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Mutual News Bulletin

November 2025

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

New Reimbursement Policy

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

- Multiple Diagnostic Imaging – Facility (Policy Number RP-202516)

Revised Reimbursement Policies

Effective December 17, 2025, Medical Mutual is updating the following Reimbursement Policies:

- Facility Routine Services, Supplies and Medical Equipment (Policy Number RP-202301)
- Multiple Procedure Payment Reduction – Outpatient Surgical Procedures (Policy Number RP-202410)
- Evaluation and Management Services (Policy Number RP-202505)
- Laboratory and Venipuncture Services (Policy Number RP-202513)
  - Revised definitions to provide greater clarity based on provider feedback.

Medical Mutual Clearinghouse Transition

Effective December 2, 2025, Change Healthcare/RelayHealth (now Optum) will no longer have a direct connection to Medical Mutual for processing electronic transactions—including claims, eligibility inquiries, claim status updates, and remittance advices. While Optum is responsible for ensuring your electronic transactions are routed to Medical Mutual, we encourage you to establish a new relationship with an alternate clearinghouse. You can find more information on this transition on our provider News & Information website.

Effective December 1, 2025, Medical Mutual will require all Provider Action Request (PAR) submissions from providers to be submitted electronically.

To streamline processing and enhance efficiency, Medical Mutual will no longer accept paper PAR forms vial postal mail after December 1, 2025. All PAR submissions must be completed through the Availity provider portal.

Providers can access and submit the PAR form in the Medical Mutual payer space on Availity, located under the Resources tab. Visit https://www.medmutual.com/Provider to log in or register for a free Availity account.

Upcoming Changes to Organization Determination (OD) Processes – Effective January 1, 2026

The Centers for Medicare & Medicaid Services (CMS) has clarified that the definition of an Organization Determination (OD) now includes decisions made by Medicare Advantage plans concurrently with an enrollee's active receipt of services (42 CFR 422.566(b)(3)). This update directly affects Acute and Post-Acute Medical and Behavioral Health inpatient admissions.

To support timely and accurate Organization Determinations, it is critical that providers comply with notification requirements and submit relevant clinical information as soon as it becomes available.

What This Means for Providers

To align with CMS regulations, the following changes will take effect on January 1, 2026:

- Organization Determination Timeframes:
  - Standard reviews: Must be completed within 7 calendar days (42 CFR 422.568(b)(ii))
  - Expedited reviews will continue to be completed within 72 hours of receipt of the request (42 CFR 422.572(a)(1))
- Concurrent Inpatient Peer-to-Peer Reviews:
  - The timeframe to request and complete a peer-to-peer discussion following adverse determination will be reduced from 14 days to 24 hours
  - If a peer-to-peer review is not completed within the 24-hour timeframe, as described above, the case will proceed to the appeal process

    Note: There are no changes to appeal timeframes or procedures

For further details, please refer to the following:

- Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly, published at 90 Fed.Reg. 15792 (April 15, 2025).
- Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly, published at 90 Fed. Reg. 45140 (September 19, 2025).

Provider Manual Update – Electronic Communications

As communicated in an In the News article on March 31, 2025, effective June 30, 2025, all regular notice communications like our Mutual News Provider Newsletters and Mutual News Bulletins are only available electronically on our Medical Mutual provider website on the News and Information page. As part of this transition, at the top of the News & 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. In response to these changes, the following provider manual sections have been updated.

- Section 1 – Overview
  - Provider Office Assistance: Electronic (Paperless Communications), Pg. 5
- Section 7 – Forms and Publications
  - Provider Electronic Communications Publications, Pg. 65

To view updates to the Provider Manual visit MedMutual.com/Provider > Provider Manual.

Optum Payment Integrity Portal

Medical Mutual has partnered with Optum to introduce a new claim management portal for providers. The portal allows users to review all claims that are awaiting medical records and offers a streamlined process for uploading documents.

Key features:

- View Provider Claims: View claim status for claims with outstanding medical record requests, viewable claims are limited to provider specific TIN
- Upload Medical Records: Drag-and-drop upload for medical records and formal notification process after upload is successful
- Claim Filter: Search and filter viewable claims by claim #, TIN and/or account #
- Set Request Preferences: Set up digital delivery preference with download option to eliminate paper letters

The portal can be accessed at https://paymentintegrityportal.optum.com/.

First time users will need to follow the below steps for registration:

1. Email pi_portal_support@optum.com with the below information
   a. Name
   b. Email
   c. Organization Name & TIN(s)
2. Follow instructions once email is received to complete registration