



Mutual News Bulletin

March 2021

Notice of Material Amendment to Contract: Network Fee Schedule Update

The Medical Mutual updated network fee schedule will be available for reference Apr. 1, 2021, via our secure Provider Portal in Availity, which you can access at [MedMutual.com/Provider](https://www.MedMutual.com/Provider). Revisions will be effective for dates of service beginning July 1, 2021.

In addition to the network fee schedule update effective July 1, 2021, fees in the network fee schedule for certain codes are updated on a more frequent basis.

- The Centers for Medicare and Medicaid Services (CMS) updates its fee schedule for J-codes and radiological materials on a quarterly basis. Similarly, Medical Mutual will continue to update the fees in its network fee schedule for J-codes and radiological materials as described below:
- The fees for J-codes and radiological materials in Medical Mutual's fee schedule are 100% of the then-current Medicare fee schedule and will be updated on a quarterly basis to be effective on Jan. 1, Apr. 1, July 1, and Oct. 1 of each year. Fees will reflect the quarterly updates made by CMS to the CMS Average Sales Price (ASP) file and by the Medicare Administrative Contractor for the state of Ohio (currently CGS Administrators, LLC) to its ASP file.

Contact Us

Visit **MedMutual.com/Provider** to log in to the Provider Portal.

Effective Apr. 1, 2021, the phone number for our Medical Mutual Provider Contracting team will be 1-800-625-2583. This number will be used in all of our regions.

If you do not know who your Provider Contracting Representative is, you can find the information on the contract us page of [MedMutual.com/Provider](https://www.MedMutual.com/Provider).

Continued.

- Each quarter, the updated network fee schedule with revised fees for J-codes and radiological materials will be available via Medical Mutual’s Provider Portal.
- Medical Mutual will continue to update the fees in its network fee schedule for immunizations as described below:
 - Fees for immunizations are updated on a semi-annual basis on Jan. 1 and July 1 of each year to be 100% of the then-current average Average Wholesale Price (AWP) for all known and active National Drug Codes (NDCs) associated with a particular immunization code.
 - In addition to the fee updates on Jan. 1 and July 1 of each year, if any, the fees for flu vaccines will be updated to be effective on Aug. 1 of each year to be 100% of the then-current average AWP for all known and active NDCs associated with the particular flu vaccine code.
 - When Medical Mutual makes updates to immunization fees, the updated network fee schedule with revised fees for immunizations will be available via our Provider Portal.

The Medical Mutual Provider Portal in Availity offers search features based on a provider’s individual National Provider Identifier and Tax Identification Number to view contract rates by:

- Procedure code submitted by your practice most frequently
- Commonly submitted procedure codes for specialties
- Contracted fees for individual procedure codes

If you have any questions regarding this update, please contact your Medical Mutual Provider Contracting Representative.

Compliance-level Validation Edits

Medical Mutual expanded our compliance validation edits in November 2019. To minimize the impact to providers, we provided warnings on the summary and detail reports and response files when a claim or other electronic request failed validation. This was done so the provider could take action to address and correct any issues.

We are adding three new edits to our list of compliance validation edits beginning April 2021.

- **New Claim (837) Edits**
Secondary Claims: When it is reported in the Subscriber Information section (Loop 2000B/SBR01) that other payers are known to be involved in paying the claim, the Other Subscriber Information (Loop 2320) is required to be reported. Claims will be rejected when Loop 2320 is missing.
- **New Real-time Eligibility/Benefit Request (270) Edit**
Information Receiver Name (Loop 2100B/NM1): When reporting a provider covered under the National Provider Identifier (NPI) mandate, the NPI (XX/NPI) must be used. If a Tax Identification Number (FI/TIN) is reported in Loop 2100B/NM1 segment, the 270 will reject.



- **New Real-time Claim Status Request (276) Edit**

Provider Name (Loop 2100C/NM1): Remember when reporting a provider covered under the NPI mandate, the NPI (XX/NPI) must be used. If a Tax Identification Number (FI/TIN) is reported in Loop 2100C/NM1 segment, the 276 will reject.

Why your claim will reject for a missing procedure code description

Unlisted, not otherwise classified (NOC), or other non-specified codes are considered appropriate when a CPT/HCPCS procedure code does not exist. However, when reporting a non-specified procedure code on a claim, a description is required to be reported. If it is missing, the claim will reject.

A procedure code description can also be reported on a claim if you choose to provide additional information that you deem appropriate in describing the services performed. If a procedure codes does not require a description to be reported, it will pass validation.

If you have any questions regarding Medical Mutual’s compliance-level validation edits, please contact Medical Mutual’s Customer Care Department at 1-800-362-1279 or EDISupport@MedMutual.com.



MEDICAL MUTUAL®

2060 East Ninth Street
Cleveland, OH 44115-1355

© 2021 Medical Mutual of Ohio
X4166-PRV R3/21

Mutual News Bulletin March 2021

Inside This Issue

| | |
|--|---|
| Notice of Material Amendment to Contract | 1 |
| Compliance-level Validation Edits. | 2 |