

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](https://medmutual.com/Provider) > Policies and Standards > [Medical Policies](#).
- Administrative changes are effective on 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 otherwise specified.
- Our full Prior Authorization lists for services and medical drugs, which include CPT/HCPCS codes, are available at [Medmutual.com/Provider](https://medmutual.com/Provider) under Prior Approval Resources.

New Reimbursement Policies

Effective May 1, 2026, Medical Mutual is implementing the following Reimbursement Policies:

- **Related Services and Supplies (Policy Number RP-202603)**
This policy sets forth guidelines for the reimbursement of related services and supplies when the primary service or supply is denied for any reason under the terms of the applicable contract.
- **Replacement Codes (Status I) (Policy Number RP-202604)**
This policy provides guidance on the reimbursement of services reported with codes assigned CMS status indicator “I,” for which CMS has identified a replacement code and assigned a Relative Value Unit (RVU).

Revised Reimbursement Policies

Effective May 1, 2026, Medical Mutual is updating the following Reimbursement Policy:

- **Maximum Frequency Per Day (MFD) (Policy Number RP-202307)**
This update is to provide additional guidance on claim-submission requirements when billing units in excess of the established MFD. Allowable units up to the MFD should be reported on one claim line, with any additional units billed on a separate claim line to ensure accurate claims processing.

Effective June 1, 2026, Medical Mutual is updating the following Reimbursement Policy:

- **Replacement Claims (Policy Number RP-202304)**
Effective with DOS 06/01/2026, Medical Mutual is updating the timely filing requirements for replacement/corrected claims. Updating these limits helps ensure consistent administrative processing, timely resolution, and accurate claims handling. Please review your internal procedures and ensure your billing teams and third-party vendors are aware of these changes.

Provider Manual Updates – Found at [MedMutual.com/Provider](https://medmutual.com/Provider)

- **Section 2 – Claims Overview, Pg. 11**
- **Section 3 – Clinical Quality and Health Services Overview – Availability Goals and Accessibility Guidelines, Pgs. 51-55**
- **Section 4 – Appeals Overview**

Mutual News

- **General Guidelines, Pg. 59**
- **Provider Appeals – Clinical Appeals, Pg. 60**
- **Non-Clinical Claim Payment Inquiries, Pgs. 60-61**

Effective with DOS 06/01/2026, Medical Mutual is updating the timely filing requirements for non-clinical disputes. Updating these limits helps ensure consistent administrative processing, timely resolution, and accurate claims handling. Please review your internal procedures and ensure your billing teams and third-party vendors are aware of these changes.

- **Section 9 – Institutional Reimbursement Overview – Payment Categories and Methodologies, Pg. 71**

The revision further clarifies MS-DRG pre-payment reviews when a patient's length of stay is significantly shorter than expected for the clinical presentation and treatment, particularly for certain complex, high severity diagnosis- such as, by way of example, severe sepsis.

- **Section 12 – Medicare Advantage Plans and Guidelines - Clinical Quality and Health Services Programs, HEDIS and Stars, Pg. 88**

Changes to Timely Filing Limits for Non-Clinical Disputes and Corrected Claims

Effective with DOS 06/01/2026, Medical Mutual is updating the **timely filing requirements for non-clinical disputes and corrected claims**. Updating these limits helps ensure consistent administrative processing, timely resolution, and accurate claims handling. Please review your internal procedures and ensure your billing teams and third-party vendors are aware of these changes.

Non-Clinical Disputes

Providers must submit non-clinical disputes within:
180 days from the date of the original claim determination.

Corrected Claims

Corrected claims must now be submitted within:
180 days from the date of the original claim determination.

These new timelines replace the previous requirements.

To view updates to the **Provider Manual** visit [MedMutual.com/Provider](https://www.MedMutual.com/Provider) > Provider Manual.

Section 4 – Appeals Overview – Non-Clinical Claim Payment Inquiries, Pg. 60-61

To view the **Replacement Claims Reimbursement Policy**, visit [MedMutual.com/Provider](https://www.MedMutual.com/Provider) and under the Providers menu select Policies and Standards > Reimbursement Policies

Medical Policy Updates

Medical Policies – Archived

- 202401 Outdated Jaw Procedures

Mutual News

- 202402 Sacroiliac Joint Injections
- 201005 Intraperitoneal Hyperthermic Chemotherapy (HIPEC)

Medical Policies – New

None

Medical Policies - No Significant Changes

- 202503 Transpupillary Thermotherapy
- 202308 Magnetic Resonance-Guided Focused Ultrasound
- 201804 Temporary Ventricular Assist Devices
- 201609 Gender Affirming Surgery
- 202507 Behavioral Health Partial Hospitalization Program
- 2019-G Investigational Spinal Procedures
- 200139 Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions
- 201022 Spinal Unloading Device (Lumbar)
- 2019-B Subchondroplasty (SCP)
- 2019-D Computer Assisted Musculoskeletal Surgical Navigation System
- 202304 Subacromial Spacer
- 200224 Sublingual Immunotherapy
- 200813 Artificial Disc Replacement
- 201942 Bulking Agents for Fecal Incontinence – Solesta

Updated Medical Policies – Minor or Significant Changes

- 202301 Rebyota
 - Medical Necessity section updated to apply to third episode CDI and remove requirement to have failure of other forms of fecal microbiota transplant. Additions to MN section to include experimental/investigational language and language on Vowst coverage.
- 99006 Rapid Desensitization
 - MA LOB diagnosis rule for 95180 should be updated to match commercial LOB rule; add immunotherapy section aligned with Paramount's policy when InterQual becomes active.
- 94022 Bone Mineral Density Studies
 - Removed frequency limitation/prior authorization requirement for CPT Codes 76977, 77080, 77081, 77085, 77086, and HCPCS Code G0130.
- 201303 Molecular Diagnostics and Genetic Testing/Genetic Counseling General Policy

Mutual News

- Changed references to InterQual subsets instead of MCG criteria. Removed NSC Tests that are within the InterQual subsets.
- 200509: Rhinoplasty and Septoplasty
 - Adopt IQ subsets for rhinoplasty and septoplasty. Keep Vivaer as IE.
- 201935 Ultrasound transient elastography
 - Added note pointing to Cohere for MRE; remove references to MRE CPT code 76391; updated title to *Ultrasound transient elastography*.
- 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.
- 201913 Treatments for Benign Prostatic Hypertrophy
 - CPT Code 0421T deleted from policy and replaced with CPT Code 52597. CPT Codes 0582T, 0714T, 0867T, 0950T added to the policy as IE. Medical Necessity section updated with additional investigational procedures. Sources of Information updated.
- 200131 Contact Lenses
 - Added codes V2522, V2533 and V2797 to the policy. Added language on Prose contact lenses as well as exclusions to align with Paramount policy.
- 94030 Bariatric Surgery for Obesity
 - Add 43889 to policy and remove cancelled C9784 from policy; add TORe as investigational, 43889 will require prior authorization, effective 6/1/2026
- 202015 Irreversible Electroporation
 - Added new CPT Codes 47384 and 55877 to the policy.
- 200233 Skin and Tissue Substitutes
 - Added HCPCS Codes Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4420, Q4431, Q4432, Q4433 to the policy as IE. Deleted HCPCS Codes Q4100 and Q4106 (Dermagraft).
- 99005 Allergy Testing
 - Updated the list of valid diagnosis codes for CPT Code 95076 and 95079 for both commercial and MA LOB.
- 201004 Peripheral Nerve Stimulation
 - New CPT Code 64567 added to the policy as IE. Deleted canceled code 0720T from the policy.

Mutual News

- 200117 Diabetes Management
 - Replace in-policy references to MCG with references to InterQual when InterQual goes live.
- 202501 MISHA Knee System
 - Added code C8003
- 202305 Eustachian Tube Balloon Dilation
 - Minor edits to fix criteria formatting and repeated criteria.
- 2019-A Wireless pulmonary artery pressure monitoring (CardioMEMS)
- 202205 Cardiac Contractility Modulation Therapy
 - Add new CPT codes 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0926T, 0927T, 0928T, 0929T, 0930T, 0931T, 0948T, 0949T to policy.
- 202012 Transcatheter Mitral Valve Repair
 - Removed all references to transcatheter tricuspid repair.
- 202204 Intravascular Lithotripsy
- 200310 GERD Endoscopic and Laparoscopic Tx
 - Added back the language for laparoscopic therapy and the LINX device as well as the laparoscopic-specific CPT codes 43284 and 43289 since the edits that were removed for the Cohere PA project are now being put back into place. Also added additional IE treatments for GERD that Paramount has listed in the PAL to align with Paramount (see red text in CMP).
- 201914 Hypoglossal Nerve Stimulation for OSA

MCG Criteria

M-333: Left Atrial Appendage Closure, Percutaneous

Cohere Policies

- Cohere Medical Policy - Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management (IPAPS)

MSK/Pain Policies

- Cohere Medical Policy - Proximal Tibial Osteotomy
- Cohere Medical Policy - Knee Arthroscopy
- Cohere Medicare Advantage Policy - Knee Arthroscopy
- Cohere Medicare Advantage Policy - Total Disc Arthroplasty

Avalon LBM PLA Code Updates

- G2005 Vitamin D

Mutual News

- G2011 Diagnostic Testing of Iron Homeostasis & Metabolism
- G2013 Testosterone
- G2014 Vitamin B12 and Methylmalonic Acid Testing
- G2055 Prenatal Testing for Fetal Aneuploidy
- G2056 Diagnosis of Idiopathic Environmental Intolerance
- G2098 Immune Cell Function Assay
- G2125 Urinary Tumor Markers for Bladder Cancer
- M2067 Therapeutic Drug Monitoring for 5-Fluorouracil
- M2112 Nerve Fiber Density Testing
- M2141 Testing of Homocysteine Metabolism-Related Conditions
- M2176 Testing for Developmental Delay
- P2018 Immunohistochemistry
- R2162 Laboratory Procedures Reimbursement Policy

Additional Articles/Updates – Available at [Medmutual.com/For-Providers/In-the-News](https://www.medmutual.com/For-Providers/In-the-News)

- [Why Proper Coding for IV Ketamine Matters – and What You Should Do](#)
- [Coding Follow-Up Colonoscopies Correctly for Medicare Advantage Members](#)
- [Release of the Updated Medicare Outpatient Observation Notice](#)
- [Release of the Updated Important Message from Medicare \(IM\) and Detailed Notice of Discharge \(DND\)](#)
- **The Prior Approval form has been updated on our website and should be used for all prior approval submissions. The updated form is available at [MedMutual.com/Provider](https://www.MedMutual.com/Provider) > Forms > [Prior Approval Form](#).**

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](https://www.Medmutual.com/For-Providers/In-the-News) and fill out the form with your name and email address.

Medical Mutual, Medical Mutual of Ohio and the Medical Mutual logo are registered trademarks of Medical Mutual of Ohio. Other product names, brands and any other trademarks listed or referred to in this publication are the property of their respective trademark holders. These trademark holders are not affiliated with Medical Mutual of Ohio. Such trademark holders do not sponsor or endorse our materials.

This material is considered part of the Provider Manual for Medical Mutual of Ohio® and its subsidiaries. Mutual News and Mutual News Bulletin are published for network providers serving Medical Mutual. To contact us or for more information, visit [MedMutual.com/Provider](https://www.MedMutual.com/Provider).