MEDICAL MUTUAL®

Mutual News

Second Quarter, 2021

Stay Informed with the Provider Manual

The Provider Manual is available at 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 4 – Appeals Overview
  - Provider Appeals – Clinical Appeals Sub-Section: revised to update information about expedited appeal submission
- Section 9 – Institutional Reimbursement Overview
  - Payment Categories and Methodologies Sub-section: revised to update information about interim claim billing and processing
- Section 11 – Administrative and Plan Guidelines
  - Member Enrollment Sub-section: revised to update plan referral requirements for elective or non-emergency services out-of-network
  - Guidelines Sub-section: revised to add new sub-section about providing services in a culturally competent manner
- Section 12 – Medicare Advantage Plans and Guidelines
  - General Network Guidelines Sub-section: revised to include reference to cultural competency resources
- Section 13 – Glossary of Terms: revised to add definition of Group Contract

Contact Us

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

General Information

Compliance Level Validation Edits Going into Effect in June 2021

As previously announced in our Oct. 2019 Mutual News Bulletin, which is available at MedMutual.com/Provider > In The News, Medical Mutual started to expand our compliance validation edits on Nov. 1, 2019. As we continue to phase in new edits, we will provide warnings on the summary and detail report and response files when a claim or other electronic request fails validation. This will provide providers with time to address and correct any issues with the claim.

Claim (837) Edits:

Ambulance Claims: Ambulance claims require the following data to prevent a delay in the processing of the claim. A new edit relating to missing CR1 and/or CRC segments will go into effect in June 2021.

Below are all the segments that apply to the reporting of ambulance services:

- Loop 2300 Claim Information
  - CLM501 - Place of Service Code:
    41 – Ambulance – Land
    42 – Ambulance – Air or Water
  - CR1 – Ambulance Transport Information is required to be reported on all ambulance claims. It should be noted that patient weight and round trips requirements apply only when the rules for reporting are met.
  - CRC – Ambulance Certification requirements apply only when the condition codes rules for reporting are met.
- Loop 2310E – Ambulance Pick-up Location, Address, City, State, and Zip must be reported
- Loop 2310F – Ambulance Drop-off Location, Address, City, State, and Zip must be reported
- Loop 2400 – Service Line level is used only when one or more of service segments is different from what was reported at the claim level (Loop 2300) CR1, CRC, 2420G, or 2420H
  - QTY – Ambulance Patient Count required to be reported when more than one patient is transported

If you have any questions, please contact Medical Mutual's Customer Care Department at 1-800-362-1279 or EDISupport@MedMutual.com.

Coding Acute Conditions in an Outpatient Setting

The Office of Inspector General (OIG) of the Department of Health and Human Services (HHS) has recently shifted its focus on targeted audits that are requesting validation of high error rate diagnosis codes. Several targeted audits have focused on submitting claims with an outpatient place of service with an acute diagnosis code reported.

Coding Error Example: Coding the acute phase of a stroke, I63.XX, on a follow-up office visit

This coding would be incorrect. Instead, the provider should code any aftereffects of the stroke, such as hemiplegia or weakness due to stroke, that the provider evaluates.

Examples of OIG targeted reviews can be found in the following OIG reports:

- https://oig.hhs.gov/oas/reports/region7/71701170.asp
- https://oig.hhs.gov/oas/reports/region2/21801028.pdf

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.

Focusing on Transitions of Care Can Improve Patient Safety and Prevent Unnecessary Readmissions

When a patient transitions from an inpatient setting (hospital, rehabilitation or skilled nursing facility) to home, proper care coordination is important to improve safety and reduce hospital readmissions. Effective communication between inpatient and outpatient providers is the key to avoiding issues including medication errors, incomplete diagnostic work ups, and inadequate understanding of diagnoses, medication and follow-up needs by patients, caregivers and providers.

As part of the Healthcare Effectiveness Data and Information Set (HEDIS) measures, Medical Mutual asks that providers document the following quality metrics in the member's medical record when transitioning the member from an inpatient setting.

1. Notification of Inpatient Admission – Please document receipt of notification of inpatient admission on the day of admission or within the following two days (3 total days).
   - Examples of acceptable documentation:
     - Communication about your patient's admission from the admitting facility
     - Documentation of an anticipated admission, such as planned surgery, planned medical treatments or preadmission testing, at any time prior to the planned admission

2. Receipt of Discharge Information - Please document receipt of discharge information on the day of discharge or within the following two days (3 total days).
   - Documentation must include all the following:
     - The practitioner responsible for the patient's care during the inpatient stay
     - Procedures or treatment provided
     - Diagnoses at discharge
     - Current medication list
     - Test results, documentation of any pending tests or that no tests are pending
     - Instructions for patient care post discharge

3. Patient Engagement After Inpatient Discharge – Please document evidence of patient engagement on the day after discharge through 30 days after discharge (e.g., office visits, home visits, telehealth).
   - Acceptable CPT® codes for HEDIS, in addition to outpatient visit codes:
     - Telephone visits: 98966, 98967, 98968, 99441, 99442, 99443
     - Transitional care management services: 99495, 99496
     - E-visits or virtual visits: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457

4. Medication Reconciliation Post Discharge – Please document medication reconciliation on the date of discharge through 30 days after discharge (31 total days). Patients do NOT have to be present to complete a medication reconciliation.
   - Acceptable CPT® codes for HEDIS: 1111F, 99483, 99495, 99496
   - Acceptable documentation:
     - A current medication list AND
       - Notation that there are no changes in medications upon discharge
       - Notation that the current list was reconciled against the discharge medications
       - Notation that discharge medications were reviewed
       - Evidence that the member was seen for follow up after discharge from an inpatient setting. Documentation of follow-up surgery or post-op does not meet criteria as it does not indicate that the patient was admitted.
       - Notation that all discharge medications are discontinued
       - Notation that no medications were prescribed

If you have questions, or for more information, please contact Suzanne Sullivan at Suzanne.Sullivan@medmutual.com or 440-878-6481.

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.

The Urgent Need for Catching Up Your Patients on Child and Adolescent Immunizations

While many families have been staying home as much as possible to help stop the spread of COVID-19, a number of children and adolescents have missed check-ups and recommended vaccinations.

According to the National Committee for Quality Assurance (NCQA), adolescent vaccination rates are down as much as 22%. As of Feb. 14, 2021, overall Vaccines for Children provider orders (other than for flu) are down by almost 11 million doses, with MMR/MMRV down by 1.4 million doses[1]. In addition, according to the Centers for Disease Control and Prevention (CDC), HPV vaccinations are also down more than 20%[2].

Because of the decrease in child and adolescent immunizations, organizations like NCQA, the CDC, the National HPV Vaccination Roundtable, and the American Cancer Society have determined that child and adolescent immunizations must be prioritized in order to catch up and ensure a safe return to in-person schooling[1].

According to the CDC, the COVID-19 vaccine may now be administered to everyone ages 12 and up without regard to the timing of other immunizations[3]. This means the COVID-19 vaccine can be given to adolescents at the same time as other vaccines, as well as co-administration within 14 days. If multiple vaccines are administered at a single visit, administer each injection in a different injection site.

The CDC also recommends[4] that providers:

- Identify children who are due or overdue for vaccinations and reach out to schedule appointments.
- Let families know that precautions are in place for safe in-person appointments.

To help with educating parents on the importance of immunizations, educational materials from the CDC are available at https://www.cdc.gov/vaccines/hcp/patient-ed/educating-patients.html.

Medical Mutual is proud to work with our network providers to ensure that children and adolescents get the immunizations they need to stay healthy and get back to school safely.

1. https://blog.ncqa.org/webinar-growing-vaccination-crisis-needs-immediate-attention/
2. https://www.prnewswire.com/news-releases/the-american-cancer-society-encourages-parents-to-reschedule-missed-vaccine-visits-for-kids-301281147.html
3. https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html
4. https://www.cdc.gov/vaccines/hcp/patient-ed/educating-patients.html

Medical Mutual Expands Our Chronic Condition Remote Monitoring Services

To deliver a more efficient and effective way for providers to monitor our members with common chronic conditions like asthma, chronic obstructive pulmonary disease (COPD), heart failure, coronary artery disease (CAD), diabetes and hypertension, we have expanded our remote monitoring services.

We are working with health systems and home health agencies to deliver these enhanced services, which connect our members more directly to providers from the comfort of home. This creates better engagement for our members and provides assurance that someone is monitoring their health daily. This service is provided at no additional cost to eligible members.

Medical Mutual members that engage with our remote monitoring services are provided with devices that collect data and transmit health information back to their care team for evaluation. Below are a couple of examples of the devices provided.

Examples	
Condition	**Device**
Hypertension	Blood pressure device which reports on blood pressure and heart rate
Diabetes	Blood glucose monitor to track blood sugars

The goal of these services is to complement your care team and provide our members with additional support to help them manage their conditions and improve their health. The information collected is shared regularly and enables members and providers to identify issues early to prevent avoidable emergency department visits and hospitalizations.

The service also delivers more intervention options, including the ability to deploy skilled nursing visits and trigger telehealth services. Our Medical Mutual Care Management team is there to help support members and providers when appropriate.

For more information on our chronic condition remote monitoring services, please contact your Medical Mutual Provider Contracting Manager at 1-800-625-2583.

Ensuring Social Distancing Doesn't Turn Into Loneliness and Isolation

While COVID-19 vaccines bring hope for connecting in person, social distancing is still important and can provide challenges for many people. Ensuring social distancing doesn't turn into loneliness and isolation is important for the physical and mental health of your patients.

The National Academies of Sciences, Engineering, and Medicine report that 25% of adults 65 and older are considered to be socially isolated, while 43% of adults age 60 and older report feeling lonely. However, loneliness and isolation can affect individuals at any age, from adolescents to the elderly. According to a C.S. Mott Children's Hospital National Poll on Children's Health, 46% of parents surveyed say their teen had shown signs of a new or worsening mental health condition since the beginning of the pandemic in March 2020.

The Campaign to End Loneliness Report, available at campaigntoendloneliness.org, contains guidance and measurement tools that you can consider to assess loneliness with your patients. Additional information can be accessed from the links below:

- The UCLA Loneliness Scale - fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Loneliness_and_Interpersonal_Problems_UCLA_LONELINESS_REVISED.pdf
- The Three-Item Loneliness Scale - www.ncbi.nlm.nih.gov/pmc/articles/PMC2394670/pdf/nihms47842.pdf
- The De-Jong Gierveld Loneliness Scale - mvda.info/sites/default/files/field/resources/De%20Jong%20Gierveld%20Lonliness%20Scale.pdf

Some things you can suggest to your patients that may help them address their isolation and loneliness include:

- Prioritize developing a daily routine to care for themselves and connect with others.
- Spend time with neighbors, get outside for a walk every day or set aside time for a hobby.
- Call or video chat with family members or friends every week.

Since loneliness and social isolation may be linked to depression and worsening health outcomes, early intervention may be crucial. Behavioral health visits with an in-network provider can be scheduled for in-person or via telehealth. Medical Mutual can assist providers with scheduling. Just call 1-800-362-1279.

There are also community resources available that can help your patients.

- Ohio Department of Aging's Staying Connected Check-in Service – sign up for daily check-in calls at 1-833-ODA-CHAT (1-833-632-2428) (TTY: 711 for hearing impaired) or by visiting StayingConnected.Age.Ohio.gov.
- Ohio Care Line – receive toll-free emotional support, 24/7 by calling 1-800-720-9616 (TTY: 711 for hearing impaired).
- Connect2Affect – take advantage of resources compiled by the American Association of Retired Persons (AARP) Foundation to build and maintain social connections by visiting Connect2Affect.org.

Keeping in touch with your patients, and encouraging them to reach out to family and friends, can help keep social distancing from turning into loneliness and isolation.

Sources:

- https://www.cdc.gov/aging/publications/features/lonely-older-adults.html
- https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks
- https://aging.ohio.gov/wps/portal/gov/aging/care-and-living/get-help/staying-connected
- https://www.nationalacademies.org/our-work/the-health-and-medical-dimensions-of-social-isolation-and-loneliness-in-older-adults
- https://www.healthyagingpoll.org/report/loneliness-among-older-adults-and-during-covid-19-pandemic
- https://mottpoll.org/reports/how-pandemic-has-impacted-teen-mental-health

Reminder to Enroll to Receive Electronic Communications with Availity

Medical Mutual transitioned our provider portal to Availity, a multi-payer platform, to provide you with a more comprehensive experience and easier access to information.

To receive electronic communications, please take the following actions:

- Enroll or login to Availity at Availity.com/medicalmutual.
- Choose e-communications. Locate the Medical Mutual payer space, go to the Applications Tab and input the applicable email address.
- Enjoy the benefits of e-communications vs. paper including:
  - Faster and more timely communication of essential information
  - Easier sharing and referencing of previous communications
  - Convenient access to additional information/resources through links within the e-communication

If you have any questions, please contact your Medical Mutual Provider Contracting Representative. If you don't know who your Provider Contracting Representative is, please visit the Contact Us page at MedMutual.com/Provider.

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, cultural competency in healthcare is the ability of doctors, nurses and other healthcare professionals to provide care to patients with diverse values, beliefs and behaviors, including tailoring healthcare delivery to meet patients' social, cultural and linguistic needs[1].

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 resources can be found at MedMutual.com/Provider > Resources > Cultural Competency Resources.

1. https://ifdhe.aha.org/system/files/media/file/2021/05/ifdhe_cultural_learning_toolkit_2.pdf

Inpatient Admission and Continued Stay Request Submissions Moving to the MedCommunity Platform

The implementation of MedCompass, Medical Mutual's new Clinical Quality and Health Services (CQHS) medical management platform, is well under way. Once fully implemented, MedCompass will allow our clinical care management programs, including utilization management, case management and disease management, to be managed within a member centric system providing a 360-degree view of our members.

Towards the end of the 4th quarter of 2021, and continuing into the 1st quarter of 2022, Medical Mutual will transition our contracting providers from Reviewlink to the MedCompass MedCommunity portal for the submission of inpatient admissions and continued stay requests. Once we go live with the new system, we will no longer accept these authorization requests from providers through Reviewlink, fax or phone.

The transition to MedCommunity provides you with the following benefits:

- Instant confirmation that your request was submitted
- Real-time status updates, including determinations
- High-Priority Task notification when additional information is required
- The ability to add CPT® procedure codes without cross walking to ICD-10 procedure codes
- The ability to upload supporting documentation

Prior authorization requests for radiology, outpatient services, and medical pharmacy will not be affected by this change, and should continue to be submitted per the instructions in our prior authorization lists available at MedMutual.com/Provider > Policies and Standards > Prior Approval and Investigational Services.

As we gear up for the transition to MedCommunity, we will continue to communicate and work closely with providers to ensure a smooth transition.

There is nothing for contracting providers to do currently. We will continue to provide updates as we have more concrete details and dates to communicate.

Medical Policy Updates

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between Jan. 1 and Mar. 31, 2021, 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 Policies and Standards > Corporate Medical Policies.

CMP Name	Revised, New or Retired
Abraxane	Revised
Adakveo	Revised
Adcetris	Revised
Aldurazyme	Revised
Alpha 1 Proteinase Inhibitors	Revised
Bavencio	Revised
Bendamustine	Revised
Benlysta	Revised
Beovu	Revised
Bevacizumab	Revised
Blenrep	Revised
Bortezomib	Revised
Botox	Revised
Breyanzi	New

CMP Name	Revised, New or Retired
Cabenuva	New
Cablivi	Revised
Cinryze/Haegarda	Revised
Compound PA	Revised
Cosela	New
CSF-Filgrastim	Revised
Cyramza	Revised
Danyelza	New
Darzalex	Revised
Darzalex Faspro	Revised
Darzalex Faspro	Revised
Empliciti	Revised
Epoprostenol	Revised
Erbitux	Revised
Evkeeza	New
Exondys 51	Revised
Eylea	Revised
Fasenra	Revised
Faslodex	Revised
Gamifant	Revised
Gazyva	Revised
General Oncology	Revised
Givlaari	Revised
Global PA	Revised
Hyaluronic Acid Derivatives	Revised
Halaven	New
Herceptin	Revised
Herceptin Hylecta	Revised
Imcivree	New
Imfinzi	Revised
Inhaled Nitric Oxide	Revised
Kadcyla	Revised
Keytruda	Revised
Kineret	Revised
Kyprolis	Revised
Levoleucovorin	Revised
Libtayo	Revised
Lucentis	Revised

CMP Name	Revised, New or Retired
Luxturna	Revised
Macugen	Revised
Margenza	New
Marqibo	Revised
NPlate	Revised
Nucala	Revised
Onpattro	Revised
Opdivo	Revised
Oxlumo	New
PAH- Epoprostenol	Revised
PAH- Inhaled Prostacyclins	Revised
PAH- Remodulin	Revised
Pemetrexed	Revised
Perjeta	Revised
Phesgo	Revised
Revcovi	Revised
Rituximab	Revised
Rituxin Hycela	Revised
Ruconest	Revised
Sarclisa	Revised
Sylvant	Revised
Tecentriq	Revised
Tepezza	Revised
Trisenox	Revised
Trogarzo	Revised
Ultomiris	Revised
Vectibix	Revised
Velcade	Revised
Xgeva	Revised
Xolair	Revised
Yervoy	Revised
Yescarta	Revised
Zaltrap	Revised
Zepzelca	Revised

For a list of services requiring prior approval or considered investigational, please visit MedMutual.com/Provider and select Policies and Standards > Prior Approval & Investigational Services.

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 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 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.

Update to Medical Benefit Product Coverage for Medical Mutual Commercial and Affordable Care Act (ACA) Plans

As we announced on the In The News page of our MedMutual.com/Provider website on May 20, 2021, Medical Mutual has updated the preferred pegfilgrastim products list effective Aug. 1, 2021. Members who are on existing therapy will be required to try the preferred drug at the time of prior approval renewal. For members new to the therapy, Medical Mutual will require a trial of the preferred drugs before a non-preferred drug can be prescribed. If the provider believes that a member has already satisfied the step therapy requirement, or a non-preferred drug is medically necessary, the provider should follow the Medical Mutual coverage determination process to request the non-preferred drug.

The preferred and non-preferred pegfilgrastim products for Medical Mutual commercial and ACA plans are noted in the following chart.

Preferred Drugs*	Non-Preferred Drug
Fulphila (Q5108) or	Nyvepria (Q5122)
Neulasta (J2505)	Udenyca (Q5111)
New preferred products effective Aug. 1, 2021	Ziextenzo (Q5120)

*Preferred products are subject to any benefit limitation set forth in a member's benefit certificate.

For more information, please visit Medmutual.com/For-Providers, Policies and Standards, Corporate Medical Policies.

Risk Adjustment

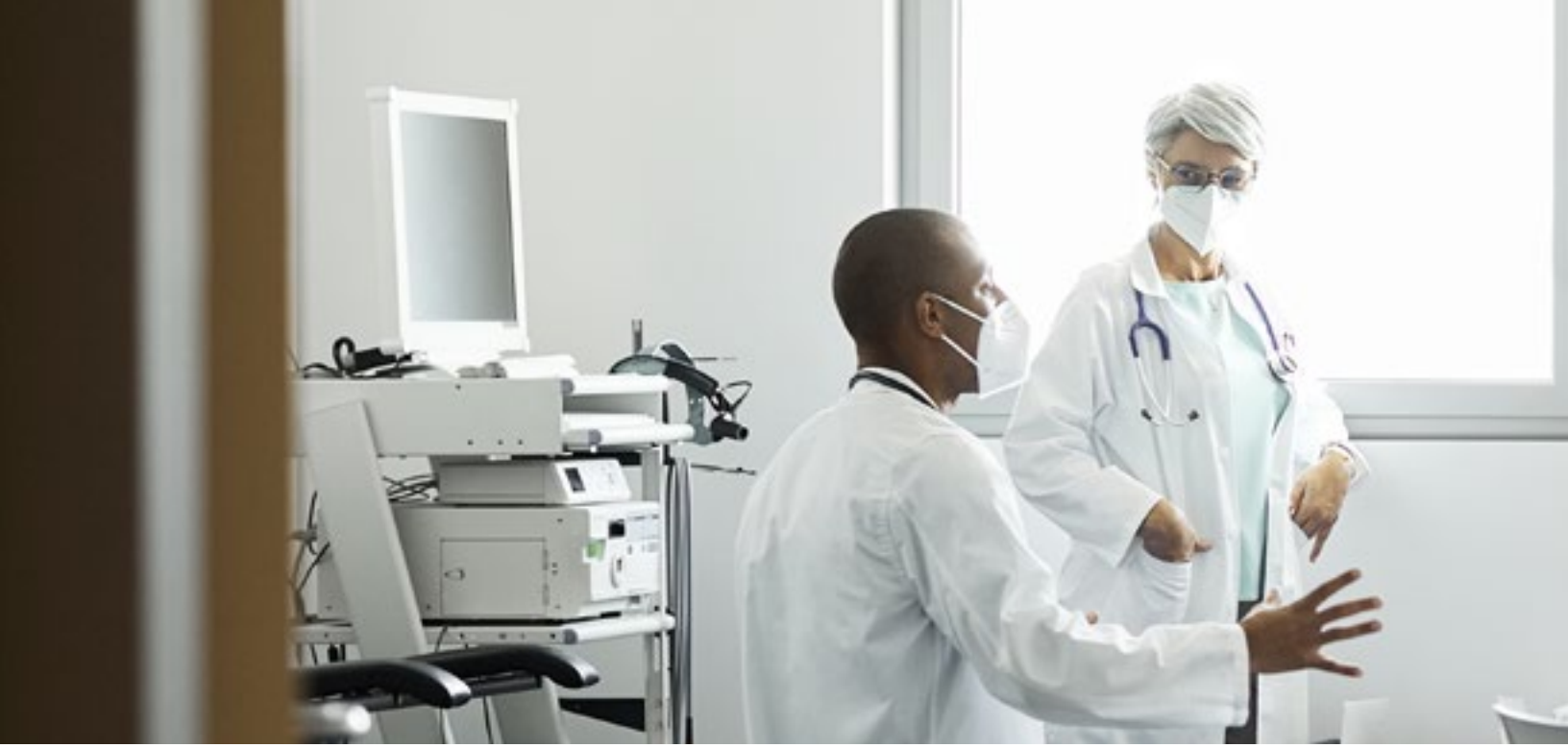
Earn One Free CEU with Our Customized Risk Adjustment Coding Webinar

At Medical Mutual, we strive to develop and maintain collaborative relationships with our contracted providers. To help with this goal, our Risk Adjustment Coding team is offering a coding webinar tailored to your practice. This webinar gives you the opportunity to earn one free continuing education unit (CEU) through the American Academy of Professional Coders (AAPC).

The webinar covers

- Items pertaining to coding and documentation guidelines for ICD-10-CM
- Examples from your specific documentation of things you have done well
- Opportunities for improvement
- Coding trends compared to your peers

Please email Katy Davis at katy.davis@medmutual.com to schedule a webinar date and time that is convenient for you.



Medicare Advantage

First Tier, Downstream and Related Entities (FDR) Compliance with CMS Requirements

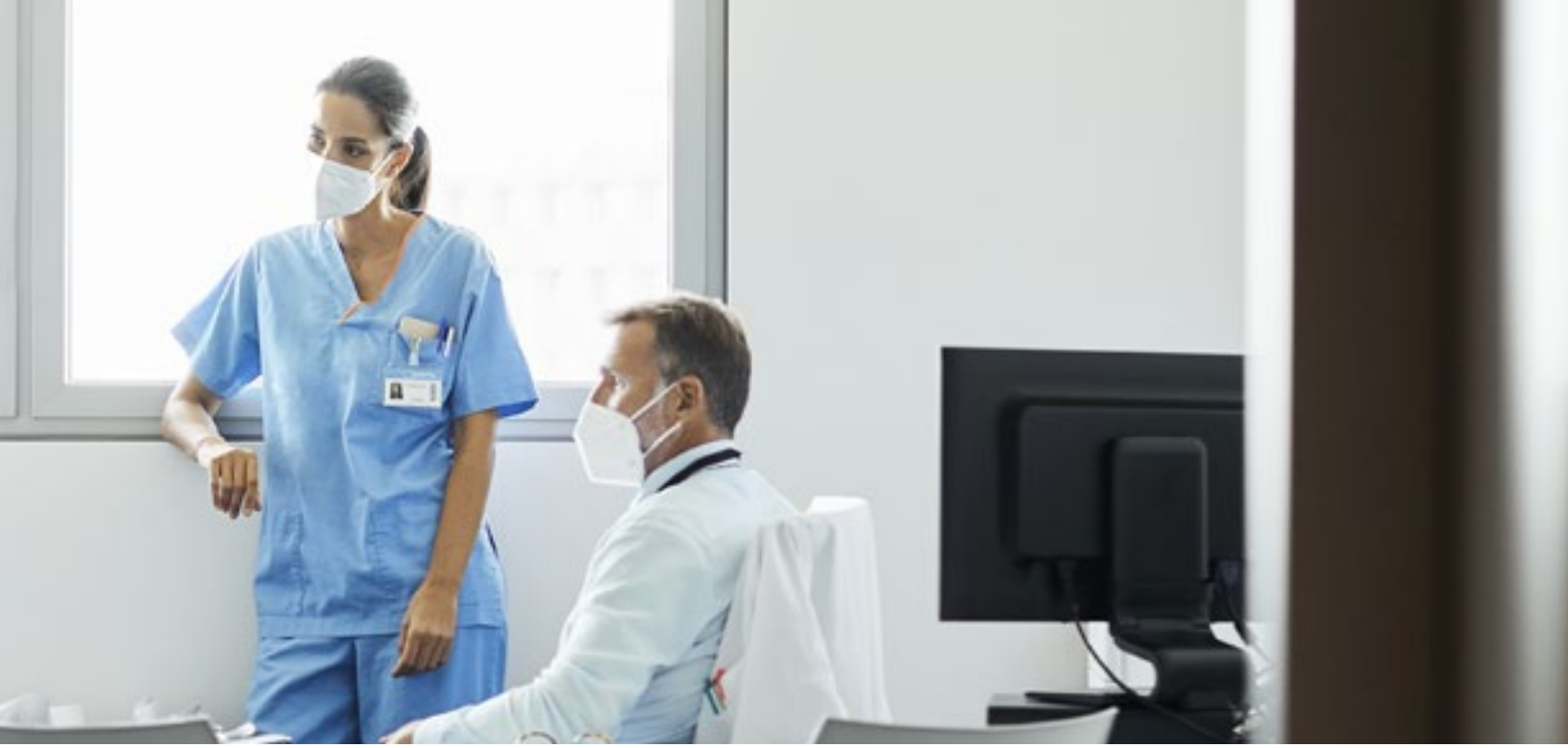
As a Medicare Advantage Organization (MAO), Medical Mutual must comply with and meet certain Centers for Medicare & Medicaid Services (CMS) requirements. Medical Mutual is obligated to oversee compliance for our First Tier, Downstream and Related Entities (FDRs), as well as establish and implement an effective system for routinely auditing and monitoring compliance.

Providers who are contracted with Medical Mutual to provide in-network services to Medical Mutual Medicare Advantage Members are First Tier Entities. To ensure compliance with CMS requirements and your contractual obligations with Medical Mutual, please review the documents listed below, which can be found at: www.MedMutual.com/FDRProvider under Helpful Resources. Compliance with these requirements and obligations is subject to audit or verification by Medical Mutual.

- Medical Mutual Code of Conduct
- Provider FDR Compliance Program Guide
- Frequently Asked Questions

Additionally, if your organization performs services offshore or uses an offshore entity to perform services involving Medicare Advantage member protected health information (PHI), your organization is contractually required to notify Medical Mutual prior to performing services offshore or using an offshore entity to perform services. If your organization already uses an offshore entity and you have not previously informed us, please do so right away by contacting your Provider Contracting Manager to obtain the Offshore Attestation. Medical Mutual is obligated to submit an attestation of all offshore activity to CMS.

If you have questions or need assistance, please contact your Medical Mutual Provider Contracting Manager. If you are unsure who your Provider Contracting Manager is, please visit the Contact Us page on MedMutual.com/Provider.



Update to Medical Benefit Drug Coverage for Medical Mutual Medicare Advantage Plans

As we announced on the In The News page of our MedMutual.com/Provider website on May 20, 2021, Medical Mutual has updated the preferred pegfilgrastim products list effective Aug. 1, 2021. For members new to the therapy, Medical Mutual will require a trial of the preferred drugs before a non-preferred drug can be prescribed. If the provider believes that a member has already satisfied the step therapy requirement or a non-preferred drug is medically necessary, the provider should follow the Medical Mutual coverage determination process to request the non-preferred drug.

The preferred pegfilgrastim products for Medical Mutual Medicare Advantage plans are noted on the left side of the below chart. The non-preferred drugs are shown on the right. To view the Part B Step Therapy policy and all Part B drugs that require step therapy please go to www.medmutual.com/-/media/MedMutual/Files/Providers/CorporateMedicalPolicies/201936_Medicare-Part-B-Step-Therapy.pdf

Preferred Drugs*	Non-Preferred Drug
Fulphila (Q5108) or	Nyvepria (Q5122)
Neulasta (J2505)	Udenyca (Q5111)
New preferred products effective Aug. 1, 2021	Ziextenzo (Q5120)

*Preferred products are subject to any benefit limitation set forth in a member's benefit certificate.

For more information, please visit Medmutual.com/For-Providers, Policies and Standards, Corporate Medical Policies.

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