

## Stay Informed with the Provider Manual

The Provider Manual is available at [MedMutual.com/Provider](https://www.MedMutual.com/Provider) > [Provider Manual](#). 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 3 – Clinical Quality and Health Services Overview:  
The following section was revised:
  - The Pharmacy Management Programs sub-section of the Member Programs Section includes a new sub-section, Medication Sourcing Requirements for Select Specialty Medications Infused in a Hospital Outpatient Department
- All sections of the Provider Manual where our old 2060 East Ninth Street address was listed have been updated to our current 100 American Road, Cleveland, OH 44144-2322 address.

### Contact Us

The phone number for our Medical Mutual Provider Contracting team is now 1-800-625-2583. This number is being used for all our provider contracting regions.

If you do not know who your Provider Contracting Representative is, you can find the information on the contact us page of [MedMutual.com/Provider](https://www.MedMutual.com/Provider).



# General Information

## **NOTICE OF MATERIAL AMENDMENT: NEW MEDICATION SOURCING REQUIREMENTS FOR SELECT SPECIALTY MEDICATIONS INFUSED IN A HOSPITAL OUTPATIENT DEPARTMENT**

Effective Jan. 1, 2025, Medical Mutual will require contracted hospitals to obtain select specialty medications infused in a hospital outpatient department from an in-network specialty pharmacy. These medication sourcing requirements will apply to Medical Mutual's commercial and Affordable Care Act (ACA) plans, including plans that utilize the SuperMed HMO, SuperMed PPO, SuperMed Preferred, MedFlex, CLE-Care HMO, CLE-Care HMO Individual, and MedMutual Individual HMO networks. These medication sourcing requirements do not apply to Medicare Advantage plans.

These medication sourcing requirements only apply to select specialty medications infused in a hospital outpatient department that are billed on a UB-04 claim form. These medication sourcing requirements do not apply to such medications when billed on a CMS-1500 claim form.

When the select specialty medications are obtained from one of Medical Mutual's in-network specialty pharmacies, the in-network specialty pharmacy will bill Medical Mutual directly for the specialty medication under the member's medical benefit. Hospitals will continue to receive reimbursement from Medical Mutual for the administration of specialty medications infused in a hospital outpatient department that are supplied by an in-network specialty pharmacy, if all other conditions required for reimbursement of the administration have been met. Hospitals may not bill Medical Mutual or members for the select specialty medications that are supplied by an in-network specialty pharmacy.

If a hospital does not obtain the select specialty medications for infusion in a hospital outpatient department from one of Medical Mutual's in-network specialty pharmacies, and instead acquires such medications from a different source and bills for the medication directly to Medical Mutual, payment for the medication will be denied, and the hospital may not bill or otherwise seek payment from Medical Mutual or the member for any cost of the medication.

For specialty medications that are NOT subject to the medication sourcing requirements, hospitals may continue to acquire such specialty medications from a source other than Medical Mutual's in-network specialty pharmacies, and hospitals may bill for the medication directly to Medical Mutual.

All specialty medications identified as subject to the medication sourcing requirements require prior authorization. Prior authorizations that are valid as of Jan. 1, 2025, will be honored through the approved number of doses/validity period indicated on the prior authorization determination letter without being subject to the new medication sourcing requirements. All new prior authorization requests, including renewals of a previously approved medication, on or after Jan. 1, 2025, will be subject to the new medication sourcing requirements. The specialty medications that are subject to these medication sourcing requirements are identified on Medical Mutual's Commercial and Exchange Prior Authorization List for Medical Drugs, which is available at [MedMutual.com/Provider](https://www.MedMutual.com/Provider) under Prior Approval Resources.

The Pharmacy Management Programs sub-section of the Member Programs Section of Section 3, Clinical Quality and Health Services Overview, of the Provider Manual has been modified to include a new sub-section, Medication Sourcing Requirements for Select Specialty Medications Infused in a Hospital Outpatient Department. If you have questions about these new medication sourcing requirements, please reach out to your Provider Contracting Manager at (800) 625-2583.

## Claims Submission Information with Medical Mutual Acquisition of Certain Paramount Entities on May 1, 2024

Medical Mutual is excited to announce that its acquisition of certain Paramount entities (Paramount Care, Inc., Paramount Insurance Company, Paramount Care of Indiana, Inc., Paramount Care of Michigan, Inc., Paramount Care of Pennsylvania, Inc., Paramount Care of Virginia, Inc., and Paramount Care of Maryland, Inc.) is complete as of May 1, 2024. Although these Paramount entities are now part of the Medical Mutual family of companies, healthcare providers should continue submitting claims based on the member ID card a patient presents. Claims for Medical Mutual members should still be submitted to Medical Mutual, as directed on the member ID card. Claims for the applicable Paramount entity members should continue to be submitted as directed on the member ID card.

If you have any questions, please don't hesitate to reach out to your Medical Mutual or applicable Paramount entity contact.

## Medical Mutual Supports Our Providers in Helping Our Female Members Manage Their Osteoporosis

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS) measure Osteoporosis Management in Women Who Had a Fracture (OMW) was developed by the National Committee for Quality Assurance (NCQA) as a performance improvement indicator for osteoporosis management. The OMW information helps us identify female members who had a fracture, to ensure steps can be taken towards screenings and/or treatment to improve health outcomes.

### Documenting for the OMW Measure

Below is information on the OMW measure from our 2024 HEDIS Documentation Reference Guide, which is available at [MedMutual.com/Provider](https://www.MedMutual.com/Provider) > Resources.

HEDIS Measure	Description
Osteoporosis Management in Women Who Had a Fracture (OMW) <i>Medicare Only</i>	Percentage of women ages 67–85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture (does not include fractures to the finger, toe, face, or skull).
Best Practices	<ul style="list-style-type: none"><li>■ Osteoporosis Management can be added to your claim submission or accepted as supplemental data for OMW. Contact your Medical Mutual provider representative to discuss data exchange opportunities.</li><li>■ Urge patients to alert you if they have a fracture to allow for timely intervention.</li><li>■ Educate your patients about BMD testing and that it is a non-invasive test.</li><li>■ Encourage BMD testing for high-risk patients.</li><li>■ Review medication options with pharmacists to find the best match for your patients.</li><li>■ Discuss fall prevention strategies and review the need for assistive devices with patients. Encourage patients to complete weight bearing exercise or balance exercises as appropriate.</li></ul>

## Compliance Requirements

*The following conditions or services can be captured via claims to close the care gap for members thus improving your OMW measure rates*

Code Description/Category	Codes
Bone Mineral Density Tests <i>CPT codes</i>	76977, 77078, 77080, 77081, 77085, 77086
Medication Therapy <i>HCPCS codes</i>	J0897, J1740, J3489, J3110, J3111
Fracture Coding <i>Helpful Tips</i>	<ul style="list-style-type: none"> <li>■ Encounters for initial active treatment for a fracture should have a 7th character of A, B, or C in the diagnosis code</li> <li>■ Subsequent encounters should be billed with D, E, F, G, H, etc in the diagnosis code.</li> </ul> <p><b>*7th Digits for Fractures*</b>                      A – Initial – active treatment of closed fracture (i.e., not merely follow up)                      B – Initial – active treatment of open fracture (i.e., not merely follow up)                      C – Initial – active treatment of open fracture type IIIA, IIIB, or IIIC (i.e., not merely follow up)                      D – Subsequent, routine healing or recovery phase for closed fracture                      E – Subsequent, routine healing or recovery phase for open fracture                      G – Subsequent, delayed healing                      K – Subsequent, nonunion                      P – Subsequent, malunion                      S – Sequela (i.e., complications or conditions that arise as a result of the fracture)</p> <ul style="list-style-type: none"> <li>■ A code from category M80 should be used for any patient with known osteoporosis who suffers a fracture, even if the patient had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone. ICD-10-CM, I.C.13.d.2</li> </ul>

## Exclusions

*The following conditions or services can be captured via claims to exclude members from the measure thus improving your OMW measure rates.*

OMW Measure Required Exclusions	<ul style="list-style-type: none"> <li>■ Patients in hospice or using hospice services during the measurement year.</li> <li>■ Patients receiving palliative care during the intake period through the end of the measurement year.</li> </ul>
Hospice <i>CPT Codes</i>	99377, 99378
Palliative Care <i>HCPCS Codes</i>	G9054, M1017
Practices to exclude patients from measure	<ul style="list-style-type: none"> <li>■ Include documentation of a BMD test completed within 24 months prior to the fracture, include type of test and date in documentation.</li> <li>■ Osteoporosis medications administered or dispensed 12 months prior to the fracture.</li> </ul>



## Medical Mutual Support Programs

We offer programs that can help support our members who are your patients that have osteoporosis.

- **Pharmacy assistance for cost or access to medications** – Express Scripts® Coverage Management 1-800-753-2851. Mail order, 90-day supply prescriptions are available for our members to help avoid any access issues
- **Case Management** – Offers help and support with complex medical needs. Provider referral:
  - For Medicare Advantage Case Management referral, call 1-855-887-2273 or email CaseMgmt-MedAdv@medmutual.com.
  - Commercial Case Management: 1-800-258-3175 option 2 (members) or option 3 (providers) or email CaseMgmt-Triage@medmutual.com.
- **Silver Sneakers** – Silver Sneakers is offered at no additional cost to our Medicare Advantage members. More information is available at SilverSneakers.com
- **Sword** – This benefit offers digital/virtual physical therapy, as well as educational programs to help members with musculoskeletal concerns such as chronic low back pain, neck and shoulder pain and pain from most types of arthritis. Enroll today by visiting [Join.SwordHealth.com/MedMutual/Thrive](https://Join.SwordHealth.com/MedMutual/Thrive)
- **Transitional Care** – options for certain members to receive health coaching and support for follow-up care after a hospital stay.
  - Return to Home Telephonic Program - Call Case Management at 1-800-258-3175
  - Direction Home In-Home/Telephonic Program

Providing quality care for our members, your patients, is a team effort. Thank you for working with us to help care for our members with osteoporosis.

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.

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.

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## Cultural Competency Resources for Providers

Cultural competency is an integral part of delivering exceptional care to Medical Mutual members. According to the American Hospital Association (AHA), cultural competency in healthcare refers to the capability of medical professionals, such as doctors and nurses, to deliver care that aligns with the diverse values, beliefs, and behaviors of patients.<sup>1</sup> This involves customizing healthcare services to accommodate social, cultural, and linguistic preferences.

As part of our cultural competency program, we would like to share educational resources with you to help in your efforts to provide culturally competent care. The following Medicare Learning Network® (MLN) courses are available on our website and can be accessed at [MedMutual.com/Providers > Resourses > Cultural Competency Resources](https://www.medmutual.com/Providers/Resourses/CulturalCompetencyResources).

- Introduction to Language Access Plans
  - Learn about developing and using a language access plan, and how it impacts healthcare for those with limited English proficiency.
- Caring for LGBTQI+ Patients
  - Sexual orientation and gender identity (SOGI) terminology is important. Build trust with your LGBTQI+ patients by learning the terminology, understanding disparities, and using best practices for collecting and managing SOGI data.
- Modernizing Healthcare to Improve Physical Accessibility
  - Learn solutions for increasing the physical accessibility of healthcare settings and services for people with disabilities.

<sup>1</sup>Becoming a Culturally Competent Health Care Organization. aha.org.  
<https://www.aha.org/aharet-guides/2013-06-18-becoming-culturally-competent-health-care-organization>.



# Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between Dec. 1, 2023 and Feb. 29, 2024 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](https://www.MedMutual.com/Provider) and select Policies and Standards > Corporate Medical Policies.

Medical Drug CMPs	
CMP Name	Policy Status
Adakveo	Revised
Adbry	Revised
Aldurazyme	Revised
Antibodies for the treatment of Alzheimer's Disease	Revised
Aphexda	New
Arranon	Revised
Bavencio	Revised
Benlysta	Revised
Berinert	Revised
Bevacizumab	Revised
Brineura	Revised
Briumvi	Revised
Cablivi	Revised
Casgevy	New
Cosentyx IV	New
Cosentyx SC	Revised
Danyelza	Revised
Darzalex IV	Revised
Elaprase	Revised
Elfabrio	Revised
Entyvio SC	New
Erbix	Revised
Fabrazyme	Revised
Gamifant	Revised
Gazyva	Revised
General Oncology	Revised
Givlaari	Revised
Global PA	Revised

CMP Name	Policy Status
Humira	Revised
Imcivree	Revised
Imfinzi	Revised
Imjudo	Revised
IVIG	Revised
Jemperli	Revised
Kanuma	Revised
Keytruda	Revised
Kineret	Revised
Kyprolis	Revised
Leqembi	New
Libtayo	Revised
Loqtorzi	New
Lumizyme	Revised
Luxturna	Revised
Lyfgenia	New
Marqibo	Revised
Mepsevii	Revised
Naglazyme	Revised
Nexviazyme	Revised
NPlate	New
Nulibry	Revised
OmvoH IV	New
OmvoH SC	New
Onpattro	Revised
Opdivo	Revised
Oxlumo	Revised
Padcev	Revised
PAH- Epoprostenol	Revised
PAH- Inhaled Prostacyclins	Revised
PAH- Remodulin	Revised
Pegfilgrastim	Revised
Pemetrexed	Revised
Radicava IV	Revised
Revcovi	Revised

CMP Name	Policy Status
Rituximab IV	Revised
Rivfloza	Revised
Rystiggo	Revised
Ryzneuta	New
Scenesse	Revised
SCIG	Revised
Skysona	Revised
SOC	Revised
Soliris	Revised
Sylvant	Revised
Synribo	Revised
Tecentriq	Revised
Tepezza	Revised
Testosterone injectables	Revised
Trastuzumab IV	Revised
Trogarzo	Revised
Tzield	Revised
Ultomiris	Revised
Vabysmo	Revised
Vectibix	Revised
Vimizim	Revised
Vyepti	Revised
Vyjuvek	Revised
Vyvgart IV	Revised
Vyvgart SQ	Revised
Xenpozyme	Revised
Yervoy	Revised
Zilbrysq	New
Zymfentra	New
Zymfentra	Revised



## Medical CMPs

CMP Name	CMP Number	Policy Status
Myoelectric Upper Limb Orthotic Devices	2016-B	Revised
Digestive Enzyme Cartridge (Relizorb)	202017	Revised
Tenex Health TX Procedure	2013-C	Revised
Blepharoplasty, Brow Lift and Blepharoptosis Repair	96018	Revised
Fluid-Ventilated Gas-Permeable Contact Lenses	2006-G	Revised
Autonomic Nervous System Testing	200002	Revised
Bone-Anchored Hearing Aid	200401	Revised
Meniscal Allograft Transplantation	200714	Revised
Pancreas Transplantation	200210	Revised
Endometrial Ablation	200302	Revised
Intravascular Lithotripsy (IVL)	202204	Revised
Surgical Repair of Pectus Deformities	200905	Revised
Transcatheter Pulmonary Valve Implantation	201426	Revised
Wireless pulmonary artery pressure monitoring-CardioMEMS	2019-A	Revised
Liposuction for lipedema	202103	Revised
Fertility Preservation for Iatrogenic Infertility	202302	Revised
Intraperitoneal Hyperthermic Chemotherapy	201005	Revised
Lumipulse GP	202303	Revised
Otoplasty	200521	Revised
Artificial Intervertebral Disc Replacement	200813	Revised
Sublingual Immunotherapy	200224	Revised
Arthroscopy-Shoulder- Surgical subacromial spacer	202304	Revised
Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	201914	Revised
Esophageal pH Monitoring Procedures	94059	Retired

For a list of services requiring prior approval or considered investigational, please visit [MedMutual.com/Provider](https://www.MedMutual.com/Provider) and select Policies and Standards > [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 Policies and Standards > Corporate Medical Policies. This page also includes all current Corporate Medical Policies and information about our prior approval services and Magellan Rx's secure provider portal, a web-based tool at [www1.magellanrx.com](http://www1.magellanrx.com) that providers can use to manage prior approval requests for medications.

**For drugs covered under the pharmacy benefit:** Select Policies and Standards > Prescription Drug Resources, then click the link under [Prior Authorization](#) to see the list. This page also 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

## Health Outcomes Survey: Working Together to Provide the Best Care Possible for our Medicare Advantage Members

The Health Outcomes Survey (HOS) is a yearly random sample survey for Medicare Advantage (MA) members from The Centers for Medicare & Medicaid Services (CMS). The HOS helps us to evaluate how effective we are as a Medicare Advantage Organization in helping our MA members maintain or improve their physical and mental health, and the information from it helps drive our quality improvement activities. The HOS results are reflected in a plan's Star Ratings. A higher Star Rating reflects better patient outcomes and improved health. You can find more information on the HOS survey at [www.hosonline.org](http://www.hosonline.org).

This year's survey is scheduled to be mailed out in July 2024. A random sample of our MA members who receive the survey this year will also receive a follow-up survey in 2026. This follow-up survey measures how the individual has improved their health over time.

### 2024 HOS Measures

The 2024 HOS Measures are:

1. Improving or Maintaining Physical Health
2. Improving or Maintaining Mental Health
3. Monitoring Physical Activity
4. Urinary Incontinence / Improving Bladder Control
5. Reducing the Risk of Falling

### Helping Your Medicare Advantage Patients

The HOS survey asks your MA patients about their health. Their interactions with you as their healthcare provider have a direct impact on how they respond to the HOS questions.

We understand that sometimes there are topics patients don't discuss with you, either because they forget to mention them during an appointment, they are too embarrassed to talk about them, or they don't realize they are common issues that may have a simple solution.

To help with these conversations, we've developed a [Health Outcomes Survey \(HOS\) Tip Sheet Flier](#), available under Resources on [MedMutual.com/Provider](http://MedMutual.com/Provider). This is a valuable tool aimed at promoting crucial conversations with our Medicare Advantage members for each of the five HOS measures. It provides questions to ask, as well as additional resources.

For questions or more information, please contact the Medical Mutual Clinical Quality Department toll free at 1-800-586-4523 or [ClinicalQuality@Medmutual.com](mailto:ClinicalQuality@Medmutual.com).



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# Mutual News

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