

Stay Informed with the Provider Manual

The Provider Manual is available at [MedMutual.com/Provider](https://www.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 section was revised:
 - Coding Instructions for Selected Services and Related Billing Policies and Procedures
- Section 3 – Clinical Quality and Health Services Overview:
The following sections were revised:
 - Prior Authorization
 - Clinical Review Process
- Section 4 – Appeals Overview: The following sections were revised:
 - Provider Appeals – Clinical Appeals

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).



General Information

New Reimbursement Policies

Effective May 1, 2025, Medical Mutual is implementing the following Reimbursement Policies:

- Emergency Department Fracture Care: Policy Number RP-202506
- Services and Modifiers Not Reimbursable to Health Care Professionals: Policy Number RP-202507
- Preventive Medicine, Screening, and Evaluation and Management Services: Policy Number RP-202508
- Initial Preventive Physical Examination, Annual Wellness Visit, Preventive Medicine, and Evaluation and Management Services – Medicare Advantage: Policy Number RP-202509

To view these policies, visit [MedMutual.com/Provider](https://www.MedMutual.com/Provider) and under the Providers menu select Policies and Standards > [Reimbursement Policies](#).

Notice of Amendment to Contract – Provider Electronic Communications Notification

Medical Mutual is committed to efficient and effective communication with our providers to ensure you are always able to receive important and relevant information from us. As part of this commitment, we want to inform you that **effective June 30, 2025**, all regular notice communications like our Mutual News Provider Newsletters and Mutual News Bulletins will only be available on our Medical Mutual provider website on the News and Information page. This page can be easily accessed from our [MedMutual.com/Provider](https://www.MedMutual.com/Provider) home page. **After June 30th, we will no longer be sending out these communications to providers via mail, they will only be available on our website.**

Please Note: Providers who have an existing certified mail delivery provision for communications in their provider contract with us will continue to receive communications that way.

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. This email notification is available to anyone within your organization and is not limited to select positions.

To align with this new communication process, the Article VI contractual Notice provision is being deleted and replaced with the following:

Medical Mutual may also deliver notices by posting them on an internet-based Provider website. Provider agrees that posting of the notices on the Medical Mutual Provider website and delivery of such notices electronically shall constitute adequate notice pursuant to this Section. Providers may register to receive electronic notices of postings to the Medical Mutual Provider website as described in the Provider Manual.

If you do not wish to transition to this new communication process, you must notify Medical Mutual in writing of your decision by April 25, 2025. A written opt-out notice must be received by Medical Mutual through mail or email by this date in order for your opt-out decision to be effective. If Medical Mutual does not receive an opt-out notice by April 25th, you will be responsible for obtaining Medical Mutual newsletter and bulletin updates through our website.

Questions concerning this Notice of Amendment to Contract should be directed to:

NetworkDevelopment@MedMutual.com.

Opt-out notices should be emailed to NetworkDevelopment@MedMutual.com or mailed to:

Medical Mutual

Attn: Provider Network Management

100 American Road

Cleveland, OH 44144

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

Effective September 1, 2025, Medical Mutual is Moving to All Electronic Medical Claims Processing

Thank you for working with us to provide the best care possible for our members. In an effort to simplify and make claims processing more efficient, beginning Sept. 1, 2025, all medical claims submitted to Medical Mutual must be done so through electronic submission. After Sept. 1st we will no longer accept medical claim submissions via paper or email.

Please Note: Dental claims are not included with this change; however, electronic submission of dental claims is highly encouraged to expedite processing. Medical Mutual receives and processes electronic dental claims from several clearinghouses: DentalXChange, Tesia and Change Healthcare, under payor ID 29076 (Medical Mutual) and 31117 (Superior Dental).

There are a number of advantages with electronic claims submission.

- Faster, more efficient claims processing by not sending paperwork through the mail.
- Increased accuracy through electronic system editing which allows for immediate correction of claims prior to submission.
- Paper claims submitted with incorrect or missing information are returned, slowing down processing.
- Improved tracking of claims status.
- A reduction in postage costs.

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.

In July / August 2025, Availity will be announcing live training opportunities to assist providers who are not currently using Availity or submitting claims electronically. You can register for Availity now at <https://www.availity.com/essentials-portal-registration/>.

Availity Login

You can Log in to the Availity Portal and select Medical Mutual to access:

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

Professional Claim - [Training Demo link](#)

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 Mutual No Longer Using Risk Condition Validation (RCV) and Clinical Quality Validation (CQV) Apps in Availity Essentials for Closing Risk and Care Gaps

Effective May 31, 2025, we will be concluding our services for Risk & Quality with Availity, at which time you will no longer have access to the RCV and CQV apps through our Availity portal. You will also no longer be receiving care gap requests and risk gap requests through our Availity portal beginning May 31st.

Closing quality care and risk gaps is still very important to us, and we will continue to use alternative strategies with you to close these gaps for our Medicare Advantage members.

Thank you for partnering with us to provide the best care possible for our MA members.



Medical Policy Updates

The Corporate Medical Policies (CMPs) developed, revised or retired between Dec. 1, 2023 and Feb. 29, 2024 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](https://www.medmutual.com/Provider) and select Policies and Standards > Corporate Medical Policies.

Medical Drug CMPs	
CMP Name	Policy Status
Spravato	Revised
Adakveo	Revised
Adstiladrin	Revised
Aflibercept	Revised
Alhemo	New
Anktiva	Revised
Aranesp	Revised
Arcalyst	Revised
Asparlas	Revised
Auctazyl	New
Bavencio	Revised
Bendamustine	Revised
Benlysta	Revised
Beovu	Revised
Beqvez	Revised
Besponsa	Revised
Bevacizumab	Revised
Bizengri	New
Botox	Revised
Briumvi	Revised
Cablivi	Revised
Casgevy	Revised
Cosentyx IV	Revised
Cosentyx SC	Revised
Coverage of New and Unproven Drug policy	Revised
Danyelza	Revised
Darzalex IV	Revised
Daxxify	Revised

Medical Drug CMPs

CMP Name	Policy Status
Dysport	Revised
Ebgylss	New
Epoetin alfa	Revised
Erbitux	Revised
Gamifant	Revised
General Oncology	Revised
Givlaari	Revised
Global PA	Revised
Hemgenix	Revised
Humira	New
Hypnavzi	Revised
Imcivree	Revised
Imdelltra	Revised
Imfinzi	Revised
Imjudo	Revised
Imlygic	Revised
Jelmyto	Revised
Jemperli	New
Keytruda	Revised
Kineret	Revised
Lemtrada	Revised
Leqembi	Revised
Libtayo	Revised
Loqtorzi	Revised
Lumoxiti	Revised
Lunsumio	Revised
Luxturna	Revised
Lyfgenia	Revised
Mircera	Revised
Myobloc	Revised
Nplate	Revised
OmvoH IV	Revised
OmvoH SC	Revised
Onivyde	Revised

Medical Drug CMPs

CMP Name	Policy Status
Onpattro	Revised
Opdivo	Revised
Opdivo Quvantiq	New
Oxlumo	Revised
Paclitaxel Albumin-Bound	Revised
Padcev	Revised
PAH-Epoprostenol	Revised
PAH-Inhaled Prostacyclins	Revised
PAH-Remodulin	Revised
Pemetrexed	Revised
Polivy	Revised
Pombiliti	Revised
Ranibizumab	Revised
Revcovi	Revised
Rituximab IV	Revised
Rituximab SQ	Revised
Rivfloza	Revised
Roctavian	Revised
Rylaze	Revised
Ryoncil	New
SCIG	Revised
Skyrizi IV	Revised
Skysona	Revised
Spravato	Revised
Stelara IV	Revised
Susvimo	Revised
Tecelra	New
Tecentriq IV	Revised
Tecentriq SQ	Revised
Tevimbra	Revised
Trastuzumab IV	Revised
Trodelvy	Revised
Trogarzo	Revised
Tzield	Revised

Medical Drug CMPs

CMP Name	Policy Status
Unloxcyt	New
Vabysmo	Revised
Vectibix	Revised
Xeomin	Revised
Yervoy	Revised
Ziihera	New
Zilbrysq	Revised
Zymfentra	Revised
Zynyz	Revised

Medical CMPs

CMP Name	CMP Number	Policy Status
Myoelectric Upper Limb Orthotic Devices	2016-B	Revised
Not Standard of Care	202407	Revised
Investigational/Experimental Procedures/Devices/ Services	202406	Revised
Nonsurgical Treatment of Obstructive Sleep Apnea	2014-A	Revised
Auditory Brainstem Response Testing	200215	Revised
Fluid-Ventilated Gas-Permeable Contact Lenses	2006-G	Revised
Electrical Stimulation for Treatment of Dysphagia	2003-C	Revised
REGENETEN Bioinductive Implant	2019-C	Revised
Autonomic Nervous System Testing	200002	Revised
Tenex Health TX Procedure	2013-C	Revised
Meniscal Allograft Transplantation	200714	Revised
Epidural Adhesiolysis for Chronic Low Back Pain	200522	Revised
Infrared Coagulation and Laser Hemorrhoidectomy	200515	Revised
Non-wearable automatic external defibrillator (AED)	201617	Revised
Noninvasive Rupture of Membranes Testing in Pregnancy	201535	Revised
Pancreas Transplantation	200210	Revised
Unlisted Codes	202405	Revised
Skin Substitutes	200233	Revised
MCG Frequency Limitations	202014	Revised
Endometrial Ablation	200302	Revised
Surgical Repair of Pectus Deformities	200905	Revised
Fertility Preservation for Iatrogenic Infertility	202302	Revised

Medical CMPs

CMP Name	CMP Number	Policy Status
Magnetic Resonance (MR)-Guided Focused Ultrasound (MRgFUS) Thalamotomy for Treatment of Essential Tremor	202308	Revised
Otoplasty	200521	Revised
Investigational Treatments for Tendon and Soft Tissue Injuries (formerly Tenex Health TX System)	2013-C	Revised
Liposuction for lipedema	202103	Revised
Intravascular Lithotripsy (IVL)	202204	Revised
Intraperitoneal Hyperthermic Chemotherapy	201005	Revised
Sublingual Immunotherapy	200224	Revised
Arthroscopy-Shoulder- Surgical subacromial spacer	202304	Revised
Artificial Intervertebral Disc Replacement	200813	Revised
Medial knee implanted shock absorber (MISHA knee system)	202501	New
Transcatheter Pulmonary Valve Implantation	201426	Revised
Wireless pulmonary artery pressure monitoring- CardioMEMS	2019-A	Revised
Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	201914	Revised
Bulking Agents for Fecal Incontinence – Solesta	201942	Revised
Investigational Spinal Procedures	2019-G	Revised
Gastroesophageal Reflux Disease: Endoscopic and Laparoscopic Therapies	200310	Revised
Outdated Jaw Reconstruction Procedures	202401	Revised
Diabetes Management	200117	Revised
Transpupillary Thermotherapy	202503	New
Spinal Unloading Device-Low Back Pain-Scoliosis	201022	Revised
Sacroiliac Joint Injections	202402	Revised
Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions	200139	Revised
Chelation Therapy	200237	Retired
Pressure Reducing Support Surfaces	95037	Retired
Electrothermal Therapy	201527	Retired

For a list of services requiring prior approval or considered investigational, please visit [MedMutual.com/Provider](https://www.MedMutual.com/Provider) and select Policies and Standards > [Prior Approval & Investigational Services](#).

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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](https://www.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 www.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.

Risk Adjustment

Medical Mutual Medical Records Requests from Scanning Sherpas Vendor

As part of a random sampling to facilitate a risk-adjustment chart review for one or more of our Medicare Advantage or Affordable Care Act members, we may reach out to you via letter with a request for medical records from one or more of your patients.

To help with this process, we have partnered with a third-party vendor called Scanning Sherpas, who is reference in the letter you may receive. All medical records that are requested should be faxed to Scanning Sherpas at (385) 503-9153. Do not send the records directly to Medical Mutual.

We appreciate your assistance and thank you for partnering with us to improve the health of your patients and our members. If you have questions, please call the Scanning Sherpas Provider Support line at 1-801-997-9108. Representatives are available Monday through Friday from 8 a.m. to 9 p.m. Eastern. You can also contact your Medical Mutual Contracting representative.



Medicare Advantage

Guidelines for Coding a Wellness Visit and Sick Visit Occurring on the Same Day

Medicare Advantage covers wellness visits on an annual basis. There is the Initial Preventive Physical Exam (IPPE), code G0402, covered within the first twelve months of Medicare coverage. It is also known as the “welcome to Medicare” visit and must be provided in-person. The initial annual wellness visit (AWV) (code G0438) is covered one time, while the subsequent AWV (code G0439) is covered every twelve months after the initial visit. During the public health emergency (PHE), the AWV was permitted to be covered using telehealth with use of audio and video. To date, the US Congress has not extended that past 12/31/2024.

The Medicare wellness visits require several components to meet the service code definitions. For example, a Health Risk Assessment (HRA) is required to provide demographic data, patient self-assessment of health, psychosocial and behavioral risks, activities of daily living (ADL) and instrumental activities of daily living (ADL). If any of these elements are missing, the HRA is incomplete.

For the visits themselves, history is thorough and includes items such as diet, physical activity, social activities, and a current list of providers and suppliers. While the visits require minimal physical exam elements, the evaluation includes an assessment of cognitive function, fall risk, hearing impairment, depression risk factors, home safety, and the ability to perform ADLs. Additional components include review of current opioid prescriptions, screening for substance use disorders, and advance care planning (at patient’s discretion), with education, counseling, and referrals based on the visit. The final addition is a personalized plan for screening services covering the next 5-10 years.

Services related to the wellness visit include depression screening (G0444 – may be billed separately from G0439 only), advance care planning (99497-99498), and risk assessment of the social determinants of health (SDOH) (G0136). When provided, these services may be billed in addition to the wellness visit and covered at no cost to the patient (if provider accepts assignment) when performed on the same day by the same provider and reported on the same claim. Please note that all of these are time-based services and should be documented accordingly.

For full details and guidance, please visit CMS guidelines at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>.



Coding a Wellness and Sick Visit on the Same Day

Sometimes, the member presenting for their annual wellness visit will require attention to an acute problem or other work that is over and above what is expected in an AWW. In that case, the problem-oriented visit code (99202-99215) may be billed in addition to the AWW; however, modifier 25 must be added to the problem-oriented visit code. Modifier 25 should not be added to the AWW, or other wellness codes provided on the same day, including vaccines.

As a reminder, modifier 25 indicates a service that is significant and separate from the service into which it would normally be bundled. Thus, documentation should show the additional work and support the need for the visit. Trivial problems or abnormalities would not qualify for use of modifier 25, nor should it be used routinely or automatically. Patients should be made aware at the time of service that an added service is being billed.

For further education for providers regarding risk adjustment coding of Medicare Advantage wellness visits, please contact your provider contracting manager.

None of the information included in this article is intended to be legal advice. It remains the provider's responsibility to ensure that all coding and documentation are done in accordance with applicable state and federal laws and regulations.

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Mutual News

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