

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 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://www.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 – Archived**

201607 Tumor Treating Fields

Medical Policies – No Significant Changes

201105 Prolotherapy - Musculoskeletal Conditions

200604 Functional Electrical Stimulation (FES) and Neuromuscular Electrical Stimulation (NMES)

201929 Cosmetic Procedures

200520 Urinary Incontinence and Overactive Bladder Treatments

201535 Noninvasive Rupture of Membranes Testing in Pregnancy

200218 Carpal Tunnel, Tendon Sheath or Ligament, Tendon and Trigger Point Injection

201621 Pneumatic Compression Device - Pneumatic Compression of Trunk and Chest

200714 Meniscal Allograft Transplantation

2019-C REGENETEN Bioinductive Implant

Updated Medical Policies – Minor or Significant Changes

200802 Cryoablation of Solid Tumors -

- Medical Necessity section updated to remove cryoablation for hepatocellular carcinoma, prostate cancer and renal cell carcinoma criteria sections along with any additional information relevant to those indications. CPT Codes 47371, 47381, 47383, 50250, 50542 and 50593 deleted from the policy. The InterQual subsets Ablative or Transarterial Therapy, Liver, Cryoablation, Prostate and Radiofrequency Ablation (RFA) or Cryoablation, Renal are now used to guide coverage.

Updated Medical Policies – Minor or Significant Changes cont.

202202 Peripheral Electrical Stimulation to Reduce Tremor (e.g. Cala kIQ) -

- Revised Cala Trio to Cala kIQ within the title and description.

201923 Next-Generation Sequencing for Detection and Quantification of Lymphoid Cancers -

- Removed CPT code 81450 from policy and instead use InterQual subsets for 81450 requests; minor edits for clarity.

202014 InterQual Supplemental Information

- Removed CP:Procedures Polypectomy, Nasal. This was replaced by CMP202608. Revised BH:Behavioral Health Services Applied Behavior Analysis (ABA) Program. Deleted criteria that required review of treatment plan, clinical progress and documentation to support requests of over 25 hours per week. Replaced with standard CMP documentation requirements language. CPT Code 31237 deleted from the policy. Added CPT Code 0373T to the policy.

94022 Bone Mineral Density Studies

- Added statement that radiological computer-assisted AI software is considered not standard of care.

200501 Laser Therapy for Treatment of Cutaneous Vascular Lesions

- Policy requires PA review for severe recalcitrant rosacea
 - Currently, claims with ICD 10 diagnosis code L71.9 (Rosacea, unspecified) pend for PA review
 - Should also include L71.1 (Rhinophyma) and L71.8 (Other rosacea)
 - L71.8 should be added to rule #2876, while L71.1 and L71.8 should be added to rule #2857

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

- [Medical Mutual Transitioning from MedCommunity to Cohere Health for Inpatient Requests](#)
- [Health Outcomes Survey - Supporting Healthy Aging Through Meaningful Member Conversations](#)

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).