MEDICAL MUTUAL®

Mutual News

December 1, 2026

Please Note: Medical Policy, Reimbursement Policy, and Prior Authorization Updates

- Full medical policy language should be reviewed on our Medical Policies page at Medmutual.com/Provider > Policies and Standards > Medical Policies.
- Administrative (non-material) changes are effective 15 days from the date of this notice, material changes are effective 90 days from the date of this notice, and new prior authorizations are effective 30 days from the date of this notice, unless a different specific date is specified.
- Our full Prior Authorization lists for services and medical drugs, which include CPT/HCPCS codes, are available at Medmutual.com/Provider under Prior Approval Resources.

Notice of Material Amendments to Contract and/or Administrative Policies or Procedures: Effective 90 days from the date of this notice.

Medical Policy Updates

Medical Policies – Archived

96018 Blepharoplasty

Medical Policies – No Significant Changes

200307 Disabled Dependent
202107 Stem Cell Harvesting and Storage
95034 Adult Strabismus Surgery
95017 Implantable Infusion Pumps
202306-CSTM Infertility Services
202306-CSTM2 Infertility Services

Updated Medical Policies – Minor or Significant Changes

202207 Laser Interstitial Thermal Therapy -

- Revised based on AllMed reviewer recommendations: Recommended against singling out hypothalamus; for considering that lesion is amenable to safe/effective LITT; for considering that alternative treatments are not appropriate or are less favorable; for distinguishing radiation necrosis from tumor recurrence; and for requiring that documentation of evaluation, localization studies, assessment of risks, and comparison of LITT versus open surgery be made available.

94002 Breast Reconstruction –

- Added reference to CMP 2019-F: Allogeneic, Xenographic, Synthetic, and Composite Nerve Grafts and Conduits to the policy.

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X9309-PRV R3.26

Updated Medical Policies – Minor or Significant Changes cont.

94007 Evaluation of Vestibular Disorder -

- Minor edit to section I for clarity; to align with Paramount, add statements specifying that vestibular function tests are not appropriate if furnished by physical or occupational therapists and that repeat testing after treatment has resolved symptoms is NSC.

202406 Investigational/Experimental Procedures/Devices/Services -

- Added note to title sheet stating that "This document lists individual Investigational/Experimental corporate medical policies. Each row in the table below represents a separate corporate medical policy and includes a unique policy number, title, description, and effective date. In addition to these individual policies, any InterQual subsets listed below are considered Investigational/Experimental." HCPCS codes A4541, E0733 added to, and E1399 removed from, InterQual® CP:Durable Medical Equipment Trigeminal and Vagus Nerve Stimulator Devices, Noninvasive, to align with codes listed in InterQual.

202407 Not Standard of Care -

- Added note to title sheet stating that "This document lists individual Not Standard of Care corporate medical policies. Each row in the table below represents a separate corporate medical policy and includes a unique policy number, title, description, and effective date. In addition to these individual policies, any InterQual subsets listed below are considered Not Standard of Care".

200002 Autonomic Nervous System (ANS) Testing -

- Add Parkinson's disease (G20) and orthostatic hypotension (I95.1) to policy and to system rule as valid diagnoses; updated edits and denials section.

94030-CSTM2 Bariatric Surgery (FEHB) -

- Added 43889 to policy and remove cancelled C9784 from policy; add TORe as investigational.

94030-CSTM3 Bariatric Surgery (PSHB) –

- Add 43889 to policy and remove cancelled C9784 from policy; add TORe as investigational.

201609-CSTM Gender Affirming Surgery –

- Add statement "Counseling services remain covered as outlined in the applicable certificate of coverage.

201609-CSTM2 Gender Affirming Surgery –

- Add statement "Counseling services remain covered as outlined in the applicable certificate of coverage.

Provider Manual Updates – Found at MedMutual.com/Provider

- **Section 1 — Overview**
  - Provider Office Assistance Subsection – pg. 5
- **Section 3 — Clinical Quality and Health Services Overview**
  - Prior Authorization Subsection – pg. 41
  - Availability Goals and Accessibility Guidelines Subsection – pg. 51

Reimbursement Policy Updates

Revised Reimbursement Policy

Effective January 1, 2027, Medical Mutual is updating the following Reimbursement Policy:

- Evaluation and Management Services (Policy Number RP-202505)
  The policy is being revised to clarify that reimbursement for visit complexity, whether reported through an add-on HCPCS code, modifier, or other reporting mechanism, is included in the reimbursement for the associated outpatient evaluation and management service and is not eligible for additional reimbursement.

Revised Reimbursement Policy

Effective January 1, 2027, Medical Mutual is updating the following Reimbursement Policy:

- Anesthesia (Policy Number RP-202502)
  Medical Mutual is updating the Anesthesia Reimbursement Policy to use applicable base unit values established by the American Society of Anesthesiologists (ASA), in alignment with Centers for Medicare & Medicaid Services (CMS) anesthesia payment guidelines.

Maternity Care Services Reimbursement Policy Update

Medical Mutual previously announced the new Maternity Care Services Reimbursement Policy (RP-202701), effective January 1, 2027, in response to the AMA CPT® maternity care code revisions. Prior to the policy's effective date, Medical Mutual will publish revisions to provide additional guidance and clarification regarding applicable coding, billing and reimbursement. Providers are encouraged to review the updated policy in advance of January 1, 2027.

Provider Payment Administration Transitioning to Zelis

Medical Mutual is transitioning provider payment administration from OneInc to Zelis, with a target implementation timeframe of late first quarter 2027. Zelis will support provider payment administration, including electronic and check payments and 835 remittance information.

Additional communications will be provided regarding enrollment, timing and any actions providers may need to take before the transition.

Medical Mutual Improving Our Find a Provider Tool with Rating Enhancement

To help our members make more informed decisions when selecting a provider, we are preparing to implement a provider rating enhancement in our *Find a Provider* tool in January 2027.

Provider ratings will continue to be provided by our vendor partner, Embold Healthcare. The current numerical score is based on quality of care. With the new enhancement, providers will instead be rated as High Value or Standard Value based on quality of care, patient outcomes and overall cost. Quality

makes up 80% of the rating and includes a provider's track record of delivering appropriate and effective care. Cost makes up the remaining 20% and considers resource utilization, such as tests, treatments and medications, as well as where care is provided. Providers are compared with other providers in the same specialty using national healthcare data. Only 20 specialties are being scored at this time.

In our *Find a Provider* tool, members will see icons identifying providers rated as High Value or Standard Value. Providers who do not meet those rating levels will not display an icon.

For questions or more information, please contact your provider contracting manager.

Additional Articles/Updates – Available at Medmutual.com/For-Providers/In-the-News

- New Provider Access API Coming Soon

Receive Email Notification when Newsletters are Available Online!
To receive email notification when items are posted to the News and Information page of our provider website, including our monthly newsletters, go to Medmutual.com/For-Providers/In-the-News and fill out the form with your name and email address.

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