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# Mutual News

Third Quarter 2018

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# Mutual News

Third Quarter, 2018

## Notice of Material Amendment to Contract

### Fee Schedule Update

The Medical Mutual updated network fee schedule will be available for reference October 1, 2018, via our secure Provider Portal located at [Provider.MedMutual.com](http://Provider.MedMutual.com). Revisions will be effective for dates of service beginning January 1, 2019.

### Application of Rural and Non-Rural Rate Differentials for Durable Medical Equipment (DME) Claims

In addition to Medical Mutual's review and update to the network fee schedule, effective January 1, 2019, Medical Mutual will begin applying rural and non-rural rate differentials based on the member's address when processing DME claims to which the network fee schedule applies. This application of rural and non-rural rate differentials is consistent with Centers for Medicare & Medicaid Services (CMS) DME claim processing.

The Provider Portal offers search features based on a provider's individual National Provider Identifier (NPI) and Tax Identification Number (TIN) to view contract rates by:

- Procedure code most frequently submitted by your practice
- Specialties' commonly submitted procedure codes
- Contracted fees for individual procedure codes

If you have any questions regarding this update, please contact your Provider Contracting representative.

### Contact Us

Visit [Provider.MedMutual.com](http://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 March 1 and June 30, 2018 are outlined in the chart below and on the following pages. CMPs are regularly reviewed, updated, added or withdrawn, and therefore are subject to change.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](http://Provider.MedMutual.com) and select [Tools & Resources > Care Management > Corporate Medical Policies](#).

Medical			
Policy Number	Title	Policy Number	Title
95029 ●	Manipulation Under Anesthesia	201426 ●	Transcatheter Pulmonary Valve Implantation
96010 ●	Auditory Brainstem Implantation	201501 ●	Real-time Intra-fraction Target Tracking Systems
200002 ●	Autonomic Nervous System Testing	201539 ●	Radiofrequency Thermal Neurolysis
200139 ●	Extracorporeal Shock Wave Therapy	201540 ●	Disc Decompression Procedures
200215 ●	Audiology Testing	201718 ●	Percutaneous Left Atrial Appendage Closure for Non-valvular Atrial Fibrillation
200218 ●	Carpal Tunnel, Tendon Sheath, Ligament, Tendon and Trigger Point Injections	201721 ●	iStent Trabecular Micro-bypass
200224 ●	Sublingual Immunotherapy	2003-C ●	Electrical Stimulation for Treatment of Dysphagia
200229 ●	Whole Body CT Scan Screening	2005-D ●	Percutaneous Neuromodulation Therapy
200301 ●	Small Bowel Liver Multivisceral Transplantation	2007-C ●	Endobronchial Valve for Tx of a Bronchopleural Fistula
200401 ●	Bone-anchored Hearing Aid	2009-C ●	Anal Fistula Plug
201005 ●	Intraperitoneal Hyperthermic Chemotherapy	2011-E ●	Suit Therapy
201017 ●	Autologous Platelet-rich Plasma	2013-D ●	Electrical Stimulation and Electromagnetic Therapy
201102 ●	Pancreatic Islet Cell Transplant	2014-A ●	Non-surgical Treatment of Obstructive Sleep Apnea
201208 ●	Lumbar Spinal Fusion	2015-C ●	Computer-aided Detection of Breast MRI
201303 ●	Genetic Testing and Genetic Counseling General Policy	2017-A ●	Electromagnetic Navigational Bronchoscopy
201318 ●	Percutaneous Tibial Nerve Stimulation	2017-B ●	MICRA Transcatheter Pacemaker System
201324 ●	Thermography	▲ = New	● = Revised
			■ = Retired

### Stay Informed with the Provider Manual and Provider Manual Updates

The Provider Manual is available at [Provider.MedMutual.com](http://Provider.MedMutual.com) under [Tools & 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:

- Care Management Programs Overview (Section 3): Accessibility Standards (REVISED)
- Administrative and Plan Guidelines (Section 11): Qualified Health Plan Provider Provisions (NEW)





## Prior Approval

For a list of services requiring prior approval or considered investigational, please visit [Provider.MedMutual.com](https://www.provider.medmutual.com) > Tools & Resources > Care Management > [Prior Approval & Investigational Services](#) section of Medical Mutual's website.

## Pharmacy

CMPs for Pharmacy new or revised for the dates of April 1 – June 30, 2018.

Pharmacy			
Policy Number	Title	Policy Number	Title
201708 ●	Ocrevus (ocrelizumab)	201312 ●	Erythropoietin Stimulating Agents (ESA) Aranesp Epogen Procrit Retacrit
201418 ●	Abraxane (paclitaxel)		
201716-CC ●	Doxil (doxorubicin liposome)		
201707 ●	Kymriah (tisagenlecleucel)	201719-CC ●	Doxorubicin
201704 ●	Dupixent (dupilumab)	201816-CC ▲	Bavencio (avelumab)
201717 ●	Faslodex (fulvestrant)	201812 ▲	Crysvita (burosumab)
95015 ●	Growth Hormone Genotropin Humatrope Increlex Norditropin Nutropin AQ Omnitrope Saizen Serostim Zomacton	201810 ▲	Ilumya (tildrakizumab-asmn)
		201817-CC ▲	Imfinzi (durvalumab)
		201818 ▲	Palynziq (pegvaliase-pqpz)
		201410-CC ▲	Trisenox (arsenic trioxide)
		201316-CC ●	Immune Globulin IV (IVIG) Bivigam Carimune NF Flebogamma DIF Gammagard Gammagard SD Gammaplex Gamunex-C Octagam Privigen
201724 ●	Kevzara (sarilumab)		
201720-CC ●	Global PA		
201727-CC ●	Leuprolide Long-acting Eligard Lupaneta Pack Lupron Depot Lupron Depot-Ped Triptodur	201317 ●	Immune Globulin SC (SCIG) Gammagard Gammaked Gamunex-C Hizentra HyQvia Cuvitru
201505 ●	Perjeta (pertuzumab)		
201713 ●	Siliq (brodalumab)		
201731 ●	Tremfya (guselkumab)		
201715 ●	Velcade (bortezomib)	201813 ▲	Yervoy (ipilimumab)
201010 ●	Acthar HP (corticotropin)	201811 ▲	Ryplazim (plasminogen)
201517-CC ●	Zaltrap (ziv-aflibercept)		
201410-CC ●	Oncology Medications		
201815 ▲	Calcitonin Gene-related Peptide (CGRP) Antagonist Aimovig (erenumab) fremanezumab galcanezumab	▲ = New	● = Revised
			■ = Retired

# Pharmacy

## Prior Approval Requirements

Medical Mutual requires prior approval for the following drugs regardless of whether they are covered 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 detailed in the New Drug Prior Approval policy available at [Provider.MedMutual.com](http://Provider.MedMutual.com).

For drugs covered under the medical benefit: Select Tools & Resources > Care Management > [Corporate Medical Policies](#), and search under Review Policies section for “Global PA”. This page also includes all current Corporate Medical Policies and information about prior approval services and to access ExpressPAth, a web-based tool providers can use to manage prior approval requests for medications.

For drugs covered under the pharmacy benefit: Select Tools & Resources > Care Management > Rx Management, and click [Coverage Management \(Prior Authorization\)](#). This page also includes information about other coverage management programs (i.e., step therapy, quantity limits) and formularies, as well as a link to the ExpressPAth tool.

## Important Information About Prior Authorizations for Drugs Under the Prescription Benefit

Prior authorizations for drugs under the prescription drug benefit are managed by Express Scripts. As of January 1, 2018, drug-specific fax forms are no longer available via [Provider.MedMutual.com](http://Provider.MedMutual.com) when accessed via Tools & Resources > Care Management > [Rx Management](#).

Instead, the more convenient way for a provider to complete a prior authorization request is through the electronic prior authorization (ePA) process using the provider’s ePA software or vendor of choice. Express Scripts also offers a free electronic portal, ExpressPAth, where providers can initiate, complete or check the status of a prior authorization request. ExpressPAth can be accessed by visiting [Provider.Express-Path.com](http://Provider.Express-Path.com). To complete prior authorization requests via fax, please call 1-800-753-2851 to initiate a review and Express Scripts will send you a pre-populated fax form.





# Care Management & Clinical Practice Guidelines

## eviCore healthcare Prior Approval Tool Reminder

As participants in a Medical Mutual provider network, providers are responsible to be compliant with Medical Mutual's utilization management programs. One such program is the use of eviCore healthcare to manage the prior authorization process for imaging services. To avoid claim rejections for failure to prior authorize services, please review the complete list of services that require prior authorization through eviCore healthcare. This list is available at [Provider.MedMutual.com](http://Provider.MedMutual.com) in the Quick Links section or by visiting [eviCore.com/HealthPlan/MedMutualOH](http://eviCore.com/HealthPlan/MedMutualOH).

## NaviNet Prior Approval Tool Reminder

Medical Mutual has been using NaviNet as its electronic submission tool for prior authorization requests for specific services, since January 1, 2018. Using NaviNet helps create efficiencies in the prior authorization request process for providers. Providers can confirm the request was sent and received, obtain real-time status updates, upload supportive documentation and submit appeals online, if appropriate. Providers not currently registered for NaviNet, should register by visiting [Navinet.Secure.Force.com](http://Navinet.Secure.Force.com). For registration questions, please contact NaviNet customer service at 1-888-482-8057.

## Important Information About Colorectal Cancer

By the end of 2018, 80 percent of adults age 50 and older should be screened regularly for colorectal cancer. That's the goal of the National Colorectal Cancer Roundtable, established by the American Cancer Society. The organization has asked doctors, government agencies and insurance companies, like Medical Mutual, to help make this goal a reality.

Medical Mutual asks that providers please remind Medical Mutual members of the following:

- Most Medical Mutual insurance plans cover preventive colorectal cancer screenings at no out-of-pocket cost to the member if provided by an in-network provider. Members can call Medical Mutual Customer Care at the number on their ID cards to verify their benefits.
- A variety of screening options are available, from colonoscopies to in-home tests.
- Make the appointment. If members need help selecting in-network facilities, Medical Mutual's Customer Care team can help.

Let's help make 80 percent by 2018 a reality. With providers' help, it's possible.

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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.



### **How to Contact the Care Management Department**

Medical Mutual's Care Management department is available Monday through Friday, excluding holidays, from 8 a.m. to 5 p.m. EST to address inquiries regarding utilization management functions such as inpatient admissions, denials, appeals and referrals (including behavioral health services). Please refer to the telephone numbers on the member's ID card.

Care Management services are available to help coordinate care, provide information on community services and arrange patient education. For more information or to refer your patient, please call 1-800-258-3175.

# Risk Adjustment

## Upcoming Webinar – Importance of Accurate Documentation

Medical Mutual is hosting two sessions of a risk adjustment webinar, covering clinical principles to ensure accurate documentation, improve patient care delivery and optimize data integrity by validating diagnosis codes. By attending one of the sessions, providers will earn one continuing medical education (CME) credit or continuing education unit (CEU). The information for each session is below:

**October 9 from 11 a.m. to 12:30 p.m. EST**

Phone: 1-844-245-7693

Meeting ID: 591 453 172

**October 25 from 5 p.m. to 6:30 p.m. EST**

Phone: 1-844-245-7693

Meeting ID: 590 730 604

For questions about this webinar, please contact Katy Davis, Manager of Risk Adjustment and Coding, at 1-614-621-6935 or via email at [Katy.Davis@MedMutual.com](mailto:Katy.Davis@MedMutual.com).



# Medicare Advantage

## Qualified Medicare Beneficiary (QMB)

Medical Mutual recently notified our providers about the Qualified Medicare Beneficiary (QMB) program. This is a Medicaid benefit that pays Medicare premiums and cost sharing for certain low-income Medicare beneficiaries. In other words, MedMutual Advantage members who are in the QMB program are also enrolled in Medicaid and receive help with their Medicare Advantage premiums and cost sharing through Medicaid. Federal law prohibits providers from collecting coinsurance, copayments and deductibles from members enrolled in the QMB program. These amounts can be submitted to a secondary payer.

Additional information about the QMB program can be found on the Centers for Medicare & Medicaid (CMS) website, CMS.gov search QMB. You can also view the Mutual News Bulletin sent out in July 2018, found at [Provider.MedMutual.com](http://Provider.MedMutual.com) > Quick Links > [In the News](#).

### **First Tier, Downstream and Related Entities (FDR) Attestation Reminder**

As a designated Medicare Advantage Organization (MAO), Medical Mutual must comply with and meet certain Centers for Medicare & Medicaid Services (CMS) requirements. We are obligated to oversee compliance for our First Tier, Downstream and Related Entities (FDRs), and establish and implement an effective system for routinely auditing and monitoring compliance. As of September 17, 2018, the Medical Mutual 2018 FDR Attestation website is open for you to log into and submit your form. Medical Mutual requires you complete this attestation form online at [MedMutual.com/AttestationProvider](http://MedMutual.com/AttestationProvider) no later than November 1, 2018.