



MEDICAL MUTUAL®

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Mutual News

Notice of Material Amendment to Contract – Risk Adjustment Data

As of January 1, 2014, the Patient Protection and Affordable Care Act of 2010 (ACA) requires insurers to complete and submit accurate risk adjustment data for members of qualified health plans (QHPs) sold through the Health Exchange Marketplace. Medical Mutual, as a participating QHP is required to comply with this regulation. In response to this new regulation, we must amend the Provider Manual as follows:

Risk Adjustment Data under Patient Protection and Affordable Care Act

Provider agrees to provide to Medical Mutual or its designee complete and accurate risk adjustment data, including medical records, data necessary to characterize the context and purpose of each encounter between a Covered Person and Provider, and

all information reasonably necessary for Medical Mutual to meet its data reporting and submission requirements under 45 CFR 153.610 and other applicable State or Federal guidance or instructions. Provider must submit requested material within 14 days of Medical Mutual's or its designee's written request, or as otherwise required pursuant to state or federal guidance. Such risk adjustment data shall be provided to Medical Mutual or its designee at no cost. If required by Federal or State regulations, guidance or instructions, Provider agrees to provide a certification in writing that certifies to the accuracy, completeness and truthfulness of Provider's risk adjustment data submitted to Medical Mutual.

Updates to Provider Manual

Alternating sections of Medical Mutual's Provider Manual are reviewed in specified quarters and updated when appropriate. Sections that have been reviewed are announced in the corresponding quarter of the *Mutual News*. When topics are added or updated within a section, an annotation of "new" or "revised" appears in the section's Table of Contents.

For fourth quarter 2013, *Mutual News* had an early release, and updates to the Provider Manual were not available at that time. Sections of the Provider Manual reviewed and updated in the

fourth quarter of 2013 included *Claims Submission* and *Care Management Programs*.

Provider Manual sections reviewed in the first quarter of 2014 included *Introduction*, *Forms & Publications*, *Professional Reimbursement*, *Professional Notice of Payment*, *Institutional Reimbursement*, *Institutional Remittance Schedule* and *Plan Guidelines*.

To view the current updates in the Provider Manual, please visit *Tools & Resources*, [Provider Manual](#) at Provider.MedMutual.com.



HCPCS Codes Required for Revenue Codes 0634, 0635 and 0636

Beginning June 1, 2014, Health Care Procedure Coding System (HCPCS) codes will be required on outpatient claims submitted with Revenue codes 0634, 0635 and 0636. Claims submitted to Medical Mutual with Revenue codes 0634, 0635 and 0636 without a HCPCS code will result in claims being returned to the provider and payment delays.

NDC Identifiers

National Drug Code (NDC) identifiers must be included for select medications on professional and outpatient claims. Starting June 1, 2014, claims submitted to Medical Mutual without appropriate HCPCS codes and NDC identifiers for medications used to treat hepatitis C, multiple sclerosis, and rheumatoid arthritis will result in claims being returned to the provider causing payment delays.

A complete list of HCPCS codes that require the NDC identifiers and where to submit codes on the CMS-1500 and UB-04 forms can be found at the [Medical Drug Management](#) section of Provider.MedMutual.com.

Medical Drug Prior Approval Update

Effective April 28, 2014, the following prescription medications will require prior approval when requested under the member's medical benefit through Medical Mutual:*



- Bevacizumab (Avastin®)
- Bendamustine (Treanda®)
- Bortezomib (Velcade®)
- Epoprostenol sodium (Flolan®, Veletri)
- Iloprost (Ventavis®)
- Oxaliplatin (Eloxatin)
- Rituximab (Rituxan®) (All clinical indications, including oncology)
- Trastuzumab (Herceptin®)
- Trepstinil (Remodulin®, Tyvaso)

The above list is subject to change. For additional information on services and prescription medications requiring prior approval or that are considered investigational, visit Provider.MedMutual.com and select *Tools & Resources, Care Management, Rx Management*.

* Note: 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 identification card for prior approval requirements.

ID Cards

To expedite claim processing, please be sure you have the Covered Person's current ID card number at each office visit. New ID cards released this past enrollment period now reflect a print date. Continue to submit claims as directed on the ID card.

Remember, those patients with access to their Medical Mutual mobile app will have the ability to email* or fax an image of their latest ID card to your office.

* For security purposes, your office must retrieve the image of your patient's ID card within 60-minutes, or the email will expire.



Member Rights and Responsibilities



The following reflects the Company's intent to allow our Covered Persons to receive optimal healthcare.

Medical Mutual members have certain rights and responsibilities. Being familiar with these rights and responsibilities helps our members participate in their own healthcare. Please know as a Company we ensure member rights and "member responsibilities," which are defined as the member's role in working with us to achieve a quality, cost-effective health outcome.

For a copy of the Rights and Responsibilities, go to Provider.Medmutual.com, *Quick Links* and click on the [Members Rights and Responsibilities](#) link, or call the Provider Inquiry Unit at (800) 362-1279 for a printed copy.

Medical Policy Updates

The Corporate Medical Policies (CMPs) listed in this table were developed or revised October 1 to December 31, 2013.

For a complete list of CMPs, please visit the *Tools & Resources, Care Management, [Corporate Medical Policies](#)* section of Provider.MedMutual.com.

Also, look within the same section for [Prior Approval & Investigational Services](#).

Policy Number	Title
200305	Negative Pressure Wound Therapy
2006-H	Pulsed Radiofrequency – Chronic Pain
200714	Meniscal Allograft Transplantation
2007-C	Endobronchial Valves – Bronchopleural Fistulas
2009-H	Transcranial Magnetic Stimulation
201002	BRCA2 Sequence Variants – BRCA1 and BRCA2 Large Rearrangements
201010	Repository Corticotropin Injection (H.P. Acthar Gel)
201103	Orthoptic Therapy
201202	FerriScan
2012-B	Bronchial Thermoplasty for Treatment of Severe Asthma
201302	Transcatheter aortic valve replacement – New
201303	Genetic Testing and Genetic Counseling General Policy – New
201309	Implantable Microscopic Telescope (IMT) – New
201313	Screening and Testing for Genetic Conditions – New
201318	Percutaneous Tibial Nerve Stimulation – New
201319-IQ	Coronary Angiogram - Left Heart Catheterization – New
201321	Subcutaneous Implantable Cardioverter Defibrillator (S-ICD®) System – New
201324	Thermography – New

Updated CMS Form to Be Released April 1

Starting January 6, 2014, providers may use the new CMS-1500 form in a dual-use period through April 1. Both the revised and current versions may be submitted during this time.

During this dual-use period, diagnosis code field labels have been updated from numeric to alpha characters (A-D). Other minor labeling changes have been made to the form that will not require additional billing information to be submitted.



MEDICAL MUTUAL®

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THIS MATERIAL IS CONSIDERED PART OF THE PROVIDER MANUAL

Mutual News is published for network providers serving Medical Mutual