

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 (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](https://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 – New**

202604 Sacral Nerve Stimulation

Updated Medical Policies – Minor or Significant Changes

200403 Bone Graft Materials

- Added additional bone graft materials that Paramount considers IE (BMP-7/OP-1, bone graft substitutes containing inorganic material combined with non-covered bone graft substitute); remove platelet rich plasma terms as they are addressed in CMP 202603

202505 Digital Therapeutics

- Updated list of IE applications to include Drowzle Pro, Luminopia One, MindMotion GO, MyVisionTrack, Parallel, Regulora, RelieVRx

Avalon LBM Policy Updates

- F2019 Flow Cytometry
- G2008 Prostate Specific Antigen (PSA) Testing
- G2022 Biomarker Testing for Autoimmune Rheumatic Disease
- G2031 Allergen Testing
- G2036 Hepatitis Testing
- G2042 Pediatric Preventive Screening
- G2044 Helicobacter pylori Testing
- G2045 Thyroid Disease Testing
- G2050 Cardiovascular Disease Risk Assessment
- G2059 Epithelial Cell Cytology in Breast Cancer Risk Assessment
- G2099 Micronutrient Testing

Avalon LBM Policy Updates Cont.

- G2120 Salivary Hormone Testing
- G2124 Serum Tumor Markers for Malignancies
- G2125 Urinary Tumor Markers for Bladder Cancer
- G2138 Evaluation of Dry Eyes
- G2143 Lyme Disease Testing
- G2153 Pancreatic Enzyme Testing for Acute Pancreatitis
- G2154 Folate Testing
- G2157 Diagnostic Testing of Common Sexually Transmitted Infections
- G2164 Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing
- G2181 Colorectal Cancer Screening
- M2041 Venous and Arterial Thrombosis Risk Testing
- M2057 Diagnosis of Vaginitis
- M2116 Human Immunodeficiency Virus (HIV)
- M2172 Onychomycosis Testing
- T2015 Prescription Medication and Illicit Drug Testing in the Outpatient Setting

Medical Policy Updates

Medical Policies – No Significant Changes

202201	Rethymic
202009	Dry Needling
201102	Pancreatic Islet Cell Transplantation
201924	Oncotype DX AR-V7 Nucleus Detect Assay

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

Section 5 – Other Carrier Liability

Coordination of Benefits Subsection – pg. 62

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