

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 1 – Overview: The following section was revised:
 - Contact Information
- Section 9 – Institutional Reimbursement Overview:
The following sections were revised:
 - Interim Claims sub-section of the Payment Categories and Methodologies section
 - PCAT-3108 Reference Table 1 OCE Dispositions of Errors table in the Outpatient Ambulatory Payment Classifications (APC) sub-section of the Payment Categories and Methodologies section
- Section 11 – Administrative and Plan Guidelines:
The following section was revised:
 - Network Products



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](https://www.MedMutual.com/Provider).

General Information

Implementation of New Diabetes Testing Supplies Reimbursement Policy is Delayed until 2023

In the October 2022 [Mutual News Bulletin](#), it is stated that we are implementing a new Diabetes Testing Supplies Reimbursement Policy effective Dec. 1, 2022.

The implementation of this reimbursement policy has been delayed and the policy will not go into effect until sometime in Q1 of 2023. We will communicate the precise effective date once it has been determined.

Update to Revenue Line Pricing (Allowed Amount) in Medical Mutual's 835 on Institutional Claims

To better serve our providers, in January 2023 we are implementing an update to the revenue line pricing (allowed amount) in our 835 on institutional claims.

Currently, pricing that is passed to the provider in the 835 at an institutional revenue line level is an allocation of the total claim pricing. This has led to some confusion for providers when they attempt to reconcile revenue line/procedure pricing on outpatient claims.

Instead of returning an allocation of the total claim pricing, our new 835 functionality will return the pricing of each institutional procedure or HCPCS code, along with any corresponding remarks (CARC/RARC) and mapping indicators to notify the provider if pricing for one revenue line is inherent and included in another revenue line's reimbursement on the same claim. This new functionality will allow the provider to reconcile at a revenue line/service level on institutional claims.

We appreciate your input on our 835 enhancements.

If you have any questions about this enhancement, please contact your Provider Contracting Manager at 1-800-625-2583.



Medical Mutual Columbus Office has Moved to Dublin

Medical Mutual has moved from our office in Columbus, Ohio, to a new office in Dublin, Ohio. The address for the new location is listed below:

Medical Mutual of Ohio
545 Metro Place South, Ste 430
Dublin, OH 43017

With the move, phone and fax numbers remain the same and are listed below:

Provider Contracting Toll Free Number: 1-800-625-2583
Central/SE Ohio Region Provider Contracting Fax Number: 1-614-621-4578
Local Office Direct Number: 1-614-621-6900

Medical Mutual has also updated the Central/Southeast OH (Columbus Office) address in the following section in our Provider Manual:

- Section 1, Overview – Contact Information Sub-section

Behavioral Health Resources for Providers and our Members

With an increase in mental health concerns due to the ongoing effects of the COVID-19 pandemic, the mental health of our members who are your patients is more important than ever. To work with you to address the mental health of our members, there are resources available for both you and our members that can help them with their mental health when they need it most.

Provider Resources

Behavioral Health Patient Summary Form for Referring and Consulting Providers

Use this form to enhance coordination of care for our members who are your patients and to communicate information to the member's Primary Care Provider. The form can be completed online and distributed electronically, or it can be printed. It is available at [MedMutual.com/Provider > Resources > Continuity and Coordination of Care](https://www.medmutual.com/Provider/BehavioralHealth/PatientSummaryForm).

Behavioral Health Consultant & Patient Summary Form

The Behavioral Health Consultant is responsible for obtaining a signed patient summary form from our members who are your patients allowing for the communication of important clinical information. Members should be encouraged to have this form filled out so information can be shared. It is available at [MedMutual.com/Provider > Resources > Clinical Supply Materials](https://www.medmutual.com/Provider/BehavioralHealth/ConsultantPatientSummaryForm).

Behavioral Health Case Management

Medical Mutual offers telephonic behavioral health case management, which consists of a team of registered nurses, social workers, care navigators and physicians with a specialty in behavioral health and substance abuse.

- Referring a member – To refer one of our members, call 1-800-258-3175 or email behavioralhealthdepartment@medmutual.com. When referring, you should provide the following information:
 - Member Information (Name, DOB, Medical Mutual Member ID, Phone)
 - Reason for Referral
 - Referring Provider Name, Number and Specialty
- Identifying members that could benefit from Behavioral Health Case Management.

There are many avenues in which a member can be identified for our Behavioral Health Case Management, including:

 - Inpatient and/or ER utilization
 - Provider referral
 - Member / family / caregiver referral
 - Select employer groups

Depression and Alcohol Screening Tools

Using standardized screening tools to monitor patients for depression and alcohol and/or drug abuse often makes diagnosis easier. This resource can help get our members who are your patients the proper referrals and resources in a timely manner, and can be found at [MedMutual.com/Provider > Resources > Clinical Supply Materials](https://www.medmutual.com/Provider/BehavioralHealth/ScreeningTools).



Member Resources

■ Frontline Mobile Crisis Team

The Frontline Mobile Crisis Team has been accredited by the American Association of Suicidology as an approved 24/7 Crisis Intervention Program since 2003. Their services are voluntary and must be accepted by the individual or a child/adolescent's guardian. They are only available in the Northeast Ohio region. More information is available at www.frontlineservice.org or call 216-623-6555.

■ Suicide Hotline

- Phone number - dial 988 or 1-800-273-8255
- Crisis Text Line - Text the keyword "4hope" to 741 741 to be connected to a trained crisis counselor. Data usage while texting the Crisis Text Line is free, and the number will not appear on a phone bill with the mobile service carrier. People of all ages can use the Crisis Text Line.

Thank you for the excellent care you provide for our members who are your patients. Together, we can help our members who are having a mental health crisis get the care that they need.

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.

Exclusions for the HEDIS® Measure: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

AAB is an important measure monitored by the National Committee for Quality Assurance (NCQA) related to antibiotic use for acute bronchitis/bronchiolitis. According to the Centers for Disease Control and Prevention, acute bronchitis is usually caused by a virus, so taking antibiotics will not improve the outcome for patients¹. However, antibiotics can cause a range of side effects and may contribute to antibiotic resistance. Working together, we can improve health outcomes for our members with acute bronchitis while improving your AAB rates.

AAB Measure Exclusions

Some patients who are diagnosed with acute bronchitis and need antibiotics may also have a comorbid condition and/or competing diagnosis. For patients with both acute bronchitis and a comorbid condition or competing diagnosis, it is best practice to submit these ICD-10 codes on the same claim. Doing so will remove the patient from the AAB measure, and AAB rates will not be negatively impacted.

Below are some common comorbid conditions and competing diagnoses related to the AAB measure.

Common Comorbid Conditions	Common Competing Diagnoses
<ul style="list-style-type: none"> ▪ COPD ▪ Emphysema ▪ HIV ▪ Cystic Fibrosis ▪ Sickle cell disease ▪ Malignant neoplasms including skin ▪ Disorders of the immune system 	<ul style="list-style-type: none"> ▪ Acute pharyngitis ▪ Acute or chronic tonsillitis ▪ Acute suppurative otitis media ▪ Acute or chronic sinusitis ▪ Pneumonia ▪ Disease upper respiratory tract ▪ UTI

If the treatment plan for your COPD patient is antibiotics, please use the ICD10 code for COPD at the visit the medication is prescribed. This will exclude your patient from the AAB measure.

- COPD HEDIS® Value Set codes
 - ICD10-CM - J44.0, J44.1, J44.9

If your patient is receiving hospice services, they are excluded from the AAB measure. Use CPT codes 99377 and 99378 for the exclusion.



Medical Mutual Support Programs

We offer programs that can help support you and our members who are your patients that have chronic health conditions.

- **24-hour/7 day-a-week Conduit Nurse Line** - available to answer members' questions and help to guide care, 1-888-912-0636.
- **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. Other plans please call 1-800-258-3175 or email CaseMgmt-Triage@medmutual.com.
- **Chronic Care Management Program (CCMP)** - Members are identified through predictive modeling, or the members can be referred. Please call 1-800-590-2583 to refer a member.
- **Aspire In-Home Palliative Care** - You can refer a member to the palliative care program or members can self-refer, by calling Aspire toll free at 1-844-232-0500 or CaseMgmt-Triage@medmutual.com
- **Dispatch Health In-home Urgent Care Services** (availability based on member location) To schedule an appointment call 1-855-213-2998.

Thank you for the excellent care you provide for our members who are your patients. Working together, we can improve health outcomes for our members with acute bronchitis while improving your AAB rates.

1. <https://www.cdc.gov/antibiotic-use/bronchitis.html>

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.

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The Importance of Proper Documentation and Coding with the HEDIS Statin Therapy for Patients with Cardiovascular Disease (SPC) Measure

With the most recent guidelines from the American College of Cardiology (ACC) and the American Heart Association (AHA) for treatment of atherosclerotic cardiovascular disease (ASCVD), statin therapy can be an important tool to help our members who are your patients lower their cholesterol and improve their heart health.

The HEDIS SPC Measure

The Healthcare Effectiveness Data and Information Set (HEDIS) SPC measure assesses males 21–75 years of age and females 40–75 years of age who have clinical ASCVD. The National Committee for Quality Assurance (NCQA) measures the quality of care these patients receive using the following two rates.

- **Received Statin Therapy.** Patients who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- **Statin Adherence 80%.** Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Statin Medications	
Moderate-Intensity	Common Competing Diagnoses
Atorvastatin 10-20 mg	Atorvastatin 40-80 mg
Amlodipine-atorvastatin 10-20 mg	Amlodipine-atorvastatin 40-80 mg
Rosuvastatin 5-10 mg	Rosuvastatin 20-40 mg
Simvastatin 20-40 mg	Simvastatin 80 mg
Ezetimibe-simvastatin 20-40 mg	Ezetimibe-simvastatin 80 mg
Pravastatin 40-80 mg	
Lovastatin 40 mg	
Fluvastatin 40-80 mg	
Pitavastatin 1-4 mg	

Note: The medications listed in the article are approved by NCQA for closing care gaps, but Medical Mutual will continue to monitor best practices as recommended by sources such as NCQA, AHA, and ACC.



Helping Patients Adhere to their Statin Therapy

There are certain things you can do to help our members who are your patients adhere to their statin therapy.

- Encourage members to promptly report any adverse effects. Please submit an office visit claim with corresponding code for any conditions or symptoms that would prohibit statin use.
- Prescribing 90-day supplies with sufficient refills is the best way to boost statin adherence since it makes it easier for members to have medication on hand. Encourage members to sign up for refill reminders and automated refill programs. Medical Mutual offers Express Scripts to our members to provide an easy and convenient option for medication home delivery.
- Many members that fall into the SPC measure also fall into the statin use in persons with diabetes (SUPD) measure, and by prescribing a moderate to high intensity statin you will be able to address both measures.

There are specific criteria that exclude patients from the measure. Proper coding of these exclusions is further explained below.

Exclusions from the SPC Measure

Patients with any of the following conditions are excluded from the SPC measure:

- Ages 66 years and older with frailty and advanced illness.
- Patients with pregnancy, in vitro fertilization, or prescribed clomiphene (Estrogen Agonist) during the measurement year or the year prior.
- Patients on dialysis or diagnosed with ESRD during the measurement year or the year prior to the measurement year.
- Patients with cirrhosis during the measurement year or the year prior to the measurement year.
- Statin intolerance with a claim from myalgia, myositis, myopathy, or rhabdomyolysis *during the measurement year*.
- In hospice or receiving hospice services any time during the measurement year.
- Patients receiving palliative care services any time during the measurement year.

Exclusion	Value Set	Code System	Code Set**
Palliative	Palliative Care Encounter	HCPCS	G9054, M1017
		ICD10-CM	Z51.5
Hospice	Hospice Intervention	CPT	99377, 99378
		HCPCS	G0182
	Hospice Encounter	HCPCS	G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046
Drug-induced myopathy		ICD-10-CM	G72.0
Myopathy due to other toxic agents		ICD-10-CM	G72.2
Myopathy, unspecified		ICD-10-CM	G72.9
Myositis, unspecified		ICD-10-CM	M60.9
Rhabdomyolysis		ICD-10-CM	M62.82
Myalgia		ICD-10-CM	M79.1
Myalgia, unspecified site		ICD-10-CM	M79.10
Myalgia, other site		ICD-10-CM	M79.18

**This is not an all-inclusive list of the value sets codes

Programs and Resources that may Benefit Members

- Case Management Programs – Medicare Advantage Case Management referral: 1-855-887-2273 or CaseMgmt-MedAdv@medmutual.com
- Chronic Condition Management Program – Call 1-800-590-2583 to refer a member
- Care Navigation for Medicare Advantage members - 1-877-480-3105, option 2
- Pharmacy assistance for cost or access to medications - Express Scripts® Coverage Management 1-800-753-2851
- Weight Watchers - www.weightwatchers.com/us/
- Silver Sneakers - tools.silversneakers.com

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

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.



Sign Up Now for Email Communications from Medical Mutual

If you are currently registered with Medical Mutual in the Availity provider portal, but have not signed up to receive email communications from us, please do so now.

To receive electronic communications, please take the following actions:

- Enroll or login to Availity at Availity.com/medicalmutual.
- Locate the Medical Mutual payer space, go to the Applications Tab and input the applicable email address.

By not signing up for e-communication, you will miss out on:

- Faster and more timely communication of important information
- Easier sharing and referencing of prior communications
- Convenient access to additional information/resources through email links

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.

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between Sept. 1, 2022 and Nov. 30, 2022 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.mutual.com/Provider) and select Policies and Standards > Corporate Medical Policies.

Medical Drug CMPs	
CMP Name	Policy Status
Abecma	Revised
Actemra IV	Revised
Aliqopa	Revised
Amvuttra	Revised
Bavencio	Revised
Beovu	Revised
Berinert	Revised
Besponsa	Revised
Beta Interferons	Revised
Bevacizumab	Revised
Breyanzi	Revised
Carvykti	Revised
Cerezyme	Revised
Cinqair	Revised
Copaxone & Glatopa	Revised
Cosmetic Use Policy	Revised
Cyramza	Revised
Darzalex IV	Revised
Dupixent	Revised
Elelyso	Revised
Empaveli	Revised
Enhertu	Revised
Enjaymo	Revised
Enspryng	Revised
Eylea	Revised
Fasenra	Revised
Firazyr	Revised
Gazyva	Retired
General Oncology	Revised

CMP Name	Policy Status
Global PA	Revised
llaris	Revised
Imfinzi	Revised
Infliximab	Revised
IVIG	Revised
Jemperli	Revised
Kadcyla	Revised
Kalbitor	Revised
Kesimpta	Revised
Keytruda	Revised
Kimmtrak	Revised
Kyprolis	New
Lemtrada	Revised
Libtayo	Revised
Lumoxiti	Revised
Macugen	Revised
Medicare Part B ST	Revised
Monjuvi	Revised
Mylotarg	Revised
Nucala	Revised
Opdivo	Revised
Oxlumo	Revised
Pain management medications	Revised
Palynziq	Revised
Panhematin	Revised
Pegfilgrastim	Revised
Tysabri	Revised
Perjeta	Revised
Poteligeo	Revised
Ranibizumab	Revised
Rituximab IV	Revised
Rolvedon	New
Romidepsin	Revised
Rylaze	Revised
SCIG	Revised
Simponi_ARIA	Revised



CMP Name	Policy Status
Site of Care	Revised
Skyrizi IV	Revised
Skysona	New
Spevigo	New
Spravato	Revised
Susvimo	Revised
Synagis	Revised
Takhzyro	Revised
Tecartus	Revised
Tecentriq	Revised
Tegsedi	Revised
Testosterone Injectables	New
Tezspire	Revised
Trastuzumab IV	Revised
Uplizna	Revised
Vabysmo	Revised
VPRIV	Revised
Vyepti	Revised
Xenpozyme	New
Xolair	Revised
Yondelis	Revised
Zynteglo	New

Medical CMPs

CMP Name	CMP Number	Policy Status
Breast Reconstruction and Related Procedures	94002	Revised
Evaluation of Vestibular Disorder	94007	Revised
Esophageal pH Monitoring Procedures	94059	Revised
Implantable Infusion Pumps	95017	Revised
Adult Strabismus Surgery	95034	Revised
Allergy Testing	99005	Revised
Breast Cancer Screening and Diagnostic Procedures - Breast Ductal Lavage	200211	Revised
Air Ambulance Transportation	200231	Revised
Chelation Therapy	200237	Revised
Disabled Dependent Medical Necessity Determination Guidelines	200307	Revised
In Utero Fetal Surgery	200407	Revised
Laser Therapy for Treatment of Cutaneous Vascular Lesions	200501	Revised
High-Frequency Chest Wall Oscillation System and Intrapulmonary Percussive - DME	200508	Revised
Epidural Adhesiolysis for Chronic Low Back Pain	200522	Revised
Peripheral Nerve Stimulation and Electrical Stimulation for Pain and Other Conditions	201004	Revised
Prolotherapy - Musculoskeletal Conditions	201105	Revised
Vectra DA Blood Test	201504	Revised
Noninvasive Rupture of Membranes Testing in Pregnancy	201535	Revised
Pneumatic Compression Device - Pneumatic Compression of Trunk and Chest	201621	Revised
Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	201914	Revised
Tumor Chemosensitivity and Chemoresistance Assays	201926	Revised
MCG Care Guidelines Frequency Limitations	202014	Revised
Irreversible Electroporation (IRE)	202015	Revised
Cryotherapy or RF Therapy for Rhinitis	202016	Revised
Digestive Enzyme Cartridge (Relizorb)	202017	Revised
Flow Cytometry	202106	Revised
Stem Cell Harvesting and Storage	202107	Revised
Peripheral Electrical Stimulation to Reduce Tremor (e.g. Cala Trio)	202202	Revised
LLLT for mucositis in cancer of the head and neck	202206	Revised
Laser Interstitial Thermal Therapy	200616	Revised



Medical CMPs

CMP Name	CMP Number	Policy Status
Prostatic Artery Embolization	202208	Revised
Electrical Stimulation for Treatment of Dysphagia	2003-C	Revised
Radiofrequency Microtenotomy	2006-D	Revised
Fluid-Ventilated Gas-Permeable Contact Lenses	2006-G	Revised
Leadless Cardiac Pacemaker (i.e., MICRA Transcatheter Pacemaker System)	2017-B	Revised
REGENETEN Bioinductive Implant	2019-C	Revised
Percutaneous Neuromodulation Therapy	2005-D	Retired
Pulsed Electrical Stimulation - Osteoarthritis of Knee	2005-E	Retired
Interferential Stimulation	2012-A	Retired
Low Level Laser (Light) Therapy	201526	Retired
Laser Interstitial Thermal Therapy	201928	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

Important Pharmacy Network Change Information

Kroger pharmacies are being removed from the pharmacy network used for Medical Mutual commercial plans for 2023. Kroger pharmacies will still be an option for Medical Mutual's Medicare Advantage members.

To assist our members impacted by Kroger's removal from the network, we are mailing information on changing prescriptions to a new pharmacy and notifying members of the three closest pharmacies to them.

Please note that, even with the Kroger disruption, we have more than exceeded pharmacy access standards for urban, rural and suburban areas.

We are committed to providing the best access possible for our members to get the prescription medications that they need.

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 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

Resources for Maintaining the Physical and Mental Health of our Older Adult Members

The Health Outcomes Survey (HOS) is a yearly random sample survey for Medicare Advantage members from the Centers for Medicare & Medicaid Services (CMS). The HOS evaluates how effective Medicare Advantage Organizations are in helping members maintain or improve their physical and mental health.

Our members' interactions with you as their healthcare provider have a direct impact on how they respond to the HOS questions. We would like to work with you in improving our members' physical and mental health.

Resources for Improving Physical and Mental Health

For our Medicare Advantage members, we offer a couple of important resources that help address HOS measures, including physical activity, falls prevention, improving or maintaining physical health and improving or maintain mental health.

SilverSneakers®

SilverSneakers is a fitness and wellness program offered at no additional cost to our Medicare Advantage members that helps them get active, healthy and connect with others. A SilverSneakers membership includes:

- Specially designed exercise classes for all fitness levels online and in-person.
- Community classes offered in-person and online.
- 15,000+ fitness and community locations nationwide.
- Access to amenities in the fitness locations like:
 - Cardio equipment
 - Pools
 - Hot tubs
 - Sauna
 - Tennis courts
 - Walking tracks
- Online resources with nutrition and fitness tips.

To find a participating fitness center, or for more information, members can visit [SilverSneakers.com](https://www.silversneakers.com).



Stitch

Stitch is a social community that helps adults 50+ attend in-person and online activities and events with others who share their interests and hobbies. Members of Stitch meet up to try new restaurants, go for walks, watch movies and other activities.

If someone prefers to meet virtually, they can participate in online group get-togethers or chat one-on-one with other Stitch members.

A Stitch membership is available at no additional cost as part of SilverSneakers. To learn more, members can go to www.stitch.net/.

We encourage you to talk with our Medicare Advantage members about these programs to help them maintain or improve their physical and mental health.

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Mutual News

Fourth Quarter, 2022

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