Rheumatoid Arthritis — Refer Early

Rheumatoid arthritis (RA) is a chronic inflammatory disorder that can result in severe, progressive joint damage if Disease Modifying Antirheumatic Drug (DMARD) treatment is not initiated in a timely manner. A brief delay in therapy, even for a few months, is associated with significant clinical impact years later.

Patients who develop progressive RA:
- Will most likely develop osteoporosis
- Experience an average loss of 30 workdays annually, earn an average of 50% less over a lifetime than those who do not develop the disease, and are most likely to be unable to work within 8 – 10 years of disease onset
- Have a life span of 18 years less than the average person
- Are 2 times more likely to have a heart attack
- Are 70% more likely to have a stroke or develop an infection
- Are 25 times more likely to develop non-Hodgkin’s lymphoma
- Have a mortality rate 41% higher in women

RA can be difficult to recognize in its early stages:
- There is no single test to establish a definitive diagnosis
- The presence of symmetric polyarthritis of the hands and feet should suggest a diagnosis of RA
- Other synovial joints can be affected as well
- Symptoms may be minor in the early stages

PCPs can play an important role in managing early RA by:
- Recognizing when new-onset joint pain is due to inflammatory arthritis
- Assessing the patient’s functional status and obtaining appropriate diagnostic studies
- Obtaining a rheumatologic consultation early in the disease process to confirm the diagnosis and provide treatment recommendations

Patients want to be confident that they are receiving the best care from those with the most knowledge and experience. For more information, visit arthritis.org.

Egg Allergy Doesn’t Always Mean No Flu Vaccine

All currently available influenza vaccines are prepared by means of inoculation of the target influenza virus into embryonic chicken eggs. The Advisory Council on Immunization Practices (ACIP) has recently updated its recommendation on the use of influenza vaccines by persons with an egg allergy.

The ACIP recommends the following for the 2012-2013 flu season:

- Persons with history of egg allergy who can eat lightly cooked eggs (e.g., scrambled egg) without reaction
  - Administer vaccine according to protocol
- Persons who report only hives after exposure to egg
  - Administer trivalent inactivated influenza vaccine (TIV)
  - Observe patient for at least 30 minutes after vaccination
- Persons who report egg reactions involving hypotension, wheezing, nausea/vomiting or who have required epinephrine or other emergency medical care
  - Refer to a physician with expertise in the management of allergic conditions for further evaluation
- Persons who report a previous severe allergic reaction to influenza vaccine, regardless of the suspected component
  - Do not give the vaccine

Some patients who report an egg allergy may not be egg-allergic. Those who can eat lightly cooked eggs without reaction are unlikely to be allergic. However, egg-allergic persons might tolerate egg in baked products (e.g., bread). Tolerance to egg-containing foods does not exclude the possibility of egg allergy.


Have You Gotten a Flu Shot?

The healthcare community does an excellent job of educating patients about influenza and encouraging vaccination, especially among those most at risk: adults over age 50 and anyone with a chronic condition.

Since the CDC proposed “universal” flu vaccination in 2010, public awareness campaigns have expanded to reach almost everyone over the age of six months, including pregnant women and close contacts of infants less than six months of age.

Despite those efforts, the overall rate for flu vaccination reported by the CDC was only 41.8% for the 2011-2012 influenza season, with the following age breakdown:

- 74.6%, the highest rate, involved children ages 6-23 months
- 64.9%, the second highest rate, involved adults ages 65 and older
- 42.7%, the rate involving adults ages 50-64

The 2011-2012 flu season rates for healthcare providers were better, but still not at recommended levels, with the following breakdown:

- 85.6% of physicians
- 77.9% of nurses
- 62.8% of all other healthcare personnel

For the 2012-2013 influenza season, healthcare personnel have another opportunity to encourage flu vaccination by example. Did you receive your flu shot?

Source:
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. Call 800.258.3175 for more information.

Smoking Cessation — Help is Available

Medical Mutual and The American Lung Association have numerous options to help adult and teen smokers quit smoking for good. Please talk with your patients about the benefits of quitting smoking and help them kick the habit.

 Quitting smoking is the single most important step a smoker can take to improve the length and quality of his or her life. Stopping smoking can be tough, but smokers don’t have to quit alone.

Help your patient stop smoking by referring them to the Medical Mutual SuperWell® Quit Line at 866.845.7702 or directing them to the American Lung Association website at http://www.lung.org/stop-smoking/how-to-quit/getting-help/.

Enhance Reimbursement with Timely Follow-Up

Medical Mutual will reimburse mental health providers 20 percent above the fee schedule for two post-discharge office visits when provided within 7 days and 30 days following discharge.

This initiative was implemented several years ago and is intended to reduce disease relapses and prevent hospital readmissions. While there has been some improvement, significant barriers to timely provider access continue to have a negative impact on the health of our members. We hope to see continued improvement with this enhanced reimbursement program.

As an added incentive, members may obtain these visits with no out-of-pocket cost and the visits will not count toward any mental health benefit limit or maximum. To date, both providers and members have had a positive response to this initiative.

For more information, or if you have questions or need assistance with a behavioral healthcare issue, please contact our Behavioral Health Case Management department at 800.258.3186.
Prescription Drug: Prior Approval Update for Medical Benefits

Effective July 1, 2013, the following prescription medications will require prior approval when requested under the member’s medical benefit through Medical Mutual.¹

Immune Globulins:
- Carimune NF
- Flebogamma
- Flebogamma DIF
- GamaSTAN S/D
- Gammagard
- Gammagard S/D
- Gammagard S/D Less IgA
- Gammaked
- Gammaplex
- Gamunex
- Gamunex-C
- Gammaplex
- Hizentra
- Octagam
- Privigen
- Vivaglobin
- Gammagard
- Gamunex
- Vivaglobin

The above list is subject to change. For the most up to date list of immune globulins requiring prior approval, please visit the Tools & Resources, Care Management, Medical Drug Management section of Provider.MedMutual.com.

Additional information is available on the website under Tools & Resources, Care Management regarding:
- Prior approval requirements
- Services and prescription drugs requiring prior approval or considered investigational
- A complete list of our Corporate Medical Policies

Prior approval endorsement does not guarantee payment, but it is the process of establishing the medical necessity of a service, procedure, therapy, device or supply in advance of the actual date of service. The result of the prior approval review indicates to the provider and member Medical Mutual’s decision about medical necessity, or gives an explanation of the failure to meet medical necessity guidelines for the requested service or prescription drug. Acceptable documentation to support the medical necessity of a requested service or drug may include, but is not limited to:
- Patient Records
- Test Results
- Photographs
- X-Rays

Actual reimbursement for medically necessary services is defined by each member’s benefit package. To verify benefit specifics, please contact the Prior Approval number listed on the member’s ID card. Claims for services or drugs identified as requiring prior approval will be denied if prior approval was not requested and given. Providers will be required to follow the appeal process for all claim denials.

¹ When these medications are provided under a member’s prescription drug benefit, please contact the pharmacy benefit manager at the number on the member’s ID card for prior approval requirements.

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 regarding 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, email us at ClinicalQuality@MedMutual.com, or write to us at the address listed to the right.
Four Key Steps to Controlling Asthma

Clinicians can provide evidence-based care for their patients with asthma in a routine 15-minute office visit. Consider adopting the four key steps listed below:

- Schedule regular 15-minute visits
- Assess control, beginning with a standardized questionnaire
- Review the patient’s written asthma action plan at each visit and discuss asthma triggers
- Review medications, including compliance and any barriers

The goal of good asthma care is for your patient to be able to enjoy life with as few symptoms as possible. Partnering with your patient through compliance with scheduled follow-up care can achieve that goal.


Clinical Practice Guidelines

Medical Mutual is committed to partnering with our network providers to provide the highest quality of care to our members. This effort includes adopting nationally recognized professional organization peer-reviewed clinical practice guidelines and making them available on our provider website. All published guidelines have been carefully reviewed by a panel of actively practicing, board certified Medical Mutual physician reviewers and can be found on Provider.MedMutual.com by selecting Tools & Resources, Guidelines.

It is our hope that you will find this guide useful in your daily practice. Below is a complete list of available guidelines:

- Alcohol Screening
- Attention Deficit/Hyperactivity Disorder
- Asthma
- Cardiology
- Cholesterol
- Chronic, Non-Malignant Pain
- Continuity of Care Behavioral Health Provider
- Continuity of Care Medical Surgical Provider
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Heart Failure
- Hypertension
- Low Back Pain
- Major Depression: Behavioral Health Provider
- Major Depression: Primary Care Physicians
- Preventive Care
- Tobacco Dependence
Anti-Psychotic Drug Utilization in Youth

In recent years, there has been an increase in the number of prescriptions for antipsychotic medications written for children under the age of 18 for the treatment of psychotic and non-psychotic disorders. Research has also found that children enrolled in Medicaid and Foster Care programs have higher rates of antipsychotic utilization.

There are several potential adverse reactions associated with antipsychotic medications that make the utilization of these medications in children a concern. Potential side effects primarily include the cardiometabolic and endocrine related adverse reactions as well as increased appetite and weight gain leading to obesity. To date, no research has been done on the effects of antipsychotic medications in children under the age of five.

In 2007, a 16-state study conducted by Rutgers Center for Education and Research on Mental Health Therapeutics provided an analysis of antipsychotic medication use among 12 million children and adolescents and made the following conclusions:

- Antipsychotic prescribing occurs in young children with unclear diagnoses and without child psychiatric consultation.
- There are significant metabolic risks, including weight gain and diabetes, associated with the use of second generation antipsychotic medications.
- Many children receive mental health care that is largely limited to medications without adequate evaluations and other therapy services.
- The signs, symptoms and diagnostic criteria for bipolar disorder in children are highly controversial and often lead to antipsychotic use in children and adolescents.
- There are many concerns about using multiple psychoactive medications simultaneously (polypharmacy) within and between drug classes.
- Off-label prescribing of antipsychotic medications in children occurs, and some children are prescribed doses that may exceed maximum limits.
- Children in foster care appear to have significantly higher rates of antipsychotic medication use.

In conclusion, participation in the Rutgers Study helped participating states assess treatment patterns and policies related to the use of these medications, and increased awareness of alternative practices in other states. This allowed the movement towards the development of plans and initiatives to address quality concerns and encourage use of evidence-based practices. Most importantly, this project demonstrated the value of working collaboratively to measure and monitor treatment practices more broadly for the children and adolescents of the United States who take psychotropic medications. The ultimate goal of this project is to foster more collaboration and information sharing among the states to identify and develop best practices that provide America's children and adolescents the best care at the proper time for clinically appropriate reasons.

(Sources continued on page 7)
Corporate Medical Policy Update

The following Corporate Medical Policies were developed or revised between July 1, 2012 and September 30, 2012:* 

<table>
<thead>
<tr>
<th>Policy</th>
<th>Service</th>
</tr>
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<tbody>
<tr>
<td>200002</td>
<td>Autonomic Nervous System Testing</td>
</tr>
<tr>
<td>200202</td>
<td>Knee Braces</td>
</tr>
<tr>
<td>200229</td>
<td>Whole-body Computer Tomography for Screening</td>
</tr>
<tr>
<td>200408</td>
<td>Radiofrequency Thermal Ablation for Chronic Spinal Pain</td>
</tr>
<tr>
<td>200804</td>
<td>External Cardiac Defibrillators</td>
</tr>
<tr>
<td>200805</td>
<td>Etanercept (Enbrel)</td>
</tr>
<tr>
<td>200806</td>
<td>Adalimumab (Humira)</td>
</tr>
<tr>
<td>200809</td>
<td>Abatacept (Orenica)</td>
</tr>
<tr>
<td>94047</td>
<td>Ophthalmic Ultrasound</td>
</tr>
<tr>
<td>95004</td>
<td>Surgical Management of Obstructive Sleep Apnea.</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 consult the Tools & Resources, Care Management, Prior Approval & Investigational Services section of our website.

Anti-Psychotic Drug Utilization in Youth

...continued from page 6.

Sources:
5. dosReis et al. Antipsychotic Treatment Among Youth in Foster Care Pediatrics 2011; 128:6 e1459-e1466.
Low Back Pain and Physical Therapy

Wide variation exists in the clinical management of low back pain. Many patients seem to experience similar outcomes regardless of treatment modality, but cost of care can vary substantially. The Institute for Clinical Systems Improvement recommends the following core treatments for patients presenting with uncomplicated acute or subacute low back pain (LBP).

- Reassurance
- Educate
- Consider acetaminophen and NSAID medications
- Rare use of opioids
- Heat
- Encourage activity, bed rest not recommended
- Address fear-avoidance beliefs
- Return-to-work assessment
- No imaging

A recent retrospective study examined the clinical and financial impact of physical therapy on patients with a new diagnosis of LBP. Using a national database of employer-sponsored health plans, researchers examined a sample of 32,070 patients who were newly consulting a primary care physician for LBP. In this study, patients referred to a physical therapist within 14 days of the consultation showed a reduced risk of subsequent health care utilization and experienced lower overall health care costs as compared to patients who received treatment by a physical therapist within 15-90 days of consultation.

Early physical therapy timing was associated with decreased risk of advanced imaging, additional physician visits, surgery, injections and opioid medications as compared with delayed physical therapy. Total medical costs for LBP were $2,736.23 lower for patients receiving early physical therapy. The authors noted that further research is needed to clarify exactly which patients with LBP should be referred to physical therapy.

In contrast, two evidence-based, published Guidelines note that “exercise for treatment” is graded as “moderate” quality of evidence with a grade B recommendation for subacute low back pain. However, no benefit was evidenced for “exercise therapy” for treatment in acute low back pain (Grade D). Neither guideline addresses the timeframe from consultation to initiation of exercise therapy.

Sources:
The 23-valent pneumococcal polysaccharide vaccine (PPSV23) has been recommended by the Advisory Committee for Immunization Practices (ACIP) since the 1980's for adults ages 19 to 64 with conditions that put them at high risk for Streptococcus pneumoniae (pneumococcus) infection.

On June 20, 2012, ACIP added the 13-valent pneumococcal conjugate vaccine (PCV13, Prevnar 13, Wyeth Pharmaceuticals) to the schedule for adults ages 19 to 64 with certain high-risk conditions. CDC data noted that 50 percent of invasive pneumococcal disease (IPD) cases among immunocompromised adults in 2010 were caused by serotypes contained in PCV13 and 21 percent were caused by serotypes contained in PPSV23.

Indications for administration of 13-valent pneumococcal conjugate vaccine include:

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Underlying Medical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunocompetent Persons</td>
<td>Cerebrospinal fluid leak&lt;br&gt; Cerebrospinal fluid leak&lt;br&gt; Cochlear implant</td>
</tr>
<tr>
<td>Functional or anatomic asplenia</td>
<td>Sickle cell disease/other hemoglobinopathy&lt;br&gt; Sickle cell disease/other hemoglobinopathy&lt;br&gt; Congenital or acquired asplenia</td>
</tr>
<tr>
<td>Immunocompromised persons</td>
<td>HIV infection&lt;br&gt; Congenital or acquired immunodeficiencies, including complement deficiencies&lt;br&gt; Chronic renal failure/Nephrotic syndrome&lt;br&gt; Neoplasms, including leukemia, lymphoma, Hodgkin’s disease and multiple myeloma&lt;br&gt; Treatment with immunosuppressive drugs&lt;br&gt; Solid organ transplant</td>
</tr>
</tbody>
</table>

ACIP recommends that all adults receive a dose of PPSV23 at age 65. In 2011, the FDA licensed PCV13 for prevention of pneumonia and IPD in adults ages 50 and older under FDA’s accelerated approval pathway, which allows the agency to approve products for serious or life-threatening disease on the basis of early evidence of a product’s effectiveness. However at this time, routine vaccination of healthy adults ages 50 to 65 is not recommended by ACIP.

Long-Term Consequences of Incorrect Claim Coding

An incorrect diagnosis code submitted on just one claim can label a member with a chronic condition that is not present. This error may result in a cascade of far-reaching, unintended medical and financial consequences.

Medical Mutual often utilizes claims diagnosis data to identify members with chronic conditions. Once identified as having a chronic condition, the member is included in appropriate educational outreach programs and screening reminders. This member-specific outreach is an important way that the Company supports your efforts to ensure that members with chronic conditions are compliant with treatment recommendations.

Members frequently contact the Company following an educational outreach to ask why they were receiving the information, stating that they have never been diagnosed with the associated condition. These members often report that the physician was only “ruling out” the condition. Commonly billed “rule-out” diagnoses include:

- Diabetes
- Hypertension
- Hyperlipidemia
- Asthma
- COPD
- Depression

In addition to incorrect targeting for mailings and programs, an inaccurate diagnosis on a member’s claim can:

- Produce unnecessary member concern
- Prevent a member from getting life insurance
- Increase premiums when changing health insurance carriers

Diagnosis inaccuracies can also negatively impact our efforts to provide physician feedback reports regarding metrics that evaluate the care of our members’ chronic conditions, as well as compliance with published clinical practice guidelines.

Please consider working collaboratively with your office coding staff to ensure that appropriate and accurate claims diagnosis coding and documentation are reported.

SuperWell® Disease and Maternity Management Program

To assist members that are pregnant or those diagnosed with certain chronic diseases, Medical Mutual offers the SuperWell Disease and Maternity Management Program. In addition to maternity, this program is available for eligible members diagnosed with one or more of the following conditions:

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

Because many of the above conditions coexist in the same individual, this program can provide the intensive support necessary to make your 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 following the prescribed treatment plan.

To enroll a patient into the SuperWell Disease and Maternity Management Program, call 800.861.4826.
For Your Information

We remain committed to supplying you 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 Providers for:**
- Tools & Resources
- Products & Services
- Become a Network Provider
- Health & Wellness

**Select Tools & Resources/Care Management/ Clinical Quality for:**
- Mission
  - Quality Improvement Program Description
  - Quality Improvement Program Evaluation
  - Technology Assessment Program Description
  - Affirmation Statement
- Accessibility Standards
- Clinical Guidelines
- Medical Necessity Criteria
- Patient Safety
- Discharge Planning

**Select Tools & Resources/Clinical Credentialing for:**
- Office Site and Medical Record Documentation Standards
- Accessibility Standards
- Sample Forms and Policies

**Select Tools & Resources>Contact Us for:**
- Contacting the Care Management Department

**Select Tools & Resources/Forms for:**
- Online Provider Services
- Forms

**Select Tools & Resources/Rx Benefit Management for:**
- Prescription Formulary
- Pharmaceutical Education
- Prior Authorization
- Clinical Services
- Home Delivery Practices

**Select Tools & Resources/Care Management/ Corporate Medical Policies for:**
- Medical Policies
- Predetermination
- Investigational Services

**Select Tools & Resources/Newsletters & Bulletins for:**
- Newsletters/Bulletins

**Select Tools & Resources/Provider Manual for:**
- Provider Manual

**Select Health & Wellness/Disease and Maternity Management Program for:**
- SuperWell Health Management Programs
Medical Spotlight

Have You Gotten a Flu Shot?

Four Key Steps to Controlling Asthma

Anti-Psychotic Drug Utilization in Youth

In This Issue

1. Rheumatoid Arthritis — Refer Early
2. Egg Allergy Doesn’t Always Mean No Flu Vaccine
3. Have You Gotten a Flu Shot?
4. Smoking Cessation — Help is Available
5. Enhance Reimbursement with Timely Follow-Up
6. Prescription Drug: Prior Approval Update for Medical Benefits
7. Four Key Steps to Controlling Asthma | Clinical Practice Guidelines
8. Anti-Psychotic Drug Utilization in Youth
9. Low Back Pain and Physical Therapy
10. Expanded Use of Prevnar 13
11. Long-Term Consequences of Incorrect Claim Coding