MEDICAL MUTUAL®

Mutual News

October 2025

Stay Informed with the Provider Manual

The Provider Manual is available at MedMutual.com/Provider > Provider Manual. It is updated quarterly to include the latest policies, procedures and guidelines providers need to work effectively with Medical Mutual.

Sub-sections Revised or Added— Current updates to the Provider Manual include:

- Section 2 – Claims Overview:
  The following sections have been revised:
  - Coding Instructions for Selected Services and Related Billing Policies and Procedures
  - Completing the UB-04 Claim Form
- Section 3 – Clinical Quality and Health Services Overview:
  The following section has been revised:
  - Member Programs
- Section 9 – Institutional Reimbursement Overview:
  The following section has been revised:
  - Audit Provisions
- Section 12 – Medicare Advantage Plans and Guidelines:
  The following section was revised:
  - Clinical Quality and Health Services Programs, HEDIS and Stars

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.


MEDICAL CENTER
ID CARD

General Information

Expansion of Optum Transplant Services

Medical Mutual has expanded the relationship with Optum to include access to the Optum network for CAR-T and Gene Therapies effective January 1, 2026, in addition to transplant services. Medical Mutual will continue to oversee the authorizations for these services and claims should be submitted directly to Optum. This expansion provides our members with access to their preferred network across the Medical Mutual service area and provides health systems a more streamlined process.

Requirements for Continuous Glucose Monitors

Requirements for Continuous Glucose Monitors for Medicare Advantage Members

EMedicare Advantage members that have been prescribed therapeutic Continuous Glucose Monitors (CGM) must meet the Medicare Local Coverage Determination (LCD) criteria, which can be found at https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822.

The Durable Medical Equipment (DME) suppliers that provide CGMs must have records containing that the Medicare LCD criteria has been met in order to dispense the supplies. Please note that even when there is a Medical Mutual prior authorization approval on file, the DME supplier must receive the 6- month office visit notes following the initial prescription. According to the Medicare LCD criteria, **every six (6) months following the initial prescription of the CGM, the member must be seen by their treating practitioner for an in-person or Medicare-approved telehealth visit to document adherence to their CGM regimen and diabetes treatment plan**. Without the continued 6-month office visit notes supplied to the DME, the member may be at risk for a delayed shipment until the applicable records are received to meet Medicare guidance. Please also note that even when there is a Medical Mutual prior authorization approval on file, the DME supplier must receive a detailed written order annually from the date of the initial approval to continue to submit reauthorization requests to Medical Mutual.

Requirements for Continuous Glucose Monitors for Commercial and ACA Patients

Commercial and ACA members that have been prescribed therapeutic Continuous Glucose Monitors (CGM) must meet the medical necessity criteria outlined in the MCG Care Guideline criteria (A-0126) Continuous Glucose Monitoring, which can be found at https://www.medmutual.com/For-Providers/Medical-Necessity-Criteria-and-Clinical-Review-Guidelines.

The Durable Medical Equipment (DME) suppliers that provide CGMs must have records containing that the MCG Criteria has been met to dispense the supplies. Please note that even when there is a Medical Mutual prior authorization approval on file, the DME supplier must receive a detailed written order annually from the date of the initial approval to continue to submit reauthorization requests to Medical Mutual. For Type 2 diabetics, the DME supplier must receive a detailed written order and the most current office visit notes to continue to be evaluated for reauthorization.

Suggested Clinical Documentation necessary for DME Suppliers to submit Continuous Glucose Monitor Prior Authorization request for Medicare Advantage, Commercial and ACA member populations:

Please provide clinical notes signed and dated by the physician (or appropriate healthcare professional) within the last (6) months to the DME supplier that include:

- Patient diagnosis
- Name of device
- Detailed clinical notes to support current insulin name, frequency, dose.
- Notes from a recent hospitalization are acceptable for documentation.
- Detailed Written Order

If you have questions, or for additional information, please contact your Provider Contract Manager.

Important HEDIS® Measure Documentation and Coding Guidelines

There are important documentation and coding guidelines for multiple Healthcare Effectiveness Data and Information Set (HEDIS®) measures that we would like to share with you to ensure accurate coding. All of these guidelines can be found on our provider News and Information website at https://www.medmutual.com/For-Providers/In-the-News.

- Supporting Our Providers in Improving Blood Pressure Rates for Members with Hypertension
- HEDIS® Advanced Illness and Frailty Exclusion Guidelines
- Best Practices and Coding to Accurately Capture Follow-up Visits for Transitions of Care (TRC) and Follow-Up After Emergency Department Visit for People with Multiple High Risk Chronic Conditions (FMC) HEDIS Measures
- Supporting Our Providers in Improving Glycemic Rates for Members with Diabetes
- Proper Documentation and Coding to Accurately Capture Prenatal and Post Partum Care for the HEDIS PPC Measure
- The Importance of Proper Documentation and Coding with the HEDIS SPC Measure

Reminder: Provider Communications are Now on our Website

As of June 30, 2025, all regular notice communications like our Mutual News Provider Newsletters and Mutual News Bulletins are now only available on our Medical Mutual provider website on the News and Information page. This page can be easily accessed from our MedMutual.com/Provider home page.

At the top of the News & Information page you can register for email notification which will allow us to notify you anytime a newsletter or bulletin is available on the website. This email notification is available to anyone within your organization and is not limited to select positions.

Thank you for the care you provide to our members, and we look forward to continuing to improve our communications with you.

Reminder: Discontinuation of Paper Claims

As noted in the March and June 2025 Mutual News Newsletters and through various mailings, providers were notified that as of Sept. 1, 2025, Medical Mutual no longer accepts paper medical claims except for limited situations approved by a waiver. All **medical claims** submitted to Medical Mutual beginning Sept. 1, 2025 must be done so through electronic submission. We are no longer accepting **medical claim** submissions via paper or email. Please follow the guidelines below to resubmit claims electronically.

Electronic claims can be submitted through a clearinghouse. If you do not have an established clearinghouse, you can submit claims electronically through our provider portal in Availity without the overhead of purchasing a practice management system. Availity allows you to submit claims through a streamlined web-based interface at no cost.

You can register for Availity now at https://www.availity.com/essentials-portal-registration/.

Availity Login

You can Log in to the Availity Portal from our MedMutual.com/Provider homepage, and select Medical Mutual in the Payer field to access:

- Eligibility and Benefits
- Claims Status
- Electronic Remittance Advice (eRA) Statements
- Fee Schedule Lookup
- Provider Record Updates
- Provider Action Request (appeal form)

To view a recorded training webinar, take the following steps:

1. Log in to the Availity Essentials.
2. Click **Help & Training | Get Trained** in the top navigation bar. The Availity Learning Center (ALC) displays in a separate tab/window.
3. Click the **Search** field at the top of the page and then type the title of the webinar. The recorded webinar will have a prefix of – Recorded Webinar.
4. Select recording to watch from the list of training options.
5. Click **Enroll**.

Electronic Opt-Out Waiver Request Form

An Electronic Opt-Out Waiver Request Form is available on our website at **MedMutual.com > Providers > Forms**. This waiver request form must be submitted for review by any provider who has sufficient reason(s) to be exempt from this process. This form will be reviewed, along with historical claims data. You will be notified by letter of our waiver decision. Providers already submitting electronic claims will NOT receive a waiver. Please complete all sections of the waiver request form.

Forms should be emailed to NewClaims@MedMutual.com or mailed to:
Claims Department
P.O. Box 6018
Cleveland, OH 44101-4563.

Medical Policy Updates

Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between June 1, 2025 and August 31, 2025 are outlined in the following charts. CMPs are regularly reviewed, updated, added or withdrawn, and are subject to change. For a complete list of CMPs, please visit MedMutual.com/Provider and select Policies and Standards > Corporate Medical Policies.

Medical Drug CMPs

Policy Name	New, Revised, or Retired
Actemra IV	Revised
Actemra SC	Revised
Acthar	Revised
Adbry	Revised
Aflibercept	Revised
Alhemo	Revised
Amvuttra	Revised
Andembry	New
Anti-Inhibitor Ab	Revised
Bavencio (EOV)	Revised
Berinert	Revised
Bevacizumab_ONCO	Revised
Bevacizumab_ONCO (EOV)	Revised
Bizengri	Revised
Blincyto	Revised
Casgevy	Revised
Columvi (EOV)	Revised
Cosela	Revised
Cosmetic Use policy	Revised
Coverage of New and Unproven Drug policy	Revised
Crysvita	Revised

Medical Drug CMPs	
Policy Name	**New, Revised, or Retired**
Darzalex_IV	Revised
Darzalex_IV (EOV)	Revised
Darzalex_SQ (EOV)	Revised
Datroway	Revised
Dupixent	Revised
Dysport	Revised
Elevidys	Revised
Elrexfio	Revised
Elrexfio (EOV)	Revised
Elzonris (EOV)	Revised
Empliciti (EOV)	Revised
Emrelis	New
Enhertu	Revised
Enhertu (EOV)	Revised
Erbitux	Revised
Erbitux (E)	Revised
Evenity	Revised
Evkeeza	Revised
Firazyr	Revised
Gamifant	Revised
Gamifant	Revised
General Oncology	Revised
Global PA	Revised
Humira	Revised
Hyaluronic Acid Derivatives	Revised
Hympavzi	Revised
Ilumya	Revised
Imaavy	New
Imfinzi (EOV)	Revised
Imjudo (EOV)	Revised
Inhaled Prostacyclines	Revised
IVIG	Revised
Kadcyla	Revised
Kadcyla (EOV)	Revised
Kalbitor	Revised
Mylotarg	Revised

Medical Drug CMPs	
Policy Name	**New, Revised, or Retired**
Keytruda (EOV)	Revised
Kisunla	Revised
Krystexxa	Revised
Kyprolis (EOV)	Revised
Leqvio	Revised
Levoleucovorin	Revised
Lumoxiti	Retired
Lyfgenia	Revised
Lynozyfic	New
Mandatory Drug Wastage Program	New
Margenza	Revised
Margenza (EOV)	Revised
Medicare Part B Step	Revised
Monjuvi	Revised
Myobloc	Revised
Nucala	Revised
Onpattro	Revised
Opdivo (EOV)	Revised
Paclitaxel Albumin-Bound	Revised
Paclitaxel Albumin-Bound (EOV)	Revised
Palynziq	Revised
Pedmark	Revised
Pemetrexed (EOV)	Revised
Penpulimab	New
Perjeta	Revised
Perjeta (EOV)	Revised
Phesgo	Revised
Phesgo (EOV)	Revised
Portrazza	Revised
Praluent	Revised
Qalsody	Revised
Qfitlia	Revised
Quzyttir	Revised
Radicava IV	Revised
Repatha	Revised
Mylotarg	Revised

Medical Drug CMPs	
Policy Name	**New, Revised, or Retired**
Rituximab_IV	Revised
Rituximab_IV (EOV)	Revised
Rybrevant	Revised
Sarclisa (EOV)	Revised
SCIG	Revised
Siliq	Revised
Skyrizi IV	Revised
Skyrizi SC	Revised
Spravato	Revised
Susvimo	Revised
Synagis	Revised
Synribo	Retired
Synribo (EOV)	Retired
Talvey (EOV)	Revised
Tecentriq_IV (EOV)	Revised
Tecvayli (EOV)	Revised
Tepezza	Revised
Trastuzumab_IV	Revised
Trastuzumab_IV (EOV)	Revised
Trastuzumab_SQ	Revised
Trastuzumab_SQ (EOV)	Revised
Tremfya IV	Revised
Unloxcyt	Revised
Ustekinumab IV	Revised
Ustekinumab SC	Revised
Vabysmo	Revised
Vectibix	Revised
Vyjuvek	Revised
Vyleesi	Revised
Vyloy	Revised
Wainua	New
Winrevair	Revised
Xeomin	Revised
Yervoy (EOV)	Revised
Zolgensma	Revised
Mylotarg	Revised

Medical Drug CMPs

Policy Name	New, Revised, or Retired
Zusduri	New
Zynlonta	Revised
Zynlonta (EOV)	Revised
Zynyz	Revised
Zynyz (EOV)	Revised

Medical CMPs

Policy Name	Number	Status
Allogeneic, xenographic, synthetic, and composite nerve grafts and conduits	2019-F	Revised
Microsurgical Treatments for Lymphedema	202011	Revised
Eustachian Tube Balloon Dilation	202305	Revised
Wireless Gastrointestinal Motility Monitoring System	2011-C	Revised
Light Therapies for Dermatological Conditions	94057	Revised
Bone Graft Materials	200403	Revised
Digital Therapeutics	202505	Revised
Intrastromal Corneal Ring Segments for the Treatment of Keratoconus	200504	Revised
Contact Lenses	200131	Revised
Low-Level Laser Therapy for Prevention of Oral Mucositis	202206	Revised
Eye Movement Desensitization and Reprocessing (EMDR)	202506	Revised
Genetic Testing and Genetic Counseling General Policy	201303	Revised
Vision Therapy	201103	Revised
Focal Articular Cartilage Defect Treatment	200613	Revised
Behavioral Health Partial Hospitalization Program	202507	Revised
Ultrasound Transient Elastography	201935	Revised
Actigraphy as a Standalone Procedure	2018-C	Revised
Bariatric Surgery for Obesity	94030	Revised
FoundationOne Liquid CDx	202403	Revised
Digestive Enzyme Cartridge (Relizorb)	202017	Revised
RFA for Uterine Fibroids	202404	Revised
Thermography	201324	Revised
Cryoablation of Solid Tumors	200802	Revised
Skin and Tissue Substitutes	200233	Revised
Cosmetic Procedures	201929	Revised
Skin Surveillance Technologies	200903	Revised

Medical CMPs

Policy Name	Number	Status
Anesthesia Services for Dental Procedures in the Facility Setting	202010	Revised
Pancreatic Islet Cell Transplantation	201102	Revised
Non-Pneumatic Compression Devices	202203	Revised
Urinary Incontinence and Overactive Bladder Treatments	200520	Revised
Anal Fistula Plug	2009-C	Revised
Radiofrequency Treatment Pain	201537	Revised
Peripheral Nerve Stimulation and Electrical Stimulation for Pain and Other Conditions	201004	Revised
Vertebral Axial Decompression (VAX-D)	2005-J	Revised
Vertebral Body Tethering	202013	Revised
Functional Electrical Stimulation for Rehabilitation of Paralyzed Lower Extremities	200604	Revised
Prolotherapy - Musculoskeletal Conditions	201105	Revised
Noninvasive Rupture of Membranes Testing in Pregnancy	201535	Revised
Non-Wearable Automatic External Defibrillator (AED)	201617	Revised
Tumor Treating Fields	201607	Revised
Carpal Tunnel, Tendon Sheath or Ligament, Tendon and Trigger Point Injection	200218	Revised
Next-Generation Sequencing for Detection and Quantification of Lymphoid Cancers	201923	Revised
REGENETEN Bioinductive Implant	2019-C	Revised
Meniscal Allograft Transplantation	200714	Revised
MCG Guideline Supplemental Information	202014	Revised
Pneumatic Compression Device - Pneumatic Compression of Trunk and Chest	201621	Revised
High Frequency Chest Wall Oscillation System	200508	Revised
Irreversible Electroporation (IRE)	202015	Revised
Peripheral Electrical Stimulation to Reduce Tremor (e.g. Cala Trio)	202202	Revised
Bone Mineral Density Studies	94022	Revised
Breast Cancer Screening and Diagnostic Procedures - Breast Ductal Lavage	200211	Revised
Allergy Testing	99005	Revised
Cryotherapy or RF Therapy for Rhinitis	202016	Revised
Disabled Dependent	200307	Revised
Peripheral Nerve Repair Using Processed Nerve Allografts or Nerve Conduits	202508	Retired
Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	201914	Retired
Cardiac Contractility Modulation Therapy	202205	Retired

Medical CMPs		
Policy Name	**Number**	**Status**
Intravascular Lithotripsy	202204	Retired
Spinal Cord Stimulation for Treatment of Chronic Pain	200602	Retired
Radiofrequency Microtenotomy	2006-D	Retired
Infrared Coagulation and Laser Hemorrhoidectomy	200515	Retired
Vertebral Artery Angioplasty	202104	Retired
In Utero Fetal Surgery	200407	Retired

For a list of services requiring prior approval or considered investigational, please visit MedMutual.com/Provider and select Policies and Standards > Prior Approval & Investigational Services.

Pharmacy

Pharmacy Prior Approval Requirements

Medical Mutual requires prior approval for the following drugs regardless of whether they are covered under the medical or pharmacy benefits:

- All new specialty drugs
- All new drugs with significant safety, clinical or potential abuse or diversion concerns

This requirement is intended to ensure medications are used safely and will be effective for members. The prior approval criteria for these drugs are detailed in the Global PA/New Drug Prior Approval policy available at Medmutual.com/Provider on the following pages:

For drugs covered under the medical benefit: Select Policies and Standards > Corporate Medical Policies. This page also includes all current Corporate Medical Policies and information about our prior approval services and Magellan Rx's secure provider portal, a web-based tool at www1.magellanrx.com that providers can use to manage prior approval requests for medications.

For drugs covered under the pharmacy benefit: Select Policies and Standards > Prescription Drug Resources, then click the link under Prior Authorization to see the list. This page also includes information about our other coverage management programs (e.g., step therapy, quantity limits) and formularies, as well as a link to the ExpressPAth tool.

MEDICAL MUTUAL®
100 American Road
Cleveland, OH 44144-2322

Mutual News

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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.