

Mutual News

December 2025

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 or Added— Current updates to the Provider Manual include:

- Section 2 – Claims Overview: The following section has been revised:

- Coding Instructions for Selected Services and Related Billing Policies and Procedures

- Section 12 – Medicare Advantage Plans and Guidelines:

The following section has been revised:

- Additional Medicare Advantage Guidelines

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.



General Information

Notice of Material Amendment to Contract and/or Administrative Policy or Procedure:

Revised Reimbursement Policy

Effective April 1, 2026, Medical Mutual is updating the following Reimbursement Policies:

- **Facility Billing for Professional Services (Policy Number RP-202504)**

Added Therapeutic Drug Administration/Injection services to the list of professional services payable only when billed on a CMS-1500 claim form.

New Reimbursement Policies

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

- **Interoperative Neurophysiologic Monitoring (IONM) (Policy Number RP-202601)**

The purpose of this policy is to promote accurate coding and documentation, prevent improper or duplicate billing, and clarify established guidelines for the reimbursement of Interoperative Neurophysiologic Monitoring (IONM) services.

- **Revenue Code Billing Requirements (Policy Number RP-202602)**

The purpose of this policy is to memorialize existing billing practices for accuracy in accordance with industry and regulatory guidelines by requiring the inclusion of a valid revenue code and when applicable, a corresponding HCPCS or CPT code for each line item on all applicable claims.

Notice of Changes to Prior Authorization Requirements:

Medical Mutual Updating Prior Authorization List on January 28, 2026

Starting on Jan. 28, 2026, we are expanding our prior authorization list for pain management and musculoskeletal services. As a reminder, all outpatient prior authorization requests must be submitted via the Cohere Health portal. You can view the updated prior authorization codes for Jan. 28th at www.medmutual.com/PAL2026.

To verify benefits and authorization requirements, please use the For Providers number on the back of the Covered Person's ID card.

What are your next steps?

- If you are not yet registered with Cohere Health, go to www.coherehealth.com/register.
- To view Cohere Health informational webinars, go to <https://coherehealth.com/webinars/>.
- To access the Cohere Health Learning Center following registration, please visit <https://coherehealth.zendesk.com/hc/en-us>.

We will continue to provide information to you on this update as we get closer to Jan. 28th. If you have any questions for Medical Mutual, please contact your Provider Contracting Manager at 1-800-625-2583. If you'd like to speak with a member of Cohere Health's team, please call 1-855-482-3649 or email mmosupport@coherehealth.com.

Sign Up to Receive Monthly Email Notification of New Provider Communications

Starting in January 2026, we will be transitioning to a monthly cadence for our Mutual News

Provider Newsletter instead of quarterly. Our Mutual News newsletters and bulletins are only available on our Medical Mutual provider website on the [News and Information page](#). This page can be

easily accessed from our MedMutual.com/Provider home page.

On the News and Information page you can register for email notification which will allow us to notify you anytime a new newsletter or bulletin is available on the website. This email notification is available to anyone within your organization and is not limited to select positions.

Thank you for the care you provide to our members, and we look forward to continuing to improve our communications with you.

Medical Policy Updates

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between Sept. 1, 2025 and Nov. 30, 2025 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.

Medical Drug CMPs	
Policy Name	New, Revised, or Retired
Abecma	Revised
Actemra SC	Revised
Adalimumab	Revised
Aflibercept	Revised
Alhemo	Revised
Aliqopa	Revised
Amtagvi	Revised
Amtagvi (E)	Revised
Aphexda	Revised
Arcalyst	Revised
Arranon	Revised
Aucatzyl	Revised
Azedra	Revised
Bavencio	Revised
Bavencio (E)	Revised
Bendamustine	Revised
Bendamustine (E)	Revised
Beovu	Revised
Beta Interferons (MS)	Revised

Medical Drug CMPs

Policy Name	New, Revised, or Retired
Bevacizumab_ONCO	Revised
Bevacizumab_ONCO (E)	Revised
Blincyto (E)	Revised
Breyanzi	Revised
Calcitonin Gene-Related Peptide (CGRP) Antagonist	Revised
Carvykti	Revised
Cinqueair	Revised
Coverage of New and Unproven Drug policy	Revised
Cyramza	Revised
Cyramza (E)	Revised
Darzalex_IV	Revised
Darzalex_IV (E)	Revised
Darzalex_SQ (E)	Revised
Eculizumab	Revised
Elahere	Revised
Elahere (E)	Revised
Elrexfio (E)	Revised
Empaveli	Revised
Emrelis	Revised
Encelto	Revised
Enspryng	Revised
Entyvio IV	Revised
Epkinly (E)	Revised
Erbitux	Revised
Erbitux (E)	Revised
ESA - Epoetin Alfa	Revised
ESA -Aranesp	Revised
ESA- Mircera	Revised
Evkeeza	Revised
Fasenra	Revised
Fyarro	Revised
Fyarro (E)	Revised
Gazyva (E)	Revised
GCSF_LA	Revised
GCSF_SA	Revised
Gemcitabine	Revised



Medical Drug CMPs

Policy Name	New, Revised, or Retired
General Oncology	Revised
Hympavzi	Revised
Ilaris	Revised
Imaavy	Revised
Imfinxit	Revised
Imfinzi (E)	Revised
Imjudo	Revised
Imjudo (E)	Revised
Infugem	Revised
Infugem (E)	Revised
Inlexzo	New
IVIG	Revised
Ixempra	Revised
Ixempra (E)	Revised
Jemperli	Revised
Jemperli (E)	Revised
Kesimpta	Revised
Keytruda Qlex	New
Keytruda_IV	Revised
Kimmtrak	Revised
Krystexxa	Revised
Kymriah	Revised
Kyprolis (E)	Revised
Lanreotide	Revised
Leqembi SC	New
Leukine	Revised
Leuprolide acetate	Revised
Libtayo	Revised
Libtayo (E)	Revised
Loqtorzi	Retire
Loqtorzi (E)	Retire
Lumoxiti	Revised
Lumoxiti (E)	Revised
Lutathera	Revised
Medicare Part B Step	Revised
Monjuvi (E)	Revised

Medical Drug CMPs

Policy Name	New, Revised, or Retired
Niktimvo	Revised
Ocrevus Zunovo	Revised
Opdivo (E)	Revised
Opdivo_IV	Revised
Opdivo_SQ	Revised
Opdualag (E)	Revised
Orencia IV	Revised
Paclitaxel Albumin-Bound	Revised
Paclitaxel Albumin-Bound (E)	Revised
Pain management medications	Revised
Pemetrexed	Revised
Pemetrexed (E)	Revised
Penpulimab-KCQX	Revised
Perjeta (E)	Revised
Piasky	Revised
Pluvicto	Revised
Portrazza (E)	Revised
Qfitlia	Revised
Ranibizumab	Revised
Rituximab_IV (E)	Revised
Rivfloza	Revised
Rybrevant (E)	Revised
Ryoncil	Revised
Rystiggo	Revised
Rytelo	Revised
Simponi SC	Revised
Skyrizi IV	Revised
Spevigo SC	Revised
Stelara IV	Revised
Stelara SC	Revised
Susvimo	Revised
Syfovre	Revised
Takhzyro	Revised
Tecartus	Revised
Tecelra	Revised
Tecentriq_IV	Revised

Medical Drug CMPs

Policy Name	New, Revised, or Retired
Tecentriq_IV (E)	Revised
Tecentriq_SQ	Revised
Tegsedi	Revised
Testosterone Injectables	Revised
Tevimbra	Revised
Tevimbra (E)	Revised
Tivdak	Revised
Tivdak (E)	Revised
Tocilizumab IV	Revised
Trastuzumab IV	Revised
Trastuzumab_IV (E)	Revised
Tremfya IV	Revised
Tremfya SC	Revised
Ultomiris	Revised
Unloxcyt	Revised
Uplizna	Revised
Vectibix (E)	Revised
Veopoz	Revised
Vyjuvek	Revised
Vyloy	Revised
Vyvgart IV	Revised
Vyvgart SQ	Revised
Xgeva	Revised
Yervoy	Revised
Yervoy (E)	Revised
Yescarta	Revised
Yondelis	Revised
Yondelis (E)	Revised
Zaltrap	Revised
Zaltrap (E)	Revised
Zepzelca	Revised
Zepzelca (E)	Revised
Zevaskyn	Revised
Zilretta	Revised
Zynyz	Revised
Zynyz (E)	Revised

Medical CMPs

Policy Name	Number	Status
Disabled Dependent	200307	Revised
Therapy for Fecal Incontinence	201709	Revised
Blepharoplasty	96018	Revised
Adult Strabismus Surgery	95034	Revised
Laser Therapy for Treatment of Cutaneous Vascular Lesions	200501	Revised
Stem Cell Harvesting and Storage	202107	Revised
Laser Interstitial Thermal Therapy	202207	Revised
Factors Used to Determine Prior Authorization	2025.006	Revised
Gender Affirming Surgery	201609	Revised
Breast Reconstruction	94002	Revised
Implantable Infusion Pumps	95017	Revised
Evaluation of Vestibular Disorder	94007	Revised
Air Ambulance Transportation	200231	Revised
Peripheral Nerve Stimulation and Electrical Stimulation for Pain and Other Conditions	201004	Revised
Epidural Adhesiolysis	200522	Revised
Autonomic Nervous System Testing	200002	Revised
Investigational/Experimental Procedures/Devices/Services	202406	Revised
Not Standard of Care	202407	Revised
Nonsurgical Treatment of Obstructive Sleep Apnea	2014-A	Revised
Electrical Stimulation for Treatment of Dysphagia	2003-C	Revised
Fluid-Ventilated Gas-Permeable Contact Lenses	2006-G	Revised
Myoelectric Upper Limb Orthotic Devices	2016-B	Revised
Skin and Tissue Substitutes	200233	Revised
Pneumatic Compression Device - Pneumatic Compression of Trunk and Chest	201621	Revised
Infrared Coagulation and Laser Hemorrhoidectomy	200515	Retired
Non-Wearable Automatic External Defibrillator (AED)	201617	Retired
Auditory Brainstem Response Testing	200215	Retired

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](#).

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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 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.



MEDICAL MUTUAL®

100 American Road

Cleveland, OH 44144-2322

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