

Mutual News

First Quarter, 2020

Stay Up to Date on Changes to the Provider Manual

The Provider Manual is available at [MedMutual.com/Provider](https://www.medmutual.com/Provider) > Tools & Resources. It is updated quarterly to include the latest policies, procedures and guidelines providers need to work effectively with Medical Mutual.

Sub-sections Revised — Current updates to the Provider Manual include:

- Section 4 – Appeals Overview
 - Provider Appeals – Clinical Appeals
- Section 12 – Medicare Advantage Plans and Guidelines
 - Clinical Quality and Health Services Programs, HEDIS and Stars

Contact Us

Visit **[MedMutual.com/Provider](https://www.medmutual.com/Provider)** to log in to the Provider Portal.

If you have questions, please contact your provider contracting representative:

**Central/Southeast Ohio
(Columbus Office)**

1-800-235-4026

**Northeast Ohio
(Cleveland Office)**

1-800-625-2583

**Northwest Ohio
(Toledo Office)**

1-888-258-3482

**Southeast Ohio/Kentucky
(Cincinnati/Dayton Office)**

1-800-589-2583

General Information

Medical Mutual's Response to COVID-19

As the coronavirus disease known as COVID-19 spreads throughout Ohio, across the nation and around the world, Medical Mutual continues to dialogue with our health system and other provider partners regarding this virus. We are also actively monitoring reliable information that is being released from government agencies.

In response to this situation, Medical Mutual has prepared an FAQ document for providers. This FAQ document is available at [MedMutual.com/Provider](https://www.MedMutual.com/Provider).

Medical Mutual is considered an essential business as defined under Governor DeWine's stay-at-home order issued on March 22, 2020. We have a business continuity plan in place that covers a variety of incidents, including illness outbreak. We are confident Medical Mutual will continue to serve members and providers regardless of where our people are physically located.

Documentation and Billing for Telehealth (Telemedicine) Services

During the COVID-19 state of emergency in Ohio, Medical Mutual has expanded our policies around telehealth (telemedicine) services. Specific information related to telehealth (telemedicine) services can be found in our COVID-19 Provider FAQ at [MedMutual.com/Provider](https://www.MedMutual.com/Provider).

There are a few key components that remain essential for all telehealth (telemedicine) visits:

- In order to conduct a patient encounter as a telehealth (telemedicine) service, the patient must consent to this method of treatment.
- The consent should include the patient's explicit agreement to being treated via telehealth (telemedicine) rather than in an in-person encounter.
- The verbal consent by each patient should be documented by the provider and retained permanently in the patient's record. It is essential that thorough documentation and billing practices are followed.

The provider should document the encounter as they would a regular, in-person office visit.

- History, to include chief complaint, history of present illness, review of symptoms and past family social history, should be included as these are all subjective and obtainable through the online interview process with the patient.
- Exams will be limited, but providers are encouraged to consider what is appropriate and medically indicated. If billing an E/M code 99201-99205 for new patients, or 99211-99215 for established patients, the number of organ systems documented should align with the 1995 documentation guidelines issued by the Centers for Medicare and Medicaid Services.
- The assessment and plan, which includes the provider's clinical assessment of the complexity of the patient's condition, as well as a plan of treatment, must be included and would not be omitted in the telehealth (telemedicine) setting. If the assessment and plan is limited based on the need for additional workup, this should be noted in the documentation.

■ **Diagnosis Coding**

- Code with the diagnosis code that best describes the patient's current condition/reason for the telehealth (telemedicine) visit
- List ALL chronic conditions that may affect patient care as subsequent diagnosis codes 2-12

If you have questions, or would like more information on documentation and billing for telehealth (telemedicine) services, please contact Katy Davis at Katy.Davis@medmutual.com.

None of the information included in this article is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with applicable state and federal laws and regulations.

These recommendations are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis or treatment. Members should make decisions about care with their healthcare providers. Recommended treatment or services may not be covered.

Eligibility and coverage depend on the member's specific benefit plan.

Ensure the Accuracy of Your National Provider Identifier Data

In order to ensure our provider directories are as accurate as possible, we are requesting all providers attest to the accuracy of their National Provider Identifier (NPI) data through the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov>. Once you have accessed NPPES:

- If the information is correct, attest to it and NPPES will record and reflect the attestation date.
- If the information is not correct, submit the change in the NPI record, then attest to the changed NPI data.

NPPES provides core provider directory data elements, i.e., provider name, provider specialty, provider address, and provider telephone number, for health plans, such as Medical Mutual, to utilize in provider directories. This data serves as an important resource to improve provider directory reliability and accuracy. We thank you in advance for your time.

New Specialty Approved by Medical Mutual Credentialing Committee for Our Networks

The Medical Mutual Credentialing Committee has approved LICDC- Licensed Independent Chemical Dependency Counselor as a credentialed specialty for our networks. This allows credentialed providers of this specialty to appear in our provider directory. If your provider group has an existing network agreement with Medical Mutual, the credentialing process for this new specialty can be initiated by submitting a Provider Information Form (PIF) on our provider portal at https://provider.medmutual.com/TOOLS_and_RESOURCES/Forms/UpdateRecs.aspx.

If you have any questions, please contact your Medical Mutual contracting representative.

Opioid Deprescribing: Tapering Use for Chronic Pain

When it comes to caring for patients in chronic pain, polypharmacy and inappropriate medication use are areas of concern for many providers. Controlling the kind and number of medications a patient is on is one of the most manageable ways to reduce patient harm.

Key to this control is regular follow ups with your patients to determine whether their medications are meeting treatment goals, and whether the medications can be reduced to a lower dosage or discontinued. Medications should be reviewed for disease, symptom, and preventive care benefit. Drugs that fail to show benefit, or have a greater risk for harm, should be considered for deprescribing. One class of drugs which requires extra attention when deprescribing are opioids.

Opioid prescriptions have become more regulated regarding total quantity and total daily morphine equivalent dose (MED). In Ohio:

- High daily doses of opioids require a pain management contract.
- A MED of 80 or greater requires a written agreement in conjunction with offering of a naloxone prescription to the patient.
- A MED of 120 or greater requires a recommendation from a board-certified pain medicine, hospice or palliative care physician.

Despite the strict guidelines patients and physicians go through to initiate and continue an opioid regimen, these drugs require continuous assessment. According to the Centers for Disease Control and Prevention (CDC), you should consider tapering to a lower opioid dosage, or discontinue opioid treatment, if your patient:

- Requests a dosage reduction
- Does not have clinically meaningful improvement in pain and function, e.g., at least 30% improvement on the 3-item PEG scale
- Is on dosages \geq 50 MME/day without benefit, or opioids are combined with benzodiazepines
- Shows signs of substance use disorder, e.g. work or family problems related to opioid use, difficulty controlling use
- Experiences overdose or other serious adverse event
- Shows early warning signs for overdose risk such as confusion, sedation or slurred speech

Tapering plans should be individualized and should minimize symptoms of opioid withdrawal while maximizing pain treatment with therapy and non-opioid medications. In general:

- Patient collaboration and buy in are important. You and your patient need to agree upon a dose reduction and work together to taper the dose or discontinue the opioid all together.
- No protocol for opioid tapering exists that can apply to all patients and situations. Each opioid taper should be tailored to your patients' needs and level of physical dependence.
- The duration of the taper may also vary and require ongoing monitoring and support to address any withdrawal symptoms.

For more useful information on opioid deprescribing, reference the CDC Pocket Guide: Tapering Opioids For Chronic Pain at https://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf?_sm.

To help the FDA track safety issues with medicines, report adverse events involving opioids or other medicines to the FDA MedWatch program at <https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program>.

None of the information included in this article is intended to be legal advice. These recommendations are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis or treatment. Members should make decisions about care with their healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on the member's specific benefit plan.



Medical Policy Updates

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between Oct. 1, 2019, and Dec. 31, 2019, are outlined in the following charts. CMPs are regularly reviewed, updated, added or withdrawn, and are subject to change. For a complete list of CMPs, please visit MedMutual.com/Provider and select Tools & Resources > Care Management > [Corporate Medical Policies](#).

| Policy Number | Title |
|---------------|--|
| REVISED - 66 | |
| 94047 | Ophthalmic Ultrasound |
| 94055 | Topical Hyperbaric Oxygen Therapy |
| 94057 | Light Therapies for Dermatological Conditions |
| 94059 | Esophageal pH Monitoring Procedures |
| 95029 | Manipulation Under Anesthesia |
| 95034 | Adult Strabismus Surgery |
| 96018 | Blepharoplasty, Brow Lift and Blepharoptosis Repair |
| 200002 | Autonomic Nervous System Testing |
| 200131 | Contact Lenses |
| 200139 | Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions |
| 200209 | Pancreas - Kidney Transplantation |
| 200210 | Pancreas Transplantation |
| 200211 | Breast Cancer Screening and Diagnostic Procedures - Breast Ductal Lavage |
| 200215 | Auditory Brainstem Response Testing |
| 200224 | Sublingual Immunotherapy |
| 200231 | Air Ambulance Transportation |
| 200237 | Chelation Therapy |
| 200302 | Endometrial Ablation |
| 200310 | Endoscopic and Laproscopic Therapies for Tx of GERD |
| 200313 | Endoscopic Thoracic Sympathectomy for Treatment of Hyperhidrosis |
| 200401 | Bone-Anchored Hearing Aid |
| 200403 | Recombinant Human Bone Morphogenetic Protein-2 and Protein-7 |
| 200407 | In Utero Fetal Surgery |
| 200408 | Radiofrequency Thermal Ablation for Chronic Spinal Pain (formerly titled: Paravertebral Facet Joint Denervation) |
| 200501 | Laser Therapy for Treatment of Cutaneous Vascular Lesions |

| Policy Number | Title |
|----------------------|--|
| REVISED - 66 | |
| 200504 | Intrastromal Corneal Ring Segments for the Treatment of Keratoconus |
| 200506 | Retinal Imaging |
| 200515 | Laser Hemorrhoidectomy |
| 200520 | Urinary Incontinence A. Pelvic Floor Electrical Stimulation |
| 200521 | Otoplasty |
| 200601 | Flucinolone Acetonide Intravitreal Implant |
| 200714 | Meniscal Allograft Transplantation |
| 200802 | Cryoablation of Solid Tumors |
| 200803 | Scleral Shell Contact Lens |
| 200905 | Surgical Repair of Pectus Deformities |
| 201005 | Intraperitoneal Hyperthermic Chemotherapy |
| 201011 | Radiofrequency Therapy for Treatment of Stress Urinary Incontinence in Women |
| 201022 | Spinal Unloading Device-Low Back Pain-Scoliosis |
| 201102 | Pancreatic Islet Cell Transplant |
| 201105 | Prolotherapy - Musculoskeletal Conditions |
| 201203 | Meniett Low-Pressure Pulse Generator - Meniere's Disease |
| 201303 | Genetic Testing and Genetic Counseling General Policy |
| 201324 | Thermography |
| 201426 | Transcatheter Pulmonary Valve Implantation |
| 201535 | AmniSure® ROM (Rupture of Membrane) Test |
| 201536 | Quantitative Sensory Testing |
| 201609 | Gender Dysphoria Treatment |
| 201618 | Per-oral Endoscopic Myotomy (POEM) |
| 201709 | Transanal Radiofrequency Therapy for Fecal Incontinence |
| 201804 | Temporary Ventricular Assist Device |
| 201942 | Bulking Agents for Fecal Incontinence - Solesta® |
| 2003-C | Electrical Stimulation for Treatment of Dysphagia |
| 2005-D | Percutaneous Neuromodulation Therapy |
| 2005-J | Vertebral Axial Decompression (VAX-D) |
| 2007-C | Endobronchial Valve for Tx of a Bronchopleural Fistula |
| 2009-C | Anal Fistula Plug |
| 2011-E | Suit Therapy |
| 2012-A | Interferential Stimulation |

| Policy Number | Title |
|---------------|---|
| REVISED - 66 | |
| 2013-C | Tenex Health TX Procedure |
| 2014-A | Nonsurgical Treatment of Obstructive Sleep Apnea: Oral Pressure Therapy |
| 2015-D | Hydrogen Breath Test for Irritable Bowel Syndrome |
| 2016-C | V-Go Disposable Insulin Delivery Device (Valeritas Inc.) |
| 2017-A | Electromagnetic Navigational Bronchoscopy |
| 2018-A | Implanted Continuous glucose monitor (CGM) devices |
| 2018-B | Relizorb |
| 2018-C | Actigraphy |
| NEW - 2 | |
| 201931 | HeartFlow |
| 201933 | Ultrasound transient elastography |
| ARCHIVED - 22 | |
| 94041 | Obstetrical Policy |
| 95004 | Surgical Management of Obstructive Sleep Apnea |
| 200202 | Knee Brace |
| 200205 | Heart - Lung Transplantation |
| 200206 | Lung Transplantation |
| 200235 | Magnetic Resonance Spectroscopy (MRS) |
| 200301 | Small Bowel, Small Bowel-Liver and Multivisceral Transplantation |
| 200610 | Computed Tomography Colonography (Virtual Colonoscopy) |
| 201016 | Outpatient Intravenous Insulin Therapy |
| 201017 | Autologous Platelet-Rich Plasma |
| 201525 | Thermal Intradiscal Procedures for Chronic Low Back Pain |
| 201532 | Gait Analysis |
| 201539 | Radiofrequency Thermal Neurolysis |
| 2007-E | Uterine-Sparing Fibroid Treatments |
| 2010-B | Tumor Chemosensitivity and Chemoresistance Assays |
| 2011-B | Bioimpedance Spectroscopy |
| 2011-F | Ovarian Adnexal Mass Assessment Score Test System |
| 2012-B | Bronchial Thermoplasty for Treatment of Severe Asthma |
| 2013-B | Bulking Agents for Fecal Incontinence - Solesta |
| 2013-D | Electrical Stimulation and Electromagnetic Therapy |
| 2015-C | Computer-aided Detection of Breast MRI |
| 2016-A | Radiofrequency Ablation for Tumors |

For a list of services requiring prior approval or considered investigational, please visit [MedMutual.com/Provider](https://www.MedMutual.com/Provider) and select Tools and Resources > Care Management > Prior Approval & Investigational Services. All rights in the product names of all third-party products appearing here, whether appearing with the trademark symbol, belong exclusively to their respective owners

Pharmacy

Pharmacy Prior Approval Requirements

Medical Mutual requires prior approval for the following drugs regardless of whether they are covered under the medical or pharmacy benefits:

- All new specialty drugs
- All new drugs with significant safety, clinical or potential abuse or diversion concerns

This requirement is intended to ensure medications are used safely and will be effective for members. The prior approval criteria for these drugs are detailed in the Global PA/New Drug Prior Approval policy available at [MedMutual.com/Provider](https://www.MedMutual.com/Provider) on the following pages.

For drugs covered under the medical benefit -

Select Tools & Resources > Care Management > Corporate Medical Policies. This page includes all current Corporate Medical Policies and information about our prior approval services and Magellan Rx's secure provider portal at <https://ih.magellanrx.com>. The Magellan Rx portal is a web-based tool providers can use to manage prior approval requests for medications.

For drugs covered under the pharmacy benefit -

Select Tools & Resources > Care Management > Rx Management, then click Coverage Management (Prior Authorization). This page includes information about our other coverage management programs, e.g. step therapy, quantity limits, and formularies, as well as a link to the ExpressPAth tool.





2060 East Ninth Street
Cleveland, OH 44115-1355

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