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Mutual News

Fourth Quarter, 2018

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MEDICAL MUTUAL®



Mutual News

Fourth Quarter, 2018

Stay Informed with the Provider Manual

The Provider Manual is available at 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.

There are no updates this quarter.

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 July 1 and September 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 CMPs are regularly reviewed, updated, added or withdrawn, and therefore are subject to change.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 and select Tools & Resources > Care Management > [Corporate Medical Policies](#).

Medical		
Policy Number		Title
200233	●	Skin Substitutes
200604	●	Functional Electrical Stimulation (FES) and Neuromuscular electrical stimulators (NMES)
200704	●	Intensity Modulated Radiation Therapy (IMRT)
2007-E	●	Uterine-Sparing Fibroid Treatments
201009	●	Stereotactic Radiosurgery and Stereotactic Body Radiotherapy
201105	●	Prolotherapy—Musculoskeletal Conditions
2013-B	●	Bulking Agents for Fecal Incontinence—Solesta
2016-B	●	Myoelectric Mobility Systems

▲ = New

● = Revised

■ = Retired

Prior Approval

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

Pharmacy

CMPs for Pharmacy new or revised July 1 and September 30, 2018.

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	201424 ●	Filgrastim Neupogen Zarxio Nivestym
201521 ●	Nplate (romiplostim)	201826 ●	Leukine (sargramostim)
201415-CC ●	Docetaxel	201825 ●	Granix (Tbo-filgrastim)
201404-CC ●	Herceptin (trastuzumab)	201827 ●	Pegfilgrastim Neulasta Fulphila
201430-CC ●	Keytruda (pembrolizumab)	201819 ●	Adcentris (brentuximab vedotin)
201006 ●	Cinryze and Haegarda (c1 esterase inhibitor)	201513 ●	Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitor Neupogen Eylea Macugen Lucentis
201815 ●	Calcitonin Gene-Related Peptide (CGRP) Antagonist Aimovig Ajovy Emgality	201729 ●	Radicava (edaravone)
201518-CC ●	Cyramza (ramucirumab)	201616 ●	Exondys 51 (eteplirsen)
201614 ■	Zinbryta (daclizumab)	201312 ●	Aranesp (darbepoetin alfa)
201732 ▲	Rituxan Hycela (rituximab and hyaluronidase)	201832 ●	Epoetin Alfa Agents Retacrit Epogen Procrit
201720-CC ●	Global PA	201317 ●	Immune Globulin SC (SCIG) Gammagard Gammaked Gamunex-C Hizentra HyQvia Cuvitru
201813 ●	Yervoy (ipilimumab)	201726-CC ●	Brineura (cerliponase alfa)
201429-CC ●	Kadcyla (ado-trastuzumab emtansine)	201510 ●	Mircera (Methoxy Peg-Epoetin Beta)
201733 ●	Yescarta (axicabtagene ciloleucel)	201714 ●	Parsabiv (etelcalcetide)
201820 ▲	Empliciti (elotuzumab)	201707 ●	Kymriah (tisagenlecleucel)
201305 ●	Tysabri (natalizumab)	201830-CC ●	Sylvant (siluximab)
201511-CC ●	Opdivo (nivolumab)	201829-CC ●	Besponsa (inotuzumab ozogamicin)
200807 ●	Infliximab Remicade Renflexis Inflectra	201824-CC ●	Synribo (omacetaxine mepesuccinate)
99002 ●	Viscos/Hyaluronic Acid Derivatives Euflexxa Gel-One Gelsyn-3 GenVisc 850 Hyalgan Hymovis Monovisc Orthovisc Synvisc Synvisc-One Supartz/Supartz FX TriVisc	201412-CC ●	Erbix (cetuximab)
200913 ●	Cimzia (certolizumab pegol)	201428-CC ●	Vectibix (panitumumab)
201107 ●	Benlysta (belimumab)	201832 ▲	Takhzyro (landelumab)
201423-CC ●	Entyvio (vedolizumab)	201410-CC ▲	Vantas (Histrelin implant)
201410-CC ●	Oncology Medications	201410-CC ▲	Lumoxiti (moxetumomab pasudotox-tdfk)
201835 ▲	Actemra SC (tocilizumab)	201833-CC ▲	Poteligeo (mogamulizumab-kpkc)
		2018-34-CC ●	Imlygic (talimogene laherparepvec)
		201512 ●	Ruconest (C1-Esterase Inhibitor)
		201806 ●	Epoprostenol for intravenous injection Flolan Veletri
		201831 ▲	Onpattro (patisiran)

▲ = New

● = Revised

■ = Retired

General Information

New Medical Mutual Identification Cards

Please alert your staff that Medical Mutual members will receive a new identification (ID) card on or around January 1, 2019, that includes new national network information. There are two new ID cards, one for members who reside in Ohio and one for members who reside outside of Ohio.

If you have any questions about this change, please contact your Medical Mutual contracting representative.



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 posted for providers on this topic, please go to Provider.MedMutual.com > Tools & Resources > In the News and select [\(01/24/2018\) Member Rights and Responsibilities](#).

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

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 on Medical Mutual's provider website following the below paths [Provider.MedMutual.com](https://www.provider.medmutual.com).

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

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

Formulary and Coverage Management Changes Coming January 1, 2019

Formulary changes for 2019 will be effective on January 1, 2019. Updated formularies can be found by visiting MedMutual.com/RxManagement and viewing the prescription formulary tab for commercial formularies or the Medicare tab for Medicare formularies. Medical Mutual members have one of the following formularies:

- Basic Plus
- National Preferred Plus
- High Performance Plus
- Medicare

Impacted members will receive a letter explaining the change and how to find possible alternatives or request a coverage review. Please review this information with your Medical Mutual members before January, 1 2019.

Additional drugs will also be added to Medical Mutual's step therapy program for prescription drugs dispensed under the pharmacy benefit beginning on January 1, 2019. For more information and to view the list of new additions along with preferred alternatives visit Provider.MedMutual.com.

To streamline the review process for medications that require prior approval under the member's prescription benefit, please submit your request via your existing electronic prior authorization (ePA) software. If you do not have access to electronic prior authorization tools, Medical Mutual offers providers access to ExpressPAth at no cost. The online tool can help reduce your staff's administrative burden and provide Medical Mutual members with a shorter path to treatment. For more information or to register for ExpressPAth, visit Provider.Express-PAth.com.



Update to Epoetin Alfa Product Coverage for Medical Mutual Plans

Effective January 1, 2019, certain epoetin alfa products will be considered non-preferred and will require a trial of a preferred product first. Epoetin alfa is an erythropoiesis-stimulating agent used to treat certain types of anemia. The preferred epoetin alfa product for Medical Mutual plans (Commercial and ACA) is noted on the left side and non-preferred on the right side of the table below. For more information, please visit Provider.MedMutual.com > Tools and Resources > Care Management > [Corporate Medical Policies](#).

Preferred Product*	Non-Preferred Product
<ul style="list-style-type: none">Retacrit	<ul style="list-style-type: none">ProcritEpogen

*Preferred Products are subject to any benefit limitation set forth in the member's benefit certificate.

Site of Care Management Updates Effective January 1, 2019

Medical Mutual has made a change to the pediatric age range for site of care management criteria. Beginning January 1, 2019, children 17 years of age or younger are excluded from the site of care management prior approval policy. This revision lowers the pediatric age to be excluded from the policy from 21 years of age to 17 years of age. Members with a current prior approval will not be impacted by this change. New requests or renewals for medications subject to site of care management will be required to meet the new age requirements during the medical review process.

For a list of medications subject to site of care management, visit Provider.MedMutual.com > Tools & Resources > Care Management > [Medical Drug Management](#).

Update to Filgrastim Product Coverage for Medical Mutual Plans

Effective November 1, 2018, all filgrastim products, excluding the preferred product*, will be considered non-preferred. Medical Mutual will require a trial of the preferred product first. Filgrastim is a colony-stimulating agent used to treat certain types of neutropenia by stimulating stem cells in bone marrow to produce more white blood cells.

The preferred filgrastim product for Medical Mutual plans (Commercial, ACA, and Medicare Advantage Plans) is noted on the left side of the table below. For more information, please visit Provider.MedMutual.com > Tools and Resources > Care Management > [Corporate Medical Policies](#).

Preferred Product*	Non-Preferred Product
<ul style="list-style-type: none">Zarxio	<ul style="list-style-type: none">NeupogenNivestym

*Preferred Products are subject to any benefit limitation set forth in the member's benefit certificate

Care Management and Clinical Practice Guidelines

Continuity and Coordination of Care

Continuity and coordination of medical care is critical to the health outcomes of all members, including when members move between healthcare practitioners. Both referring providers and consulting providers are responsible for communicating important information to each other. Medical Mutual maintains a communication form for your convenience at Provider.MedMutual.com > Tools & Resources > Care management > Clinical Quality > [Continuity and Coordination of Care](#) and at the bottom of the page you will find a link to the patient summary form.

Information critical to coordinating care includes, but not limited to, the following:

- Patient allergies or drug reactions
- Past medical history
- Prescribed medications
- Depression screening and/or alcohol abuse/dependence screening using standardized tools, as appropriate
- Height and weight including body mass index (BMI) calculation

Access to Case Management and Physician Referral Guidelines

Case management is a common sense approach to managing healthcare benefits. Case management staff collaborates with providers, the family and the member to facilitate quality, cost-effective options and services to meet an individual member's needs. Case management can be effective with catastrophic cases, chronic health problems and psychiatric/substance abuse treatment. Case management can assist the member by providing education or by referrals to applicable community resources.

Eligibility for Case Management

Providers have a primary opportunity to identify members as potential candidates for individual case management. Guidelines for identifying members include one of the following criteria:

- High emergency room usage
- Multiple hospital admissions within six months
- Selected diagnoses, including:
 - High-risk pregnancy
 - High-risk neonates
 - Severe stroke/cerebrovascular accident (CVA)
 - Major trauma
 - Respiratory dependence
 - Severe burns
 - Multiple fractures
 - Amputations
 - Advanced neurological disorders
 - Pain management
 - Terminal cancer
 - Solid organ and blood component transplants
 - Other terminal conditions and other rare catastrophic diseases
 - Depressive, anxiety, eating or psychotic disorders
 - Hemophilia
 - Dialysis
 - Chronic kidney disease

Referrals for Case Management

Medical Mutual will accept referrals for case management from any source, including any provider or member. To initiate a referral, contact the Case Management department or the Behavioral Health department. Please have the following information available when calling the Case Management department:

- Name of member
- Name of cardholder
- Certificate number
- Current healthcare situation
- Provider's name
- Anticipated ongoing needs

A nurse case manager determines if the member should be considered for individual case management. If a decision is made to pursue individual case management for a member, further information will be requested by the nurse case manager.

Hospital Care Transitions Partnership

Medical Mutual is pleased to announce that it is working with Akron-based Direction Home and local area agencies on aging throughout the state of Ohio, to provide an evidence-based service designed to improve quality of care and reduce hospital readmissions. Direction Home and its community-based partners will deliver personalized care services to make the transition from hospital to home as smooth as possible through a team of care transition coaches.

Care transition coaches visit patients in the hospital and at home to make sure patients have what they need to successfully recover. Services provided by care transition coaches include medication reconciliation, education on disease specific red flags, making sure that physician follow-up care is in place and linking patients to long-term services and supports. Patients that receive these services are less likely to be readmitted to a hospital and experience greater confidence to manage their symptoms. We are pleased to begin offering this service effective December 1, 2018.



Risk Adjustment

Medical Record Requests

In an effort to streamline medical record collection for risk adjustment purposes and simplify requests, for medical records for risk adjustment purposes, Medical Mutual is offering to directly access medical records securely through your electronic medical record (EMR) system. If Medical Mutual directly accesses medical records for risk adjustment purposes through your EMR system, you will no longer need to gather information, copy medical records and package them for submission. Medical Mutual medical record retrieval specialists can download clinical information such as progress notes, lab reports, radiology results, history and physicals without involving you and your office. All medical record transfers are secure and compliant with HIPAA privacy statutes and regulations. If you are interested in learning more, please contact Laurie Mitchell at 1-216-687-7457 or via email at Laurel.Mitchell@MedMutual.com.

If this is currently not an option for your office, please visit [MedMutual.com/Campaign-Pages/Medical-Records.aspx](https://www.MedMutual.com/Campaign-Pages/Medical-Records.aspx) to indicate your medical record retrieval preference. The information provided will help lessen the impact on your practice of medical record requests for risk adjustment purposes. If you have additional questions or concerns, please contact your local provider contracting representative.

Documentation Guide

The most common problem with documentation is that it is not thorough enough. Every encounter with a patient is an opportunity to assess health and comprehensively document chronic conditions, co-existing acute conditions, active status conditions and pertinent past conditions. Ensure your patients' charts are thorough by documenting all acute, chronic and status conditions every year. You should also note specific rather than general conditions (e.g., major depression, recurrent episode severe, rather than depression) if applicable. The conditions listed in the table below are frequently not documented or documented incorrectly, overlooked and underreported.

Quick Tips Diagnosis Documentation Guide

Condition	Documentation Tips										
Diabetes Mellitus (DM)	<ul style="list-style-type: none"> ▪ Type of diabetes, type 1 or type 2 ▪ If secondary DM, document what the cause is or primary condition along with secondary diabetes ▪ Associated conditions (e.g., neuropathy, skin ulcer, CKD) ▪ Use of insulin or other medications 										
Myocardial Infarction (MI)	<ul style="list-style-type: none"> ▪ Document past MIs and when they occurred ▪ Angina and old MIs (over 28 days old) often co-exist. Document all cardiac conditions and any treatment the patient is receiving ▪ Acute MI—4 weeks or less ▪ Subsequent MI—w/in 4 weeks of previous MI ▪ Document whether STEMI, NSTEMI, or other type of MI ▪ Note presence of hypertension 										
Circulatory	<ul style="list-style-type: none"> ▪ A CVA is an acute event rarely treated in the office setting. Most cases are treated in the ER or inpatient setting ▪ Document follow-up treatment in an office location as “history of CVA.” ▪ Document any late effects of the CVA as well (e.g. “Hemiparesis, dominant side due to CVA in 2006, stable”) ▪ Coronary Artery Disease (CAD)—specify whether it is a native or graft vessel 										
Mental Disorders	<ul style="list-style-type: none"> ▪ Clearly document “Major Depressive Disorder,” if that is what is wrong with patient ▪ For major depression, document the status—mild, moderate, severe, in partial remission, in remission, recurrent 										
Neoplasms	<ul style="list-style-type: none"> ▪ Coded as a current malignancy if actively receiving treatment ▪ Coded as “history of” if it has been treated by surgery, radiation, or chemotherapy and there is no current indication of the disease ▪ Document metastatic disease with location along with the primary site and treatment. Ex: Stage IV lung cancer with metastasis to brain currently on chemotherapy 										
Chronic Kidney Disease	<ul style="list-style-type: none"> ▪ Document stage of CKD along with treatment plan ▪ Document dialysis status for ESRD 										
Wound Care	<ul style="list-style-type: none"> ▪ Document the pertinent information for ulcers: <ul style="list-style-type: none"> – Vascular ulcers—document site, type and presence of any inflammation – Non-pressure ulcers—document site, size, type, depth – Pressure ulcers—document site, size, type, and stage 										
BMI and Obesity	<ul style="list-style-type: none"> ▪ Document BMI and category <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Category</th> <th>BMI</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>Below 18.5</td> </tr> <tr> <td>Normal</td> <td>18.5-24.9</td> </tr> <tr> <td>Overweight</td> <td>25.0-29.9</td> </tr> <tr> <td>Obesity</td> <td>30.0 and above</td> </tr> </tbody> </table> ▪ The provider must document obesity, morbid obesity or any other diagnosis-related code from a BMI measurement <ul style="list-style-type: none"> – If obesity, consider if due to excess calories, endocrine related or morbid/severe ▪ Document morbid (severe) obesity for members with a BMI >40 <ul style="list-style-type: none"> – Z68.41—BMI 40.0-44.9, adult – Z68.42—BMI 45.0-49.9, adult – Z68.43—BMI 50.0-59.9, adult – Z68.44—BMI 60.0-69.9, adult – Z68.45—BMI 70 or greater, adult 	Category	BMI	Underweight	Below 18.5	Normal	18.5-24.9	Overweight	25.0-29.9	Obesity	30.0 and above
Category	BMI										
Underweight	Below 18.5										
Normal	18.5-24.9										
Overweight	25.0-29.9										
Obesity	30.0 and above										

Disclaimer: 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.