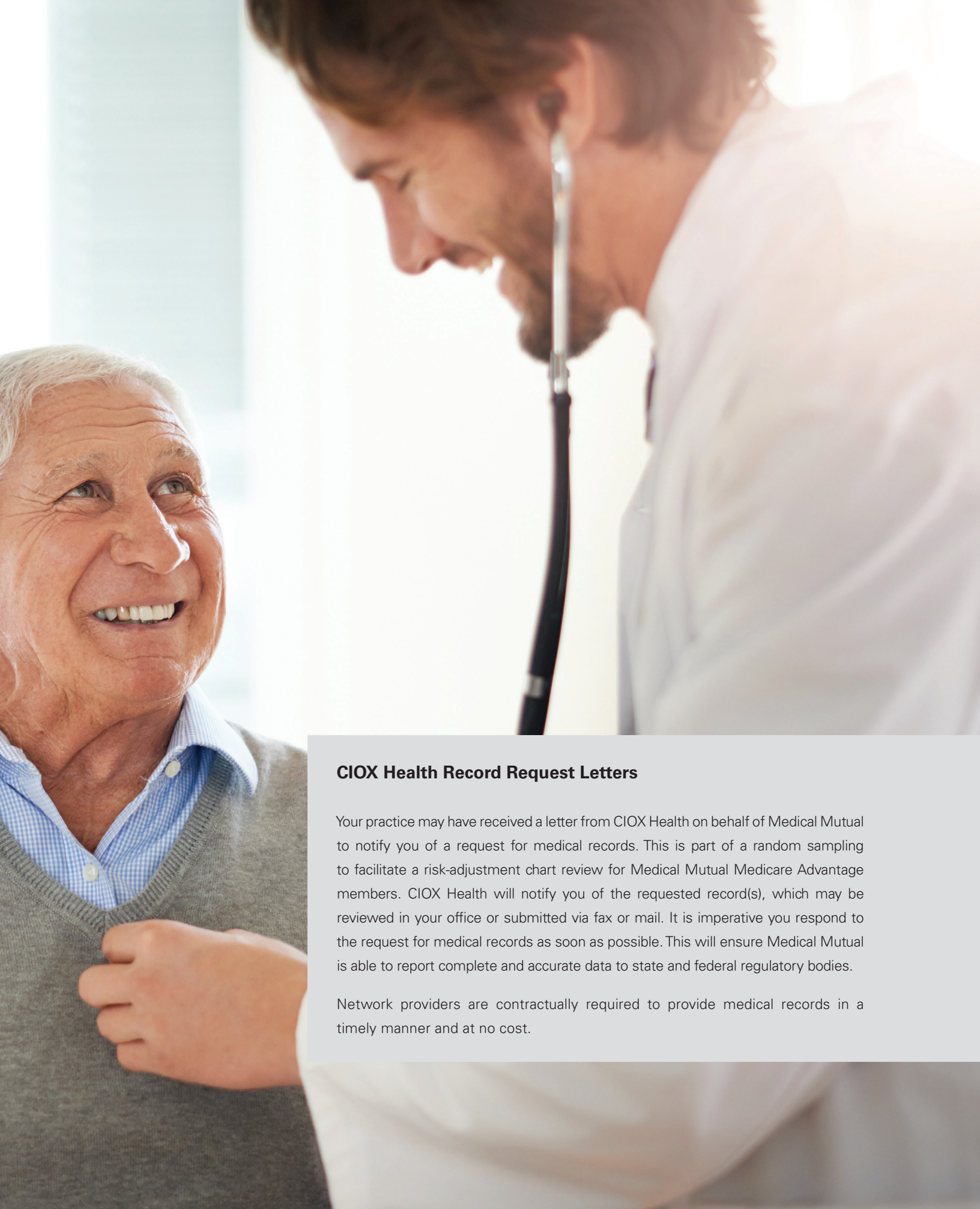
CIOX Health Record Request Letters

Your practice may have received a letter from CIOX Health on behalf of Medical Mutual to notify you of a request for medical records. This is part of a random sampling to facilitate a risk-adjustment chart review for Medical Mutual Medicare Advantage members. CIOX Health will notify you of the requested record(s), which may be reviewed in your office or submitted via fax or mail. It is imperative you respond to the request for medical records as soon as possible. This will ensure Medical Mutual is able to report complete and accurate data to state and federal regulatory bodies.

Network providers are contractually required to provide medical records in a timely manner and at no cost.