

Section: Stay Informed with 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 1: Overview
 - Provider Office Assistance
 - Contact Information
- Section 3: Clinical Quality and Health Services Overview
 - Availability Goals and Accessibility Standards
- Section 10: Institutional Remittance Schedule and Summary
 - EFT and ERA Enrollment

Contact Us

Visit **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.

Ensuring Accurate Information in our Provider Directory

Medical Mutual's provider directory is the most commonly used tool available to our members and their caregivers to access information about network providers. Maintaining an up-to-date and accurate provider directory is vital for connecting our members and their caregivers with network providers and access to care. Medical Mutual's network providers are contractually obligated to provide us with accurate information for display in our provider directory, and to promptly notify Medical Mutual of any changes or updates to such information.

To help ensure accurate information in our provider directory, please take the following steps:

1. Review your information in the provider directory on a quarterly basis.
2. Update your address, locations and phone number when there are changes to your practice via the Provider Information Form located at [Medmutual.com/Provider](https://www.Medmutual.com/Provider) > Tools & Resources > Forms..
3. If your credentialing is delegated to a third party, educate and work directly with the entity responsible for the accuracy of your directory information.



To avoid barriers to access to care, please make sure all locations that meet the criteria listed below are provided to us for display in the provider directory. All locations that meet the following criteria will be included in our provider directory:

- The provider must regularly practice at the specific location listed
- The correct office address, including suite number, must be included in the listing
- The listing must include accurate information about whether the provider is accepting new patients
- The group name in the directory should match the group name given when a member calls to make an appointment
- Providers must notify Medical Mutual if the services provided at a location are limited to a certain subset of patients

The following are criteria for exclusion from the provider directory:

- Providers who are on-call, substituting or rotating between locations cannot be listed
- Satellite locations cannot be listed unless the provider practices at the location on a regular basis and members can call the location to schedule an appointment
- Hospital locations where a member cannot call the phone number listed and make an appointment for that location cannot be listed in the directory
- Service locations for claims processing purposes only

You can visit [Medmutual.com/Provider](https://www.MedMutual.com/Provider) > Tools & Resources > Forms to submit provider directory updates. If you have any questions, please contact your Medical Mutual Provider Contracting Representative.



Coding and Documentation Guidelines for Peripheral Arterial Disease

When documenting peripheral arterial disease (PAD), also known as peripheral vascular disease (PVD), it is important that you document the most clinically complete information, including:

- The affected body area and laterality
- The degree of atherosclerosis or stenosis, and whether it has become clinically significant
- The associated disease manifestations such as stroke, ischemic limb, or non-healing wounds
- All contributing comorbid conditions
- Medications prescribed
- Modalities used to diagnose or monitor
- Planned interventions, previous interventions or consultations for treatment

This degree of documentation allows for the highest level and most accurate coding.

Other important items to consider when documenting PAD include:

- Be certain to link conditions with “due to” or “secondary to”
- Be careful not to infer atherosclerosis from the documentation of “intermittent claudication”; alone, “intermittent claudication” codes to peripheral vascular disease, unspecified, but when documented with atherosclerosis, a more specific diagnosis code can be reported such as atherosclerosis of native arteries of lower extremities with intermittent claudication, bilateral legs

When documenting atherosclerosis, it is also important to identify the following:

- Location
 - Lower extremity
 - Other extremity
- Type of vessel
 - Native or graft
- If graft, identify if it is
 - Autologous
 - Non-autologous biological
 - Non-autologous nonbiological
- Laterality of disease
 - Right
 - Left
 - Bilateral
- Site of any complicating factors
 - Intermittent claudication (don't simply document claudication)
 - Pain
 - Ulceration (specific site/depth)
 - Gangrene
 - Other clinical manifestation

PAD should be treated and documented as an active disease in most encounters. It should be coded accordingly in the assessment, with an ongoing plan of treatment included. The impact of other existing chronic conditions should be documented as well.

If you have any questions, or would like additional information about the coding and documentation guidelines for PAD, please contact your local provider contracting representative.

Reminder About Restrictions on Interim Billing as Applicable to Skilled Nursing Facilities

As stated in Medical Mutual's Provider Manual:

The Company does not accept and will deny interim claims, except in certain circumstances, and they are subject to Prior Authorization terms and requirements and reimbursement methodology.

So that Medical Mutual can accurately administer the Medicare payment methodologies for skilled nursing facilities as updated by the Centers for Medicare & Medicaid Services on October 1, 2019, Medical Mutual will NOT accept interim billing for skilled nursing facility claims that are submitted for services provided to Medical Mutual's Medicare Advantage members. Such interim claims will be denied. Please submit a final claim for the entire service after the skilled nursing facility stay is complete.

If you have any questions, please contact your Medical Mutual Provider Contracting Representative.

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between Jan. 1, 2020, and March 31, 2020, 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](#).

CMP Name	Revised, New or Retired
Abraxane	Revised
Actemra	Revised
Adakveo	Revised
Aldurazyme	Revised
Alpha 1 Proteinase Inhibitors	Revised
Arranon	Revised
Arzerra	Revised
Asparlas	Revised
Avastin	Revised
Bavencio	Revised
Bendamustine	Revised
Berinert	Revised
Blincyto	Revised
Botulinum Toxin	Revised
Brineura	Revised
Cablivi	Revised
Cinryze/Haegarda	Revised
Cosentyx	Revised
Cyramza	Revised
Darzalex	Revised
Elaprase	Revised
Elzonris	Revised
Empliciti	Revised
Epoprostenol	Revised
Erbix	Revised
Exondys 51	Revised
Fabrazyme	Revised
Fasenra	Revised
Faslodex	Revised
Firazyr	Revised
Gazyva	Revised

CMP Name	Revised, New or Retired
General Oncology	Revised
Givlaari	Revised
Glatiramer Acetate	Revised
Global PA	Revised
Halaven	Revised
Hemlibra	Revised
Herceptin	Revised
Imfinzi	Revised
Infliximab	Revised
Inhaled Nitric Oxide	Revised
Inhaled Prostacyclins	Revised
Interferon Beta	Revised
IVIG	Revised
Kadcyla	Revised
Kalbitor	Revised
Kanuma	Revised
Keytruda	Revised
Kyprolis	Revised
Lartruvo	Retired
Lemtrada	Revised
Libtayo	Revised
Lumizyme	Revised
Luxturna	Revised
Mepsevii	Revised
Naglazyme	Revised
Nucala	Revised
Onpattro	Revised
Opdivo	Revised
Padcev	New
Pegfilgrastim	Revised
Perjeta	Revised
Praluent	Revised
Provenge	Revised
Reblozyl	New
Remodulin	Revised
Repatha	Revised
Revcovi	Revised

CMP Name	Revised, New or Retired
Repatha	Revised
Revcovi	Revised
Rituxan	Revised
Ruconest	Revised
Scenesse	New
SCIG	Revised
Spinraza	Revised
Spravato	Revised
Sylatron	Revised
Synribo	Revised
Taltz	Revised
Tecentriq	Revised
Tepezza	New
Botulinum Toxin	Revised
Testosterone	Revised
Vectibix	Revised
Velcade	Revised
Vimzim	Revised
Vyondys 53	New
Yervoy	Revised
Yondelis	Revised
Zilretta	Revised

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](#).

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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.

Medicare Advantage

Acupuncture Services for Medicare Advantage Members

In accordance with the Centers for Medicare & Medicaid Services (CMS) Decision Memo for Acupuncture for Chronic Low Back Pain (CAG-00452N) issued Jan. 21, 2020 (“Decision Memo”), Medical Mutual now covers acupuncture for our Medicare Advantage members for the treatment of chronic low back pain. Up to 12 visits in 90 days are covered in accordance with the guidelines set forth in the Decision Memo. An additional eight sessions will be covered for those members demonstrating an improvement. No more than 20 acupuncture treatments will be covered annually. The acupuncture treatment must be discontinued if the member’s chronic low back pain is not improving or is regressing.

Chronic low back pain is defined as:

- Lasting 12 weeks or longer
- Nonspecific, in that it has no identifiable systemic cause (e.g., not associated with systemic causes such as metastatic, inflammatory or infectious disease)
- Not associated with surgery
- Not associated with pregnancy

All types of acupuncture, including dry needling, for any condition other than chronic lower back pain remain non-covered services.

Note: Acupuncture services are subject to the member’s benefits as determined by their Medical Mutual Medicare Advantage plan. Medical record documentation must support the medical necessity and reasonableness of the acupuncture service for the member’s condition. This includes a member’s response to treatment, including a demonstration of improvement or lack thereof.

Providers:

To be eligible for reimbursement, services must be provided by:

- An eligible practitioner as defined below
- A chiropractor or acupuncturist meeting the criteria listed below

Eligible Practitioners:

- M.D.s and D.O.s, in accordance with applicable state requirements
- Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS), Physician Assistants (PA) with a:
 - Master’s or doctoral-level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM)
 - Current, full, active, and unrestricted license to practice acupuncture in the state in which services are provided.



Chiropractors and Acupuncturists:

Services may be furnished by chiropractors and acupuncturists if all three of the conditions below are met.

- Education and licensure requirements
 - Master’s or doctoral-level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM)
 - Current, full, active, and unrestricted license to practice acupuncture in the state in which services are provided.
- Services provided by chiropractors and acupuncturists who meet the education and licensure requirements must be under the appropriate supervision of an M.D., D.O., CNP, CNS, or PA., so that they may be covered incident to the physician or practitioner’s services as required by CMS.
- Claims must be submitted to Medical Mutual by the supervising provider and not the chiropractor or acupuncturist.

Provider Directory:

If you are an M.D. or D.O. who provides acupuncture services, or a CNP, CNS, or PA who provides acupuncture service and meets the educational and licensure requirements listed above, and you would like to be listed in Medical Mutual’s provider directory as providing acupuncture services, you must go through our credentialing process. This can be initiated by submitting a Provider Information Form (PIF) requesting the additional listing. The form can be submitted online at www.medmutual.com/providers, [Updating Current Records and Adding Providers](#).

None of the information included in this article is intended to be legal advice. 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.



2060 East Ninth Street
Cleveland, OH 44115-1355

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Mutual News

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Inside This Issue

Provider Manual Updates	1
General Information	2
Medical Policy Updates	6
Pharmacy	9
Medicare Advantage	10

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