

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://www.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 otherwise specified.
- Our full Prior Authorization lists for services and medical drugs, which include CPT/HCPCS codes, are available at [Medmutual.com/Provider](https://www.medmutual.com/Provider) under Prior Approval Resources.

New Reimbursement Policies

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

- **Intensity Modulated Radiation Therapy (IMRT) (Policy Number RP-202605)**
This policy provides guidance on outpatient facility billing for IMRT planning, including applicable limits and claims editing applied to related simulation and planning services when they are part of the IMRT treatment plan.

Medical Policy Updates

Medical Policies – Archived

- 202020: Cochlear Implants

Medical Policies – New

None

Medical Policies - No Significant Changes

- 200313: Endoscopic Thoracic Sympathectomy for Treatment of Hyperhidrosis
- 95029: Manipulation Under Anesthesia
- 201721: Surgical Treatments for Glaucoma
- 202504: Leadless Cardiac Pacemakers
- 2011-C: Wireless Gastrointestinal Motility Monitoring System
- 2018-C: Actigraphy as a Standalone Procedure
- 2019-F: Allogeneic, xenographic, synthetic, and composite nerve grafts and conduits

Updated Medical Policies – Minor or Significant Changes

- 200509: Rhinoplasty and Septoplasty
 - Adopt IQ subsets for rhinoplasty and septoplasty. Keep Vivaer as IE.

- 202011: Microsurgical Treatments for Lymphedema
 - Minor update to definition, new code 1019T added to policy, otherwise no changes are recommended; remain IE
- 201914: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea
 - CPT Code 64568 added to policy with prior authorization requirement.
- 200802: Cryoablation of Solid Tumors
 - Remove prior authorization from CPT Code 50542 (pages 4 and 6 of policy).
 - Medical Mutual is no longer prior authorization for this code.
- 202103: Liposuction for lipedema
 - Replace reference to MCG Care Guideline with reference to InterQual subset.
- 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; otherwise no changes are recommended.
- 200117: Diabetes Management
 - Replace references to MCG Care Guidelines with reference to InterQual subset.

Prior Authorization Code Updates

- The following CPT Codes will require prior authorization for Medicare Advantage:
 - 0605U, 0607U, 0608U, 0611U, 0612U, 0613U, 81354, 81524.
 - These codes were added to local coverage article A56973, which contains billing/coding guidelines for Local Coverage Determination L36021.
 - Effective 30 days after communication.
- There are no InterQual subsets for the following codes, and the decision was made to remove prior authorization:
 - CPT Codes 0524T, 0667T will no longer require prior authorization. They will deny as investigational because they are Category III CPT codes, which are generally considered investigational per CMP 202406.
 - The following CPT and HCPCS Codes will no longer require prior authorization: 20912, 20974, 20982, 31287, 31288, 31830, 32998, 33988, 43632, 43633, 44100, 50542, 58660, 64722, 89290, 89291, E0468, E0736, E1810, E1811, E1812, L6700.
- The following are new Cohere coding updates that will require Prior Authorization:
 - 33882 37254 37256 37258 37260 37262 37263 37265 37267 37269 37271 37273 37275 37277 37280 37282 37284 37286 37288 37290 37292 37294 37296 37298 62330 62331 63032 64654 64655 64656 64657 64658 64659 70471 70472 70473 75577, 92945, 93145, 93146.
 - Effective 30 days after communication.

- 0377U-prior authorization requirement removed for Medicare.
 - Effective 03/30/2026.
- New Codes requiring Prior Authorization
 - 0616U 0617U 0618U 0619U 0620U 0621U 0622U 0623U 0624U 0625U 0626U 0627U 0628U 0629U 0630U
 - Effective date 30 days after communication
- The following codes are being moved from non-standard of care to prior auth:
 - 0108U 0537U 0552U 0553U 0554U 0555U 0560U 0561U 0562U 0565U 0566U 0567U 0569U 0571U 0572U 0575U 0576U 0577U 0578U 0582U 0583U 0585U 0586U 0591U 0592U 0597U 0605U 0607U 0608U 0609U 0611U 0612U 0613U 81354 81524
 - Effective 15 days after communications

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

- **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](#).**

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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For more information, visit the online medical and reimbursement policy libraries:

- <https://www.medmutual.com/For-Providers/CorporateMedicalDisclaimer>