

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](#) (click on “Prior Authorization” tab), [Inpatient Notification Form](#) or [mechanical circulatory support device notification form](#) (admissions section) 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
Air Ambulance Non-Emergent	Air Ambulance Non-Emergent	A0140, A0430, A0431, A0435, A0436, S9960, S9961	Yes	Yes	N/A Not covered by Medicare	N/A Not covered by Medicare	Yes	Yes	No
Bariatric Surgery	Bariatric Surgery	43644, 43645, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888	Yes	Yes	Yes	Yes	Yes	Yes	Yes *

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Behavioral Health Services (Outpatient)	Behavioral Health Services	No specific coding	Contact Medica Behavioral Health (MBH)	IFB & CHI members: Contact Medica Behavioral Health (MBH) MHPS: Submit the PA Request Form for Behavioral Health Services to Medica	Contact Medica Behavioral Health (MBH) PA applies to Partial Hospitalization and Opioid Treatment Programs	Contact Medica Behavioral Health (MBH) PA applies to Partial Hospitalization and Opioid Treatment Programs	Contact Medica Behavioral Health (MBH) PA applies to Partial Hospitalization and Opioid Treatment Programs	Contact Medica Behavioral Health (MBH) PA applies to Partial Hospitalization and Opioid Treatment Programs	Applied Behavioral Analysis *
Bone Growth Stimulator	Bone Growth Stimulators	20974, 20975, 20979, E0747, E0748, E0749, E0760	Yes	Yes	Yes	Yes	Yes	Yes	Yes, if greater than \$3,000 *
Breast Reconstruction (non-mastectomy)	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	Yes	No
Care Availability For Out-of-		No specific coding	Yes	Yes	Yes	N/A	Yes	Yes	Yes, All Inpatient and Residential

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Network Services This does not include emergency services									
Cartilage Implants	Autologous Cultured Chondrocyte Transplantation for the Knee	27412, J7330, S2112	Yes	Yes	Yes	Yes	Yes	Yes	No
Cosmetic and Reconstructive Surgery	Abdominoplasty/ Panniculectomy Blepharoplasty, Blepharoptosis Repair and Brow Lift Rhinoplasty Procedure With or Without Septoplasty Otoplasty	15820, 15821, 15822, 15823, 15830, 15839, 15847, 15877, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 69300	Yes	Yes	Yes	Yes	Yes	Yes	Yes *
Drugs (Provider-Administered Drugs Under The Medical Benefit)	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 Medica Clinical Guidelines + Medica Hemophilia Program	Refer to the Magellan website for Medica Clinical Guidelines + Medica Hemophilia Program	Refer to the Magellan website for Medica Clinical Guidelines	Refer to the Magellan website for Medica Clinical Guidelines	Refer to the Magellan website for Medica Clinical Guidelines	Refer to the Magellan website for Medica Clinical Guidelines + Medica Hemophilia Program	Refer to the Magellan website for specific drug policies and exclusions
Durable Medical Equipment	Wheelchairs, Scooters and Accessories		Yes	Yes	Yes	Yes	Yes	Yes	Any/All Covered DME item that is

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	High Frequency Chest Wall Compression (HFCWC) Devices								greater than \$3000 requires PA *
Gastro-esophageal Reflux Disease Surgery	Magnetic Esophageal Ring for the Treatment of Gastroesophageal Reflux Disease	43284	Yes	Yes	N/A Not covered by Medicare	N/A Not covered by Medicare	Yes	Yes	No
Gender Reassignment	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,	Yes	Yes	Yes	Yes	Yes	Yes	Yes *

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		58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720							
Genetic Testing	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 Colorectal Cancer (CRC) Syndromes Maternal Plasma Testing for Detection of Cell-Free Fetal DNA for Analysis of Chromosomal Aneuploidies Whole Exome Sequencing	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, 81420, 81422, 81432, 81433, 81435, 81436, 81507, S3870, 0036U,	Yes	Yes	Yes	Yes	Yes	Yes	No

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		0102U, 0103U, 0101U, 0130U, 0168U, 0235U, 0238U							
Home Health Care – Non-Medicaid Products	Extended Hours Home Care (Skilled Nursing Services) Home Health Aide	G0156, S9122, S9123, S9124, T1000, T1002, T1003, T1004, T1021	Yes	Yes	No	No	N/A	N/A	No
Home Health Care – Medicaid Products	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	N/A	No	No	N/A
Inpatient Hospital, Acute Notification of an inpatient admission is required; see the following: <ul style="list-style-type: none">• Upon admission• In the event of an emergency admission, notify Medica within 24 hours after the admission Provide Medica discharge instructions and discharge date	Inpatient (Hospital) Level of Care	No specific coding	Notification only	Notification only	Notification only	Notification only	Notification only	Notification only	In-network requires Notification Out of network requires PA

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Inpatient Hospital, Mental Health Notification of an inpatient admission is required; see the following: <ul style="list-style-type: none"> • Upon admission • In the event of an emergency admission, notify Medica within 24 hours after the admission Provide Medica discharge instructions and discharge date	Behavioral Health Services	No specific coding	Contact Medica Behavioral Health (MBH)	IFB & CHI members: Contact Medica Behavioral Health (MBH) MHPS: notification only to Medica	Contact Medica Behavioral Health (MBH)	Contact Medica Behavioral Health (MBH)	Notification only	Notification only	Out of network requires PA
Inpatient Rehabilitation Facility	Inpatient Rehabilitation Facility (Acute Rehabilitation)	No specific coding	Yes	Yes	Yes	Yes	Yes	Yes	No Yes, if out-of-network
Long Term Acute Care Hospital (LTACH)	Long Term Acute Care Hospital (LTACH)	No specific coding	Yes	Yes	Yes	Yes	Yes	Yes	No Yes, if out-of-network

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Nutritional Services	Outpatient Enteral Nutrition Therapy	B4102, B4103, B4105, B4149, B4150, B4152, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4153, B4187	Yes	Yes	Yes	Yes	Auth obtained from Care Coordinator	Auth obtained from Care Coordinator	No
Orthognathic Surgery	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, 21199, 21206, 21208, 21209, 21210, 21215, 21247, 21685, D7941, D7943, D7944, D7945, D7940, D7946, D7947, D7948, D7949, D7950, D7995, D7996	Yes	Yes	Yes	Yes	Yes	Yes	No

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Prosthetics	Microprocessor Controlled Knee Prostheses, with or without Polycentric, Three-Dimensional Endoskeletal Hip Joint System	L5856, L5857, L5858, L5859, L5930, L5961	Yes	Yes	Yes	Yes	Yes	Yes	Yes, if greater than \$3,000 *
Proton Beam Therapy	Proton Beam Radiation Therapy	77520, 77522, 77523, 77525, S8030	Yes	Yes	Yes	No	Yes	Yes	No
Radiology Services	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	Yes	No	Yes	Yes	Yes *
Real-Time Mobile Cardiac Output Telemetry	Real-Time Mobile Cardiac Outpatient Telemetry (RT-MCOT)	93228, 93229	Yes	Yes	Yes	No	Yes	Yes	No
Skilled Nursing Facility Includes extended care facility, hospital swing bed and transitional care unit	Skilled Nursing Facility	No specific coding	Yes	Yes	Yes	Yes	Yes PA applies only to hospital swing bed	Yes PA applies only to hospital swing bed	Yes

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Sleep apnea procedures and surgeries	Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome	42145	Yes	Yes	Yes	Yes	Yes	Yes	No
Sleep apnea procedures and surgeries	Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	64568, 64569, 0424T, 0425T, 0426T, 0427T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0466T, 0467T	Yes	Yes	Yes	Yes	Yes	Yes	No
Spinal Cord Stimulators	Spinal Cord Stimulation of the Dorsal Column for Treatment of Pain	63650, 63655, 63663, 63664, 63685, 63688	Yes	Yes	Yes	Yes	Yes	Yes	Yes *
Spinal Surgery Includes: Cervical and lumbar spinal surgeries, Total Artificial Disc Replacement for the Spine	Cervical Spine Surgeries Lumbar Spinal Surgeries Sacroiliac Joint Fusion, Open and Minimally Invasive	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,	Yes	Yes	Yes PA not required for Sacroiliac Joint Fusion	Yes PA not required for Sacroiliac Joint Fusion	Yes PA not required or Sacroiliac Joint Fusion	Yes	No

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		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, 0095T, 0098T, 0163T, 0164T, 0165T, 0274T, 0275T,							
Transplant Services	Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation Heart/Lung Transplantation Heart Transplantation (Adult and Pediatric) Intestinal Transplantation Kidney Transplantation Liver Transplantation Lung Transplantation (Single or Double)	Prior Authorization is needed for Evaluation & Actual transplant	Yes	Yes	Yes	Yes	Yes	Yes	Yes, if outside U.S.

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	Pancreas – Kidney (SPK, PAK) Transplantation Pancreas Transplantation (Pancreas Alone)								
Vagus Nerve Stimulation	Vagus Nerve Stimulation	64568, 64553	Yes	Yes	Yes	Yes	Yes	Yes	No
Vein Procedures	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	Yes *

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