In addition to the traditional examination of neurologic signs and symptoms, psychological factors should be considered during the initial visit. Psychological factors are a major predictor in the transition from acute to chronic LBP. One study showed pain-related fear and pain catastrophizing actually affected patients' ability to complete physical tasks, which has important implications for performance of daily activities in individuals suffering with acute LBP.

Reassure patients that recovery begins with resumption of normal activities as tolerated, and it is safe to resume regular activities before complete pain relief. Because patients may be distracted by anxiety and pain, providing printed information reinforcing verbal instructions can be helpful. Showing concern, listening and shared problem solving are aspects of patient management that build trust and enhance treatment adherence. Attention to patients' emotional needs may be one simple step toward effectively preventing acute LBP from becoming disabling.

Immunization Information Systems (IIS), better known as Immunization Registries, effectively increase vaccination coverage by helping to minimize missed or duplicate doses, enhance patient recall and clarify complicated vaccine schedules. An IIS is a confidential, computerized system that collects and consolidates vaccination data from vaccine providers and offers tools to design effective immunization strategies at the provider level.

**Capabilities of an Immunization Information System include:**
- The ability to inform vaccine providers of upcoming patient vaccination needs
- Vaccination coverage reports, patient reminders for past due vaccinations or recalls
- An interface with electronic health record (EHR) systems

**All 50 states have Immunization Information Systems and participation is required by law in some states.**

Increasing the percentage of children younger than age 6 whose immunization records are housed in a fully operational IIS to 95 percent has been identified as a Healthy People 2020 objective. In 2009, the IIS Annual Report data indicated that an IIS housed the immunization records for 77 percent of all U.S. children younger than age 6, an increase from 75 percent in 2008. In addition, 59 percent of providers reported being able to send and receive vaccination data, using Health Level Seven (HL7) messaging standards; a global framework for the exchange, integration, sharing and retrieval of electronic health information.

At the state level, Ohio and Georgia demonstrated an IIS housed the immunization records of 95-100 percent of children younger than age 6, while Indiana’s rate was in the 67-94 percent category. South Carolina was not measured due to a transition to a new immunization project.

Despite some progress, challenges remain for successful IIS implementation. If you are evaluating EHR systems, please consider choosing a system that interfaces with the IIS of the state in which you practice. The IIS links can be found on each state’s health department website or at cdc.gov/vaccines/programs/iis.

---

**Assessing Healthy Habits in Pediatric Patients**

We THRIVE! is a practice improvement collaborative created to help primary care providers test and implement proven concepts for improving obesity screening, assessment and management. The Hamilton County Ohio Public Health Department is receiving funds from the Center for Disease Control and Prevention Communities Putting Prevention to Work grant for this initiative.

The Hamilton County Ohio Public Health Department selected the Cincinnati Children’s Hospital Medical Center to conduct this project. Activities began in January 2011, and the collaborative is providing algorithms, resources and tools to help providers address childhood obesity. One such tool, Healthy Habits Survey: Ages 2-18 (see next page), can be used to initiate conversations with parents about their child’s nutrition and physical activity.
Healthy Habits Survey (Ages 2-18)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Age:</th>
<th>Today’s Date:</th>
</tr>
</thead>
</table>

- How many servings of fruits or vegetables do you/your child eat a day? (One serving is most easily identified by the size of the palm of your child’s hand.)
- How many times a week do you/your child eat dinner at the table together with the family?
- How many times a week do you/your child eat breakfast?
- How many times a week do you/your child eat takeout or fast food?
- How many hours a day do you/your child watch TV/movies or sit and play video/computer games?
- Do you/your child have a TV in the room where he/she sleeps?
- Do you/your child have a computer in the room where he/she sleeps?
- How much time a day do you/your child spend in active play (faster breathing/heart rate or sweating)?
- How many 8-ounce servings of the following do you/your child drink a day?
  - 100% Juice
  - Soda or punch
  - Fruit/Sports drinks
  - Water
  - Whole milk
  - Nonfat/Reduced fat milk

**Parent/Guardian Question**
Based on your answers, is there ONE thing you would like to help your child change now? (check one box)

- Eat more fruits and vegetables.
- Spend less time watching TV/movies and playing video/computer games.
- Take the TV out of the bedroom.
- Eat less fast food/takeout.
- Play outside more often.
- Drink less soda, juice or punch.
- Switch to skim or low-fat milk.
- Drink more water.

For more information on community initiatives and to access this tool online, visit healthykidsohio.org.
Tocilizumab (Actemra®, Genentech, Inc., South San Francisco, CA) is a recombinant humanized anti-human interleukin-6 (IL-6) receptor monoclonal antibody (IgG1). The drug binds to membrane-bound (mIL-6R) and soluble (sIL-6R) forms of the interleukin-6 receptor, thereby reducing the inflammatory process by inhibiting signaling through these receptors. Interleukin-6 is a pleiotropic proinflammatory cytokine involved in multiple phases of the inflammatory response, including T-cell activation and induction of immunoglobulin secretion.

Effective February 17, 2011, we consider tocilizumab (HCPCS Code J3262) medically necessary and eligible for reimbursement providing that rheumatoid arthritis and other inflammatory polyarthropathies is present and all of the following medical criteria are met:

- Over age 18; and
- Moderate to severe rheumatoid arthritis and at least one of the following:
  1. Used in combination with methotrexate; or
  2. Failure of, intolerance to or unable to receive methotrexate or administration of more than two other nonbiologic disease modifying antirheumatic drugs (e.g., hydroxychloroquine, leflunomide, sulfasalazine, minocycline); and
- Failure of (trial of more than two months), intolerance to or unable to receive at least one tumor necrosis factor-alpha (TNFα) inhibitor (e.g., adalimumab, certolizumab pegol, etanercept, golimumab, infliximab); and
- Evaluation for active and latent tuberculosis has occurred; and
- Tocilizumab will not be used in combination with another biologic agent (e.g., abatacept, adalimumab, anakinra, certolizumab pegol, etanercept, infliximab, golimumab, rituximab)

New QuitLine Fax Referral Form

If you have patients using tobacco, consider referral to our SuperWell QuitLine—a tobacco cessation program available to all members. When members enroll in the program they receive:

- Support and advice, with up to five proactive coaching sessions with trained health coaches.
- A four-week supply of nicotine replacement therapy (patches) at no cost. If a member continues with health coaching, he or she will receive a second four-week supply, if needed. Members must be medically eligible to receive nicotine patches.
- A personalized quit plan with educational, self-help materials.

You can enroll members via our new QuitLine Fax Referral form, which is available on our website at Provider.MedMutual.com. Select the Tools & Resources tab, then Forms and Clinical Supply Forms. Members can call 866.845.7702 to enroll.
Medical Policy Update

The following Corporate Medical Policies were developed or revised between January 1, 2011, and March 31, 2011.*

<table>
<thead>
<tr>
<th>Policy</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>94047</td>
<td>Ophthalmic Ultrasound</td>
</tr>
<tr>
<td>95015</td>
<td>Growth Stimulating Drugs</td>
</tr>
<tr>
<td>95029</td>
<td>Manipulation under Anesthesia</td>
</tr>
<tr>
<td>200132</td>
<td>Thermal Intradiscal Procedures for Chronic Low Back Pain</td>
</tr>
<tr>
<td>200209</td>
<td>Pancreas-Kidney Transplantation</td>
</tr>
<tr>
<td>200210</td>
<td>Pancreas Transplantation</td>
</tr>
<tr>
<td>200408</td>
<td>Radiofrequency Thermal Ablation for Chronic Spinal Pain</td>
</tr>
<tr>
<td>200519</td>
<td>Human Amniotic Membrane Transplantation</td>
</tr>
<tr>
<td>200714</td>
<td>Meniscal Allograft Transplantation</td>
</tr>
<tr>
<td>200902</td>
<td>Robotic Surgical Systems</td>
</tr>
<tr>
<td>201101</td>
<td>Tocilizumab (Actemra) (New)</td>
</tr>
<tr>
<td>201102</td>
<td>Pancreatic Islet Cell Transplantation (New)</td>
</tr>
<tr>
<td>201105</td>
<td>Prolotherapy</td>
</tr>
<tr>
<td>2011-D</td>
<td>Applied Behavioral Analysis (New)</td>
</tr>
</tbody>
</table>

* Corporate Medical Policies are regularly reviewed, updated, added or withdrawn and are therefore subject to change.

Please visit Provider.MedMutual.com for a complete list of Corporate Medical Policies. For a list of services requiring prior approval or considered investigational, please visit our website and select Providers, Tools & Resources, Care Management and then Prior Approval & Investigational Services.

Affirmation Statement

Medical Mutual and its Family of Companies are committed to ensuring the appropriate utilization of care and services provided to all members. To ensure this commitment, we ask all employees, consultants and management staff involved in utilization management decisions to sign an affirmation statement that confirms their understanding of the following:

- Utilization management decisions are based only on the appropriate use of care and services for the member and existence of coverage.
- We do not financially or otherwise reward consultants or other individuals participating in utilization review decisions for denying or limiting coverage, benefits or services.
- We do not make decisions regarding hiring, promoting or terminating practitioners or other individuals based on the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.
- We do not provide financial incentives for utilization management decisions that result in the underutilization of care or service.
- Consultants are not involved in determining or advancing the profitability of Medical Mutual and its Family of Companies. Consultants’ activities are not monitored or directly controlled by anyone within our Company who has a financial interest in the outcome of consultants’ activities.
- Consultants are not involved in underwriting activities.
Addressing Substance Abuse with Patients

Emergency department (ED) patients with a condition that may be a result of excessive alcohol use should be screened for alcohol abuse issues and offered brief intervention if necessary. Although alcohol abuse may be readily apparent upon presentation, others may present in a manner less suggestive of an alcohol problem, leading to alcohol abuse disorders being overlooked in the ED setting.

According to a study published in the Annals of Emergency Medicine, ED patients with unmet substance abuse treatment needs generate much higher hospital and ED charges than patients without such needs. The study determined that systematically addressing substance abuse problems in EDs would result in significant savings in cost, time and resources.

Researchers found ED patients with unmet substance abuse needs are 81 percent more likely to be admitted during their emergency visit and 46 percent more likely to report making at least one ED visit within the previous 12 months.

To help practitioners better recognize alcohol abuse among their patients, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) publishes Helping Patients With Alcohol Problems: A Health Practitioner’s Guide. After careful review by physician consultants, Medical Mutual endorsed this guide because of its valuable content and ease of use.

The Helping Patients With Alcohol Problems: A Health Practitioner’s Guide contains useful tools such as:

- When to screen for alcohol problems
- How to conduct a screening
- How to conduct a brief intervention
- Referral resources
- Patient education materials

The NIAAA also offers a free, online interactive video as a companion to the guide. Physicians and nurses can earn free CME/CE credits for completing the course. The guide is available for download from our website, Provider.MedMutual.com, along with a link to the interactive video.

Transitions in Caring

A compassionate help and resource program for members and their loved ones facing end-of-life decisions.

The Care Management department has a specialty case management program that focuses on end-of-life issues. Transitions in Caring is a program targeting patients with incurable and life-limiting conditions for which few or no curative options remain. The nurse case manager provides information to empower the patient to make informed decisions, encourages compliance with the patient’s medical regimen and facilitates communication among all parties involved in the patient’s plan of care.

The goals of the program are to improve quality of life, encourage earlier referrals to hospice, reduce costs and improve education on advance directives. Quality of life will be improved by addressing the psychosocial issues of dignity and autonomy, and the medical issues of symptom management. Referrals to the Transitions in Caring program can promote communication and decrease emergency room visits and unplanned acute care admissions.

The Transitions in Caring program, which is an adjunct to a regular hospice program, supports the member by providing pertinent sources of information and referrals to community services. The patient is better able to identify choices that reflect personal values and preferences, while making optimal use of available medical and financial resources.

Participation in this program, as with all case management programs, is voluntary. Timely identification of appropriate members is a key component to achieving the goals of the program. Referrals or questions about the program can be directed to the Case Management department at 800.258.3175, Monday through Friday, 7:45 a.m. to 4 p.m. EST.

Correct Coding: Home Infusion Pump Refills

Home-Infusion providers servicing members with an implanted pump who require a pump refill every 30, 60 or 90 days should be billing the appropriate S code with no more than one unit. Infusions provided with a duration period greater than 72 hours fall outside of the per diem structure and need to be billed according to the National Home Infusion Association guidelines. Please contact your Provider Contracting representative if you have any questions about this policy.
Patients experiencing a blood pressure spike when measured by a healthcare practitioner, the so-called “white coat effect,” is common and may be a significant cause of hypertension overtreatment, a new study finds.

The blood pressure study consisted of 444 male veterans currently treated for hypertension that had readings taken in three different settings:

- A physician’s office
- At home with a blood pressure cuff
- A research setting

Researchers from Duke University and Durham VA Medical Center reported blood pressure readings taken in a doctor’s office were consistently higher than those taken at home or in the research setting, which included multiple readings taken by a trained researcher.

Other results from the “White Coat Effect” study were as follows:

- Repeat home measurements may more accurately reflect blood pressure control when compared to a single reading in a doctor’s office.
- Blood pressure needs to be tested five or six times to give the best estimate of the patient’s true status.
- Significant differences (systolic blood pressure readings more than 10 mmHg) were obtained between measurements taken in doctors’ offices and those done in the research setting.
- A systolic blood pressure reading of 140 mmHg or above is considered high enough to warrant treatment, but many patients with a single reading in the 140 mmHg range may not require antihypertensives.
- The average systolic blood pressure measured in the clinical setting was 145 mmHg, which was 15 mmHg higher than in the research setting.

If you suspect your patient might be experiencing “white coat hypertension,” consider recommending home blood pressure monitoring prior to prescribing an antihypertensive.

SuperWell® Disease and Maternity Management Program

To assist members who are pregnant or those diagnosed with certain chronic diseases, we offer the SuperWell Disease and Maternity Management Program.

In addition to maternity management, this program is available for eligible members diagnosed with one or more of the following conditions:

- Asthma
- Diabetes
- Chronic obstructive pulmonary disease
- Heart failure
- Coronary artery disease
- Chronic pain conditions
- Depression

Many of the above conditions co-exist in the same individual; therefore, this program can provide the intensive support necessary to make patient management more effective. Enrollment in the program provides structured education and support by specially trained health coaches. Patients benefit from routine monitoring, education on complication management and the importance of following the prescribed treatment plan.

To enroll a patient in the SuperWell Disease and Maternity Management Program, call us at 800.861.4826.

Clinical Practice Guidelines

The following Clinical Practice Guidelines were updated and are now available for providers to review and download from our website. These guidelines represent the most current, widely accepted information from nationally recognized sources.


**Diabetes:** The 2011 Clinical Practice Recommendations for Diabetes Management. American Diabetes Association.


**Tobacco Dependence:** Treating Tobacco Use and Dependence, Clinical Practice Guideline 2008 Update U.S. Department of Health and Human Services, Public Health Service.

Additional guidelines can be easily accessed on our provider website by selecting Tools & Resources and Guidelines:

- Alcohol Screening
- Asthma
- Attention Deficit/Hyperactivity Disorder
- Chronic, Non-Malignant Pain
- Continuity of Care Behavioral Health Provider
- Continuity and Coordination of Medical Care
- COPD
- Coronary Artery Disease
- Heart Failure
- Major Depression: Behavioral Health Provider
- Major Depression: Primary Care Physicians
- Preventive Care
Mental Health Follow-Up

Evidence indicates prompt follow-up care following a mental health hospital admission can decrease the likelihood of relapse and readmission. We have numerous initiatives in place to ensure our members receive the recommended initial follow-up visit within seven days of discharge and a second visit within 30 days of discharge.

Analysis of our latest data indicates that rates of seven-day and 30-day follow-up visits have improved due to your efforts:

![Graphs showing percentage improvement from 2006 to 2009 for 7-Day and 30-Day Follow-Up visits.]

The most effective time to engage the patient in post-discharge care is during hospitalization. There are several things you can do to help us achieve continued improvement:

- Educate patients and staff about the importance of prompt follow-up care.
- Facilitate scheduling of the first follow-up visit prior to discharge.
- Contact our Behavioral Health Case Management department at 800.258.3186 to locate a network provider or schedule an appointment within the seven-day period. They are available to assist you in arranging timely follow-up care.

Contact Care Management

Questions about Care Management Processes

The Care Management department is available to address inquiries about utilization management functions, such as inpatient admissions, denials, appeals and referrals (including Behavioral Health services), Monday through Friday, excluding holidays, from 8:15 a.m. to 4:15 p.m. (Eastern). Refer to the numbers on the member’s identification card.

Case Management services are available to help coordinate care, provide information about community services and provide patient education. Please call 800.258.3175 for more information.

Comments and Feedback

Do you have a comment or suggestion you would like to share with us? We are always interested in hearing from providers about our efforts to partner with you to provide the highest quality of care to our members. Contact the Clinical Quality Improvement (CQI) department at 800.586.4523 or write to us at:

Medical Mutual
MZ: 01-5B-7501
2060 East 9th Street
Cleveland, OH 44115
For Your Information

We remain committed to supplying providers with the programs, information and support needed to ensure the health and well-being of our members and the communities we serve. Access our website, Provider.MedMutual.com, for the following:

Select Tools & Resources for:
- Forms
- Provider E-Services
- Provider Manual
- Provider Publications
  - Eye on Quality
  - Mutual News
  - Mutual News Bulletin
  - Quality Connection
  - Archived Provider Publications

Select Tools & Resources, Care Management, Clinical Quality for:
- Accessibility Standards
- Guidelines
- Mission
  - Quality Improvement Program Description
  - Quality Improvement Program Evaluation
  - Technology Assessment Program Description
  - Affirmation Statement
- Documentation Standards and Related Forms

Select Tools & Resources, Care Management, Corporate Medical Policies for:
- Prior Approval
- Prior Approval Form
- Investigational Services

Select Tools & Resources, Care Management, Discharge Planning for:
- Discharge Planning Guidelines
- Discharge Planning Instruction Sheet

Select Tools & Resources, Care Management, Medical Necessity Criteria for:
- Acute Inpatient
- Behavioral Health
- Chiropractic
- Home Healthcare
- Imaging
- Long-Term Acute Care (LTAC)
- Occupational Therapy
- Physical Therapy
- Private Duty Nursing
- Rehab – Inpatient
- Skilled Nursing (SNF)
- Speech Therapy

Select Tools & Resources, Care Management, Patient Safety for:
- Patient Safety Statement

Select Tools & Resources, Care Management, Prior Approval and Investigational Services for:
- List of Prior Approval and Investigational Services

Select Tools & Resources, Care Management, Rx Management for:
- Prescription Formulary
- Prior Approval
- Clinical Services
- Pharmaceutical Education
- Home Delivery Pharmacy

For Your Information

We remain committed to supplying providers with the programs, information and support needed to ensure the health and well-being of our members and the communities we serve. Access our website, Provider.MedMutual.com, for the following:

Select Tools & Resources for:
- Forms
- Provider E-Services
- Provider Manual
- Provider Publications
  - Eye on Quality
  - Mutual News
  - Mutual News Bulletin
  - Quality Connection
  - Archived Provider Publications

Select Tools & Resources, Care Management, Clinical Quality for:
- Accessibility Standards
- Guidelines
- Mission
  - Quality Improvement Program Description
  - Quality Improvement Program Evaluation
  - Technology Assessment Program Description
  - Affirmation Statement
- Documentation Standards and Related Forms

Select Tools & Resources, Care Management, Corporate Medical Policies for:
- Prior Approval
- Prior Approval Form
- Investigational Services

Select Tools & Resources, Care Management, Discharge Planning for:
- Discharge Planning Guidelines
- Discharge Planning Instruction Sheet

Select Tools & Resources, Care Management, Medical Necessity Criteria for:
- Acute Inpatient
- Behavioral Health
- Chiropractic
- Home Healthcare
- Imaging
- Long-Term Acute Care (LTAC)
- Occupational Therapy
- Physical Therapy
- Private Duty Nursing
- Rehab – Inpatient
- Skilled Nursing (SNF)
- Speech Therapy

Select Tools & Resources, Care Management, Patient Safety for:
- Patient Safety Statement

Select Tools & Resources, Care Management, Prior Approval and Investigational Services for:
- List of Prior Approval and Investigational Services

Select Tools & Resources, Care Management, Rx Management for:
- Prescription Formulary
- Prior Approval
- Clinical Services
- Pharmaceutical Education
- Home Delivery Pharmacy
In This Issue

1. Low Back Pain and Catastrophizing
2. Assessing Healthy Habits in Pediatric Patients
3. Medical Policy Highlight
4. Medical Policy Highlight
5. Affirmation Statement
6. Assessing Healthy Habits in Pediatric Patients
7. Transitions in Caring
8. "White Coat Hypertension" Linked to Overtreatment
9. Clinical Practice Guidelines
10. Mental Health Follow-Up

Medical Spotlight

Correct Coding for Pump Refills
Healthy Habits Survey
"White Coat Hypertension"