



MEDICAL MUTUAL®

Volume 7, Issue 2  
2nd Quarter 2014

# Mutual News

## Clarification on Risk Adjustment Data Notice

Re: *Mutual News*, Volume 7, Issue 1 (1st Quarter 2014), article on “Notice of Material Amendment to Contract – Risk Adjustment Data”

This is not a new notice of material amendment. It only clarifies the initial notice.

The Material Amendment requires providers to submit to Medical Mutual all information necessary for Medical Mutual to meet its Risk Adjustment Data reporting and submission requirements under 45 CFR 153.610 and other applicable State or Federal guidance or instructions.

The introductory paragraph in this amendment refers to qualified health plans. However, 45 CFR 153.610 stipulates that Risk Adjustment Data submission is required for all risk adjustment covered plans, not just qualified health plans. Although this error has no effect on the operative language noted in this provision, we sincerely regret any confusion it may have caused.

Accordingly, “**Risk Adjustment Data Under Patient Protection and Affordable Care Act**” in Section 2, *Claims Submission*, of the *Provider Manual* has been updated to read as follows:

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 risk adjustment covered plans. Medical Mutual, as an insurer that offers risk adjustment covered plans, is required to comply with this regulation.

Provider agrees to submit 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 (“Risk Adjustment Data”). 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 furnish a certification in writing that verifies 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.

Provider Manual sections reviewed in the second quarter of 2014 include *Plan Guidelines*, *Claims Submission*, and *Glossary of Terms*.

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



# Electronic Prior Approval Available for Specialty Medications

To streamline the review process for medications requiring prior approval under medical benefits, Medical Mutual is providing access to ExpressPATH, an online application that furnishes a quick and efficient response to these requests.

You are invited to participate in one of our upcoming provider webinars designed to help you and your staff become familiar with ExpressPATH, being offered on the following dates:

- Thursday, July 17 from 8:30 a.m. to 9 a.m. EST
- Thursday, August 21 from 8:30 a.m. to 9 a.m. EST
- Thursday, September 18 from 8:30 a.m. to 9 a.m. EST

The webinar will present how to:

- Use ExpressPATH to submit drug review requests outlined under Medical Mutual's medical benefits;
- Check the status of prior approval requests

This webinar is recommended for all staff who are responsible for submitting medical drug prior approval requests.

Providers should contact [expresspathregistration@express-scripts.com](mailto:expresspathregistration@express-scripts.com) to register for a webinar training session, or to obtain access to ExpressPATH.

## Prescription Drug Prior Approval Update



Effective July 30, 2014, the following prescription medications will require prior approval when requested under the member's medical benefit through Medical Mutual:\*

- Alpha1-Proteinase Inhibitors (Aralast NP, Glassia, Prolastin®, Prolastin®-C, Zemaira®)
- Cetuximab (Erbix®)
- Denosumab (Xgeva®)
- Doxetaxel (Docefrez™)
- Omalizumab (Xolair®)
- Paclitaxel (Abraxane®, Onxol)
- Pemetrexed (Alimta®)
- Zoledronic acid (Zometa®)

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](http://Provider.MedMutual.com) and select *Tools & Resources*, *Care Management*, [Corporate Medical Policies](#).

\* 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.

## Pulmonary Medications Now Requiring Step Therapy

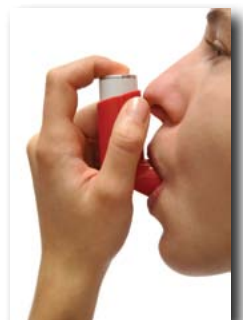
Medical Mutual's Coverage Management programs, such as prior approval and step therapy, help ensure brand-name drugs are prescribed according to evidence-based outcomes and sound medical practices. Frequently, there are no clear clinical differences between these drugs and other preferred medications.

Effective April 30, 2014, a coverage review approval is required before certain medications used to treat asthma or chronic obstructive pulmonary disease (COPD) are covered by the member's health plan. By following these quality parameters, we are also helping our customers save money and curb spending trends.

Therefore, we have implemented new preferred drug step therapy requirements for the following non-preferred medications:

- Advair®, and Breo® Ellipta™, which are used to treat asthma and COPD — Members will be required to try Dulera® or Symbicort® first.
- Flovent®, and Alvesco®, which are used to treat asthma — Members will be required to try Asmanex®, Pulmicort® or QVAR® first.

**Please Note:** If the member completes the coverage review process and is approved, Advair Diskus® will be covered for members under age 12 without step therapy, and Advair Diskus or Breo Ellipta will be covered for members who cannot use typical metered-dose inhalers.



# Provider Contracting Central / Southeast Ohio Office Has Moved

Provider Contracting offices serving Central and Southeast Ohio relocated on April 25, 2014. The new address is:



MZ: 09-7502  
 Medical Mutual  
 One Columbus  
 10 West Broad Street, Suite 1400  
 Columbus, OH 43215-3468

Numbers to reach your Provider Contracting Representative are:

(614) 621-6900 phone **(New)**  
 (800) 235-4026 phone  
 (614) 621-4578 fax **(New)**

## Medical Policy Updates

The Corporate Medical Policies (CMPs) listed in this table were developed or revised January 1-March 31, 2014.

Corporate Medical Policies are regularly reviewed, updated, added or withdrawn and, therefore, subject to change. For a complete list of CMPs, please visit the *Tools & Resources, Care Management, [Corporate Medical Policies](#)* section of Provider.MedMutual.com.

Also available within the same section are [Prior Approval & Investigational Services](#).

Policy Number	Title
200117	Continuous Glucose Monitoring
200310	Endoscopic and Laproscopic Therapies for Treatment of Gastroesophageal Reflux
200611	Vagus Nerve Stimulation
200807	Infliximab (Remicade)
200808	Rituximab (Rituxan)
200913-CC	Certolizumab pegol (Cimzia)
201001-CC	Golimumab (Simponi)
201007	Light Therapies for Treatment of Vitiligo
2011-D	Applied Behavioral Analysis
201401	Genetic Testing for Hereditary Cardiovascular Genetic Disorders – <b>New</b>
201402	Bone Growth Stimulation (Invasive & semi-invasive) – <b>New</b>
201403-CC	Golimumab (Simponi Aria) – <b>New</b>
94022	Bone Mineral Density Studies

## HCPCS Coding and Billing of Preventive Medicine Services

Please check your billing practices for HCPCS codes billed in conjunction with Preventive Medicine Services

- HCPCS Codes for preventive examinations or screenings (G0101, G0102, Q0091, S0610, S0612 and/or S0613) are not separately payable when billed with Preventive Medicine Service CPT codes (99381-99397)
- Pap smear (Q0091) is not separately payable when billed with annual gynecological exam HCPCS codes (S0610 or S0612)
- Annual GYN exam that includes a breast exam without pelvic exam (S0613) is not separately payable when billed with annual gynecological exam HCPCS codes (S0610 or S0612)

These services should not have been billed separately in the past, and they will not be reimbursed separately in the future.



# MEDICAL MUTUAL®

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To contact us or for additional information, visit [Provider.MedMutual.com](http://Provider.MedMutual.com) or scan the QR code.

**THIS MATERIAL IS CONSIDERED PART OF THE PROVIDER MANUAL**

Mutual News is published for network providers serving Medical Mutual