

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.

Medical Policy Updates

Medical Policies – New

- 202601: Percutaneous Tibial Nerve Stimulation (PTNS)
- 202602: Bioimpedance Spectroscopy
- 202603: Platelet-Rich Plasma

These policies are replacing prior MCG policies.

Medical Policies - No Significant Changes

- 202101: POEM

Updated Medical Policies – Minor or Significant Changes

Effective 15 days from the date of this notice

- 200210: Pancreas Transplantation
 - Replace references to MCG Care Guidelines with references to InterQual subsets.
- 99005: Allergy Testing
 - Remove MCG references; integrate criteria from L36402 for intracutaneous/ intradermal tests and for patch/photo patch testing.
- 202404: RFA for Uterine Fibroids
 - Replace reference to MCG Care Guidelines above with reference to InterQual subset and remove other MCG references.
- 94002: Breast Reconstruction
 - Replace references to MCG Care Guidelines with references to InterQual subsets; add CPT code 19370 to edits and denial section.
- 2019-G: Investigational Spinal Procedures
 - Replace references to MCG Care Guidelines with references to InterQual subsets.
- 201537: Radiofrequency Treatment Pain

- Remove reference to MCG; add CPT code 64624 to policy.
- 2016-B: Myoelectric Upper Limb Orthotic Devices
 - Replace reference to MCG Care Guideline with reference to InterQual subset.

202014: MCG Guideline Supplemental Information

- New title: InterQual® Supplemental Information
- The following references should be replaced:
 - A-0170, Sclerotherapy, Leg Veins: replace with CP: Procedures Endovenous Ablation, Lower Extremity Superficial Truncal or Perforator Vein and CP: Procedures Sclerotherapy, Lower Extremity Superficial Tributary Varicose Vein
 - A-0250, Hyperbaric Oxygen: replace with CP: Procedures Hyperbaric Oxygen Therapy
 - A-0346, Negative Pressure Wound Therapy (Vacuum-Assisted Wound Closure): replace with CP: Durable Medical Equipment Negative Pressure Wound Therapy (NPWT) Devices
 - A-0348, Pressure-Relieving Support Surface, Advanced: replace with CP: Durable Medical Equipment Support Surfaces
 - A-0517, Pressure-Relieving Bed, Advanced: replace with CP: Durable Medical Equipment Support Surfaces
 - PDN-2001, Private Duty Nursing: replace with LOC: Home Care Q & A Private Duty Nursing (PDN) Assessment
 - B-801-T, Transcranial Magnetic Stimulation: replace with BH: Behavioral Health Services Transcranial Magnetic Stimulation (TMS)
 - B-806-T, Applied Behavioral Analysis: replace with BH: Behavioral Health Services Applied Behavior Analysis (ABA) Program
 - A-0185, Functional Endoscopic Sinus Surgery (FESS): replace with CP: Procedures Polypectomy, Nasal
 - A-0190, Cataract Removal, with or without Intraocular Lens Implant: replace with CP: Procedures Cataract Removal
 - A-0243, Implanted Electrical Stimulator, Spinal Cord: replace with CP: Procedures Spinal Cord Stimulator (SCS) Insertion
 - A-0699, Percutaneous Tibial Nerve Stimulation (PTNS) should be removed, along with CPT Code 64566

202406: Investigational/Experimental Procedures/Devices/Services

- A-0242, Electromagnetic Therapy: Recommendation: Remove from IE list, remove IE denial edits.
- A-0289, MRI-Guided Focused Ultrasound Surgery, Uterus: Recommendation: Remove from IE list.
- A-0494, Spinal Distraction Devices: Recommendation: Replace MCG reference with InterQual reference.
- A-0567, Ovarian and Internal Iliac Vein Embolization: Recommendation: Remove from IE list and remove notes in system.
- A-0578, Migraine Headache, Surgical Treatment: Recommendation: Remove from IE list.
- A-0634, Bronchial Thermoplasty: Recommendation: Remove from IE list, remove IE denial edits.

- A-0667, Bioimpedance Spectroscopy: Recommendation: Develop IE policy. See New Policies
- A-0718, Radiofrequency Ablation of Tumor - Thyroid Nodules: Recommendation: Remove from IE list.
- A-0727, Intrapulmonary Percussive Ventilation (IPV): Recommendation: Remove from IE list, remove IE denial edit.
- A-0998, Vagus Nerve Stimulation, Transcutaneous: Recommendation: Replace MCG reference with InterQual reference.
- A-1025, Saphenous Vein Ablation, Mechanical Occlusion Chemical Ablation (MOCA): Recommendation: Remove from IE list, remove IE denial edits.
- A-1050, EEG, Quantitative (Brain Mapping): Recommendation: Remove from IE list, remove IE denial edits.
- B-821-T, Vagus Nerve Stimulation, Implantable: Recommendation: Use InterQual subset and continue using current system rule, noting in this policy document and system that MMO considers IE for depression and covers for epilepsy.

202407: Not Standard of Care

- A-0217, Thermal Intradiscal Procedures (TIPs): Recommendation: Remove from NSC list, remove NSC denial edits.
- A-0335, Continuous Passive Motion (CPM): Recommendation: Replace MCG reference with InterQual references.
- A-0630, Platelet-Rich Plasma: Recommendation: Develop NSC policy. See new policy.
- A-0720, Computerized Motion Analysis (Spine and Gait): Recommendation: Remove from NSC list, remove NSC denial edits.
- A-0978, Positive Pressure Therapy for Meniere Disease Recommendation: Remove from NSC list, remove NSC denial edits.

200233: Skin Substitutes

- Added Dermacell, Oasis Ultra Tri-Layer to diabetic foot ulcer criteria; add Amnioband to venous leg ulcer criteria; add new quarterly HCPCS Codes A2040, A2041, A2042, A2045, G0681, G0682, G0683, G0684, Q4418, Q4419, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440 as IE; add new quarterly HCPCS Code A2043 for Biobrane.

Update on Mutual Health Services Transition to New Claims Processing System on 3/1/2026

Effective 3/1/26, Mutual Health Services transitioned to a new claims processing system. This transition resulted in delays to member and benefit enrollment, which in turn slowed claims processing and interrupted claims status responses. Claims processing has now resumed, and we are actively working through the remaining inventory and appreciate your patience and understanding as we complete this work. During this transition period, we appreciate your support in allowing the claims process to finalize before any member billing occurs. Applicable interest provisions will be applied in accordance with standard guidelines.

New Drugs Added – High-Cost Outlier Specialty Drug Initiative

Medical Mutual has added additional drugs to the High-Cost Outlier Specialty Drug initiative. Providers can contact the network management contracting team to agree upon a reimbursement rate, which will be in line with one hundred percent (100%) of CMS or the wholesale acquisition cost (WAC) if there is no Medicare assigned rate. Unless there is an agreed upon reimbursement rate prior to claims submission, payment for these specialty drugs will be processed at one hundred percent (100%) of CMS or the wholesale acquisition cost (WAC) if there is no Medicare assigned rate.

Newly added drugs include:

- Q5151 – Epysqli (eculizumab-aagh)
- Q5152 – Bkembv (eculizumab-aeab)
- J9138 – Inlexzo (gemcitabine [intravesical])
- J3590 / C9399 – Yartemlea (narsoplimab-wuug)

The complete and current list of drugs subject to this requirement can be found [here](#).

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

- [Reminder – Optum Payment Integrity Portal for Claims Management](#)
- [How Medical Mutual is Leveraging AI to be the Most Innovative Ally for our Provider Partners](#)

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

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