

## Medica Prior Authorization and Notification Requirements

### General Information

Medica requires that providers obtain prior authorization/notification before rendering any services addressed below. This list contains prior authorization (PA) and notification requirements for network providers for inpatient and outpatient services, as referenced in the Medica Provider Administrative Manual. PA does not guarantee payment. To provide PA or notification, please complete the appropriate [Prior Authorization Request Form](#), [Inpatient Notification Form](#) or [Mechanical Circulatory Support Device Notification Form](#) with supporting clinical documentation as appropriate and submit by fax, e-mail or mail to Medica according to the return information noted on each form.

If any items on this list are submitted for payment without obtaining a PA, the related claim or claims *will be denied* as provider liability. Providers have 60 days from the date of the claim denial to appeal and submit supporting documentation required to determine medical necessity. Access the [Claim Adjustment or Appeal Request Form at medica.com](#).

- For PA questions specific to behavioral health for all Medica members excluding MHPS & MMP, please contact Medica Behavioral Health at 1-800-848-8327.
- For Medica Prime Solution® Medicare members – PA does not apply.

### Coding Considerations

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. For Medicare Advantage and MSHO products additional criteria, such as LCD/NCD criteria, may apply.

Service Category	Policy Name	Current Procedural Terminology (CPT) Codes	Commercial products Individual & Family Business (IFB) products Medica Health Plan Solutions (MHPS)	Medica Advantage Solution® HMO, HMO-POS, and PPO	Medica Advantage Solution PartnerCare (HMO I-SNP)	Medica DUAL Solution® (MSHO); Medica AccessAbility Solution Enhanced (SNBC SNP)	Medica Choice Care (MSC+), Medica AccessAbility Solution (SNBC)	Mayo Medical Plan (MMP)  * PA requirement is waived for Mayo Clinic Providers
<b>Air Ambulance Non-Emergent</b>	Air Ambulance Non-Emergent	A0140, A0430, A0431, A0435, A0436, S9960, S9961	Yes	N/A Not covered by Medicare	N/A Not covered by Medicare	Yes	Yes	No
<b>Bariatric Surgery</b>	Bariatric Surgery	43644, 43645, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888	Yes	Yes	Yes	Yes	Yes	Yes *
<b>Behavioral Health Services (Outpatient)</b>	Behavioral Health Services	No specific coding	<b>Commercial, IFB &amp; CHI members:</b> Contact Medica Behavioral Health (MBH)	Contact Medica Behavioral Health (MBH)	Contact Medica Behavioral Health (MBH)	Contact Medica Behavioral Health (MBH)	Contact Medica Behavioral Health (MBH)	Applied Behavioral Analysis *

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			----- <b>MHPS:</b> Submit the PA Request Form for Behavioral Health Services to Medica	PA applies to Partial Hospitalization and Opioid Treatment Programs	PA applies to Partial Hospitalization and Opioid Treatment Programs	PA applies to Partial Hospitalization and Opioid Treatment Programs	PA applies to Partial Hospitalization and Opioid Treatment Programs	
<b>Breast Reconstruction (non-mastectomy)</b>	Breast Implant Removal, Revision or Re-implantation  Female Breast Reduction Surgery – Reduction Mammoplasty  Male Gynecomastia Surgery	19300, 19318, 19328, 19330, 19340, 19342, 19380	Yes	Yes	Yes	Yes	Yes	No
<b>Care Availability For Out-of-Network Services</b>  This does not include emergency services		No specific coding	Yes	Yes	N/A	Yes	Yes	Yes, All Inpatient and Residential
<b>Cartilage Implants</b>	Autologous Cultured Chondrocyte Transplantation for the Knee	27412, J7330, S2112	Yes	Yes	Yes	Yes	Yes	No
<b>Cosmetic and Reconstructive Surgery</b>	Abdominoplasty/ Panniculectomy	15820, 15821, 15822, 15823, 15830, 15839, 15847, 15877, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 67900, 67901,	Yes	Yes	Yes	Yes	Yes	Yes *

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	Blepharoplasty, Blepharoptosis Repair and Brow Lift  Rhinoplasty Procedure With or Without Septoplasty  Otoplasty	67902, 67903, 67904, 67906, 67908, 67909, 69300						
<b>Drugs (Provider-Administered Drugs Under The Medical Benefit)</b>	Please refer to the Drug Management Policies for each drug and select the appropriate Prior Authorization Form, as needed.		Refer to the Magellan website for <a href="#">Medica Clinical Guidelines</a> + <a href="#">Medica Hemophilia Program</a>	Refer to the Magellan website for <a href="#">Medica Clinical Guidelines</a>	Refer to the Magellan website for <a href="#">Medica Clinical Guidelines</a>	Refer to the Magellan website for <a href="#">Medica Clinical Guidelines</a>	Refer to the Magellan website for <a href="#">Medica Clinical Guidelines</a> + <a href="#">Medica Hemophilia Program</a>	<a href="#">Refer to the Magellan website for specific drug policies and exclusions</a>
<b>Durable Medical Equipment</b>	Bone Growth Stimulators  High Frequency Chest Wall Compression (HFCWC) Devices  Microprocessor Controlled Knee Prostheses, with or without Polycentric, Three-Dimensional Endoskeletal Hip Joint System  Wheelchairs, Scooters and Accessories	A7025, A7026, E0483, E0747, E0748, E0749, E0760, L5856, L5857, L5858, L5859, L5930, L5961, 20974, 20975, 20979  All wheelchairs & scooter codes.  Wheelchair accessories, repairs and modifications codes that are \$1,000 or more.	Yes	Yes	Yes	Yes	Yes	Any/All Covered DME item that is greater than \$3,000 requires PA *

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<b>Gastro-esophageal Reflux Disease Surgery</b>	Magnetic Esophageal Ring for the Treatment of Gastroesophageal Reflux Disease	43284	Yes	N/A Not covered by Medicare	N/A Not covered by Medicare	Yes	Yes	No
<b>Gender Reassignment</b>	Gender Reassignment Surgery	19301, 19302, 19303, 19304, 19305, 19306, 19307, 19316, 19318, 19324, 19325, 19350, 53415, 53420, 53425, 53430, 54120, 54125, 54130, 54135, 54400, 54401, 54405, 54520, 54522, 54660, 54690, 55175, 55180, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57107, 57109, 57110, 57111, 57112, 57291, 57292, 57335, 58150, 58152, 58180, 58200, 58210, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720	Yes	Yes	Yes	Yes	Yes	Yes *
<b>Genetic Testing</b>	Comparative Genomic Hybridization (CGH) Microarray Testing for Neurodevelopmental Chromosomal Imbalances  Genetic Testing for Susceptibility to Hereditary Breast and/or Ovarian Cancer  Genetic Testing for Susceptibility to	81162, 81163, 81164, 81165, 81166, 81167, 81201, 81202, 81203, 81212, 81215, 81216, 81217, 81228, 81229, 81277, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, 81321, 81322, 81323, 81415, 81416, 81417, 81422, 81432, 81433, 81435, 81436, S3870, 0036U, 0102U, 0103U, 0101U, 0130U, 0235U, 0238U	Yes	Yes	Yes	Yes	Yes	No

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	Colorectal Cancer (CRC) Syndromes  Whole Exome Sequencing							
<b>Home Health Care: Non-Medicaid Products</b>	Extended Hours Home Care (Skilled Nursing Services)  Home Health Aide	G0156, S9122, S9123, S9124, T1000, T1002, T1003, T1004, T1021	Yes	No	No	N/A	N/A	No
<b>Home Health Care: Medicaid Products</b>	Personal Care Assistance  Medicaid Home Health Aid  Medicaid Home Care Nursing (HCN) Services	G0156, S9122, S9123, S9124, T1000, T1002, T1003, T1004, T1019, T1021	N/A	N/A	N/A	No	No	N/A
<b>Inpatient Hospital, Acute</b>  <i>Notification is required (see General Information on page 1 for link to form)</i>  • Upon admission • In the event of an emergency admission, notify Medica within 24 hours after the admission	Inpatient (Hospital) Level of Care	No specific coding	Notification only	Notification only	Notification only	Notification only	Notification only	In-network requires Notification  Out of network requires PA

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Provide Medica discharge instructions and discharge date								
<b>Inpatient Hospital, Mental Health</b> <i>Notification is required (see General Information on page 1 for link to form)</i> <ul style="list-style-type: none"> <li>• Upon admission</li> <li>• In the event of an emergency admission, notify Medica within 24 hours after the admission</li> </ul> Provide Medica discharge instructions and discharge date	Behavioral Health Services	No specific coding	<b>Commercial, IFB &amp; CHI members:</b> Contact Medica Behavioral Health (MBH) ----- <b>MHPS:</b> notification only to Medica	Contact Medica Behavioral Health (MBH)	Contact Medica Behavioral Health (MBH)	Notification only	Notification only	In-network requires Notification  Out of network requires PA
<b>Inpatient Rehabilitation Facility</b>	Inpatient Rehabilitation Facility (Acute Rehabilitation)	No specific coding	Yes	Yes	Yes	Yes	Yes	No Yes, if out-of-network

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<b>Long Term Acute Care Hospital (LTACH)</b>	Long Term Acute Care Hospital (LTACH)	No specific coding	Yes	Yes	Yes	Yes	Yes	No Yes, if out-of-network
<b>Mechanical Circulatory Support Devices</b> <i>Notification is required (see General Information on page 1 for link to form)</i> <ul style="list-style-type: none"><li>Ventricular assist devices (VAD)</li><li>Total artificial heart (TAH) devices</li></ul>	Mechanical Circulatory Support Devices (Coverage Policy)	33927, 33928, 33929, 33975, 33976, 33979, 33990, 33991, 33995, 0451T, 0452T, 0453T, 0454T	Notification only	Notification only	Notification only	Notification only	Notification only	Notification only
<b>Nutritional Services</b>	Outpatient Enteral Nutrition Therapy	B4102, B4103, B4105, B4149, B4150, B4152, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4153, B4187	Yes	Yes	Yes	Auth obtained from Care Coordinator	Auth obtained from Care Coordinator	Enteral nutrition is dispensed through a DME company.  Any/All Covered DME item that is greater than \$3,000 requires PA *
<b>Orthognathic Surgery</b>	Orthognathic Surgery	21085, 21110, 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198,	Yes	Yes	Yes	Yes	Yes	No

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		21199, 21206, 21208, 21209, 21210, 21215, 21247, 21685, D7941, D7943, D7944, D7945, D7940, D7946, D7947, D7948, D7949, D7950, D7995, D7996						
<b>Radiology Services</b>	Positron Emission Tomography (PET) Scan	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252	Yes	Yes	No	Yes	Yes	Yes *
<b>Real-Time Mobile Cardiac Output Telemetry</b>	Real-Time Mobile Cardiac Outpatient Telemetry (RT-MCOT)	93228, 93229	Yes	Yes	No	Yes	Yes	No
<b>Skilled Nursing Facility</b> Includes extended care facility, hospital swing bed and transitional care unit	Skilled Nursing Facility	No specific coding	Yes	Yes	Yes	Yes PA applies <b>only</b> to hospital swing bed	Yes PA applies <b>only</b> to hospital swing bed	Yes
<b>Sleep apnea procedures and surgeries</b>	Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea  Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome	42145, 64568, 64569, 0424T, 0425T, 0426T, 0427T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0466T, 0467T	Yes	Yes	Yes	Yes	Yes	No



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<b>Spinal Cord Stimulators</b>	Spinal Cord Stimulation of the Dorsal Column for Treatment of Pain	63650, 63655, 63663, 63664, 63685, 63688	Yes	Yes	Yes	Yes	Yes	Yes *
<b>Spinal Procedures</b> Includes: Total Artificial Disc Replacement for the Spine	Cervical Spine Surgeries  Lumbar Spinal Surgeries  Sacroiliac Joint Fusion, Open and Minimally Invasive  Facet Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Medicated Joint Pain	22100, 22102, 22110, 22114, 22207, 22210, 22214, 22220, 22224, 22533, 22548, 22551, 22554, 22558, 22590, 22595, 22600, 22612, 22630, 22633, 22856, 22858, 22861, 22864, 27279, 27280, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63040, 63042, 63045, 63047, 63050, 63051, 63056, 63075, 63081, 63087, 63090, 63102, 63170, 63172, 63180, 63182, 63185, 63190, 63191, 63194, 63196, 63198, 63250, 63252, 63265, 63267, 63270, 63272, 63300, 63303, 63304, 63307, 64490, 64491, 64492, 64493, 64494, 64495, 64625, 64633, 64634, 64635, 64636, 0095T, 0098T, 0163T, 0164T, 0165T, 0274T, 0275T	Yes	Yes  PA not required for Sacroiliac Joint Fusion and Facet Injections and Percutaneous Denervation procedures	Yes  PA not required for Sacroiliac Joint Fusion and Facet Injections and Percutaneous Denervation procedures	Yes  PA not required for Sacroiliac Joint Fusion and Facet Injections and Percutaneous Denervation procedures	Yes	No
<b>Transplant Services</b>	Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation  Heart/Lung Transplantation  Heart Transplantation (Adult and Pediatric)  Intestinal Transplantation	Prior Authorization is needed for Evaluation & Actual transplant	Yes	Yes	Yes	Yes	Yes	Yes, if outside U.S.

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	Kidney Transplantation Liver Transplantation Lung Transplantation (Single or Double) Pancreas – Kidney (SPK, PAK) Transplantation Pancreas Transplantation (Pancreas Alone)							
<b>Vagus Nerve Stimulation</b>	Vagus Nerve Stimulation	64568, 64553	Yes	Yes	Yes	Yes	Yes	No
<b>Vein Procedures</b>	Varicose Vein and Venous Insufficiency Treatments:	0524T, 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36478, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37785	Yes	Yes	Yes	Yes	Yes	Yes *