Herpes Zoster (Shingles) Immunization Frustration

The Advisory Committee on Immunization Practices recommends a single dose of the herpes zoster vaccine for adults age 60 and older, whether or not a previous episode of herpes zoster has occurred.

It is difficult for some members to obtain the shingles vaccine because many physicians prefer not to stock it due to cost, insurance reimbursement and storage issues. Although physicians can give patients a prescription for the vaccine with instructions to go to a pharmacy for administration, the number of pharmacies offering this service is limited.

The herpes zoster vaccine is expensive and coverage for the vaccine can vary. Pharmacies can check benefits and discuss the member’s out-of-pocket costs. When polled, many pharmacies expressed willingness to contact the insurer to verify coverage and determine out-of-pocket cost, but large chain pharmacies often limit vaccine administration to one store within a designated service area.

The herpes zoster vaccine must be stored frozen and reconstituted immediately after it’s removed from the freezer with the diluent stored separately, either at room or refrigerator temperature. Once reconstituted, the vaccine must be administered within 30 minutes. Due to this significant time constraint, many physicians are hesitant to have the patient purchase the vaccine and bring it to their office for administration.

To facilitate administration of the herpes zoster vaccine, please advise your patient to:

- Verify benefit coverage and the amount of reimbursement available
- Discuss vaccine availability, cost and benefit coverage with the pharmacy
- Arrange beforehand to:
  - Contact a nearby pharmacy to receive the vaccine
  - Have the pharmacy reconstitute the vaccine
  - Return to the office for administration within the required timeframe

For additional information, visit us at Provider.MedMutual.com.
Overall, less than one percent of U.S. children between 19 and 35 months are unvaccinated, but in some areas of the country the rate is as high as six percent. In most states, parents can receive immunization exemptions based on medical, philosophical or religious grounds. States have responded to pockets of vaccine-preventable disease (VPD) outbreaks by enacting legislation mandating vaccination.

For example, California responded to pertussis outbreaks by requiring children in grades 7 through 12 to be vaccinated to attend school. West Virginia also passed a similar law concerning Tetanus, Diphtheria and Pertussis (Tdap) and Meningococcal Conjugate Vaccine (MCV) to take effect in 2012-13.

Pediatrician and family medicine providers often find themselves responding to confused and anxious parents who refuse to vaccinate their children. Because vaccines are so effective, vaccine-cautious parents have likely never seen a case of polio, pertussis or even measles. The dilemma facing providers is whether to keep or turn away patients who refuse vaccination.

### Turning away patients who refuse vaccination:
- May protect immunocompromised patients or those too young for vaccination from exposure to a VPD in the provider office.
- Leaves the child still unvaccinated.
- May leave the child without a reliable medical care provider.
- Could contribute to parental anger or frustration leading to a decision not to vaccinate at all.

### Keeping unvaccinated patients:
- Could inadvertently expose other patients who are immunocompromised or too young for vaccination to VPDs.
- Offers opportunities to provide education, empathy and reassurance to help parents decide to immunize.
- Ensures the child will have access to care.
- May result in frustration for the provider who recognizes that fundamental differences of opinion may interfere with parental acceptance of the provider’s medical advice in other areas.

The decision to immunize remains an individual choice, as does the decision to turn away an unimmunized child.

The Immunization Action Coalition (IAC) offers free downloads of the declination form, *Decision to Not Vaccinate My Child*. This form is intended to be reviewed and signed by the parent and includes eight possible consequences of refusal to vaccinate (e.g., I understand if all parents exempted their child from vaccination, these diseases would return to our community in full force. I understand my child may be excluded from his or her child care facility, school, sports events or other organized activities during disease outbreaks. This means I could miss many days of work to stay home with my child). The form can be downloaded at immunize.org/cat.d/p4059.pdf.
Maximize Reimbursement for Diabetic Retinal Exams

Analysis of our diabetic retinal exam (DRE) claims indicates many eye care specialists are not receiving optimal reimbursement for diabetic retinal exams. If your patient has separate medical and vision benefits, you can maximize your reimbursement for DRE through appropriate billing methods. Refer to the table below for billing suggestions:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Billing Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking for diabetic complications?</td>
<td>Bill the patient’s medical benefit for a comprehensive eye exam (includes a DRE) or office visit with extended ophthalmoscopy, if findings warrant. Include a diabetes diagnosis code with the appropriate CPT code.</td>
</tr>
<tr>
<td>Conducting a follow-up check of established retinopathy?</td>
<td>Bill the patient’s medical benefit for a comprehensive eye exam (includes a DRE) or office visit with subsequent ophthalmoscopy. Include a diabetes diagnosis code with the appropriate CPT code. When a diabetic patient is examined for retinopathy, documentation of the evaluation should also be forwarded to the primary care or referring physician.</td>
</tr>
<tr>
<td>Performing refractive (non-medical) services for a diabetic patient?</td>
<td>Bill the patient’s vision benefit for a refractive service. Include a refraction diagnosis code with the appropriate CPT code.</td>
</tr>
<tr>
<td>Checking for both diabetic retinopathy and refraction during the same visit?</td>
<td>Bill the patient’s medical benefit for the comprehensive eye exam. Bill the patient’s vision benefit for the refractive service. Include the appropriate diagnosis code with each.</td>
</tr>
</tbody>
</table>

Prescription Drug Formulary and Prior Approval Criteria

The Medco Health Solutions Formulary for our members with prescription drug coverage can be found at Provider.MedMutual.com, along with information about prior approval criteria for select prescription drugs. The prior approval criteria is updated as new evidence-based guidelines and/or medical literature becomes available. Fax forms can be downloaded to submit to Medco. Please check periodically for updates.

To find the Formulary or Prior Approval Criteria, access our website and select Tools & Resources, Care Management and then Rx Management.
Federal law states all providers who administer vaccines must give patients or their parents or legal representatives the appropriate Vaccine Information Statement (VIS) whenever a vaccination is given. The VIS is a one-page, two-sided information sheet, created by the Centers for Disease Control (CDC), explaining the benefits and risks of vaccines. It is a requirement of the National Childhood Vaccine Injury Act (NCVIA) of 1986.

According to the legal mandate, providers must:

- Distribute the appropriate VIS with each dose of vaccine
- Distribute the VIS prior to vaccine administration
- Distribute the VIS each time the vaccine is given
- Record certain information in the patient’s permanent medical record

The VIS must be used for the following vaccines when vaccinating patients of all ages, regardless of whether it is given by a private provider or in a public health clinic or how it was purchased:

- DTap/DT
- Td/Tdap
- Hib
- Hepatitis A
- Hepatitis B
- HPV
- Influenza (live and inactivated)
- MMR and MMRV
- Meningococcal
- Pneumococcal conjugate
- Polio
- Rotavirus
- Varicella

A Multi-Vaccine VIS that may also be used for any combination of DTap, Polio, Hepatitis B, Rotavirus, PCV and Hib.

For patients who prefer an electronic version, the VIS can be downloaded to a mobile device at cdc.gov/vaccines/Pubs/vis/vis-downloads.htm. The VIS on the CDC website is compatible with screen reader devices for visually impaired patients. In addition, the Immunization Action Coalition (IAC) website provides the VIS in more than 30 languages.

How to Get Vaccine Information Statements:

- All current VIS can be downloaded as a PDF file and printed from cdc.gov/vaccines/pubs/vis/default.htm or immunize.org/vis.
- Non-English versions can be downloaded from the IAC website immunize.org/vis, or printed copies can be purchased in bulk.
- Camera-ready copies, created by the CDC, can be found at each state’s health department immunization program.
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.

Medical Policy Update

The following Corporate Medical Policies were developed or revised between August 1, 2011, and September 30, 2011:*  

<table>
<thead>
<tr>
<th>Policy</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>94052</td>
<td>Therapeutic Apheresis/Plasma and/or Cell Exchange</td>
</tr>
<tr>
<td>98017</td>
<td>Ventricular Assist Devices and Total Artificial Heart Systems</td>
</tr>
<tr>
<td>200211</td>
<td>Breast Cancer Screening and Diagnostic Procedures</td>
</tr>
<tr>
<td></td>
<td>- Breast Ductal Lavage</td>
</tr>
<tr>
<td></td>
<td>- Fiberoptic Ductoscopy</td>
</tr>
<tr>
<td>200401</td>
<td>Bone-Anchored Hearing Aid</td>
</tr>
<tr>
<td>200604</td>
<td>Functional Electrical Stimulation</td>
</tr>
<tr>
<td>200615</td>
<td>Deep Brain Stimulation</td>
</tr>
<tr>
<td></td>
<td>- Essential Tremor and Parkinson’s Disease</td>
</tr>
<tr>
<td>200808</td>
<td>Rituximab (Rituxan)</td>
</tr>
<tr>
<td></td>
<td>- Rheumatoid Arthritis</td>
</tr>
<tr>
<td>200908</td>
<td>Thoracic Electrical Bioimpedance</td>
</tr>
<tr>
<td>201101</td>
<td>Tocilizumab (Actemra)</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 Tools & Resources, Care Management and then Prior Approval & Investigational Services.
Five Don’ts in Primary Care

Can you name the top five clinical activities in your primary care practice offering limited benefits, unacceptable risk and the most cost? In 2009, the National Physicians Alliance (NPA) received a grant from the American Board of Internal Medicine Foundation to generate a list.

Work groups of Family Medicine and Internal Medicine physicians focused on which activities, if avoided, could improve care and reduce risk and/or cost. The two lists were surprisingly similar—the following four activities are common in Internal Medicine and Family Medicine:

- Imaging for low-back pain within the first six weeks without warning signs
- Routine laboratory studies
- Annual ECGs in asymptomatic adults
- DEXA scans for younger patients

Family Medicine providers also listed Pap tests for patients younger than age 21 and Internal Medicine listed the use of generic statins.

Physician approval of the evidence used to support the recommendations was demonstrated through field testing. Recognizing that successful implementation of the recommendations requires learning and using the communication skills necessary to form a collaborative relationship with the patient, the NPA is creating training videos for physicians. More information on the Top 5 list is available at the Archives of Internal Medicine website, archinternmed.com.

Reimbursement Offered for Health Assessment

We offer members age 18 and older an online Health Assessment to evaluate their overall well-being. The assessment is a series of questions about past and current medical information and lifestyle behaviors.

After completion of the assessment, members can print a physician summary sheet to share during their next office visit. We believe review of the assessment is important for both providers and members and have updated our current standard fee schedule to reimburse this service. To receive this reimbursement, please submit the following CPT code and add the physician summary sheet to the patient’s medical record:

99420   Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal).

Encourage your patients to access the Health Assessment by logging on to My Health Plan at MedMutual.com, ConsumersLife.com or CarolinaCarePlan.com. Please contact your Provider Contracting Representative with any questions.
We adopted the American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition. This APA guideline was carefully reviewed by a panel of actively practicing, board certified physician consultants and behavioral health practitioners. We hope you find this guide useful in your daily practice. Also added to Provider.MedMutual.com is the revised guideline published by the American Academy of Child & Adolescent Psychiatry (AACAP) Attention-Deficit/Hyperactivity Disorder Guideline.

We made the following clinical practice guidelines available on our website to assist you in providing high-quality medical care and improving the health of our members:


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

- Alcohol Screening
- Attention Deficit/Hyperactivity Disorder
- Cholesterol
- Chronic, Non-Malignant Pain
- Continuity of Care Behavioral Health Provider
- Coronary Artery Disease
- Diabetes
- Heart Failure
- Hypertension
- Major Depression: Behavioral Health Provider
- Major Depression: Primary Care Physicians
- Musculoskeletal and Chronic Pain
- Preventive Care

We Would Like to Hear from You

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.
Proper Treatment of ADHD Children

How well is your practice treating ADHD patients? According to the 2010 State of Health Care Quality Report, only 36.6 percent of children newly diagnosed and treated with an Attention Deficit Hyperactivity Disorder (ADHD) medication received the appropriate follow-up care in 2009.

The National Committee for Quality Assurance (NCQA) is offering a performance improvement/CME activity to providers with prescribing authority and an active pediatric ADHD to:

- Assess how well patients with ADHD are treated.
- Evaluate how your treatment of children with ADHD compares with your peers.

Using this HIPAA-compliant, confidential platform, you’ll be able to:

- Evaluate how well your practice manages pediatric ADHD patients.
- Access resources to help you identify common barriers to ADHD treatment.
- Understand the importance of follow-up care once treatment is initiated.
- Understand the optimal care for ADHD patients.
- Identify and narrow professional practice gaps.
- Involve your staff in online learning and continuing education for ADHD care.
- Receive a minimum of 20 AMA PRA Category 1 credits toward licensure renewal.

This activity is approved by the American Board of Pediatrics as a Part 4 activity for 10 Maintenance of Certification (MOC) points. To access this free performance improvement/CME activity, go to ncqaconnection.org.

Contacting Care Management

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. EST. Please refer to the phone numbers on the member’s ID card.

Case Management services are available to help coordinate care, provide information on community resources and provide patient education. Registered nurse case managers can help you manage patients who have complex care needs, and are high risk maternity and/or undergoing transplant care. For more information or to refer a patient, please call 800.258.3175, Monday through Friday, excluding holidays, from 7:45 a.m. to 4 p.m. EST.
Help Reduce Inappropriate Antibiotic Use

Our Company develops tools to help you educate your patients about appropriate antibiotic utilization.

**Antibiotic Brochure (Z6130)**
This brochure contains information about antibiotic resistance, appropriate antibiotic use and non-pharmaceutical options for treating colds and coughs for pediatric and adult populations.

**Viral Infection Checklist (Z6249)**
A tear-off checklist of treatments for your patient with a viral infection.

According to the Centers for Disease Control and Prevention, the increasing prevalence of antibiotic resistance in the United States is a major health concern. The number of bacteria resistant to antibiotics has increased in the last decade and many bacterial infections are becoming resistant to the most commonly prescribed antibiotic treatments.

To request these materials or any of our provider tools, complete and submit an online request form by accessing Provider.MedMutual.com, select Tools & Resources, Forms and Clinical Supply Form.


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Case Management Specialty Programs

Our Case and Pharmacy Management departments are developing programs to identify members with certain chronic medical conditions. We want to ensure access to effective treatment and to improve members’ overall quality of life by providing member education and support.

Targeted conditions include those requiring treatment with expensive medications that have potential for issues related to medication adherence. Initially, three Case Management programs are being enhanced to emphasize medication management:

- Rheumatoid Arthritis (RA)
- Hepatitis C (Hep C)
- Multiple Sclerosis (MS)

Additional information about these programs will be available later this year.
Diagnostic Imaging Alert

The Joint Commission issued a Sentinel Event Alert on August 24, 2011, about the radiation risks of diagnostic imaging, stating that, over the past two decades, the total exposure in the population of the United States has nearly doubled.¹

Even though diagnostic radiation can save lives, ionizing X-rays are classified as a known carcinogen. A study done in 2007 estimated 29,000 future cancers and 14,500 future deaths could result from radiation exposure.

While experts disagree on the extent of the risks of cancer from diagnostic imaging, care should be taken to weigh the medical necessity of a given level of radiation exposure against the risks, and steps should be taken to eliminate avoidable exposure.² The most common diagnostic procedures include CT, nuclear medicine and fluoroscopy. Harm from radiation exposure is most likely to affect:

- Children and young adults
- Pregnant women
- Individuals with diabetes and hyperthyroidism
- Individuals who receive multiple doses over time

The Joint Commission suggests the following actions to reduce the risks associated with avoidable diagnostic radiation by ensuring:

- The right test is ordered
- The right dose is used
- Imaging policies and procedures focus on patient safety
- Equipment is safely monitored
- A Safety Culture is in place at the facility

The Centers for Medicare and Medicaid Services (CMS) recognize the danger associated with ionizing radiation and require accreditation of facilities providing CT, MRI, PET and nuclear medicine services in non-hospital settings, which became effective January 1, 2012. California is mandating even more rigorous accreditation, including documentation of the dose of each CT scan by July 1, 2013.

Healthcare organizations can reduce the risks of avoidable diagnostic radiation. Avoidable exposure can occur anywhere from the radiology setting in the provider’s office to a hospital radiology department. The Joint Commission suggests increasing education and awareness of staff, patients and providers to make sure the right tests and dosages are used. Monitoring should be done to ensure locations providing the service have a comprehensive radiation safety program, which is key to reducing avoidable radiation exposure and its long term effects.

The entire Sentinel Event Alert may be accessed at jointcommission.org/sea_issue_47.

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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 eServices
- 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 Stays
- Behavioral Health Services
- 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 Services/Procedures Requiring 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
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2. Responding to Vaccine-Cautious Parents

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4. Vaccine Risk Management

5. Medical Spotlight

- Five Don’ts in Primary Care
- Proper Treatment of ADHD Children

Diagnostic Imaging Alert

将此文档转换为自然阅读的文本。