

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) or [Inpatient 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 prior authorization 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 IFB, 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 Advantage Solution® PPO as of 1/1/19	Medica DUAL Solution® (MSHO); plus Medica AccessAbility Solution Enhanced (SNBC SNP) as of 1/1/19	Medica Choice Care (MSC+), Medica AccessAbility Solution* (SNBC)	Mayo Medical Plan (MMP) as of 1/1/19	Medica Health Plan Solutions (MHPS) as of 1/1/19
Air Ambulance Non-Emergent	Air Ambulance Non-Emergent	A0140, A0430, A0431, A0435, A0436, S9960, S9961	Yes	Yes	No	No	Yes	No	Yes
Bariatric Surgery	Bariatric Surgery	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846,	Yes	Yes	Yes	No	Yes	Yes	Yes

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		43847, 43848, 43886, 43887, 43888							
Behavioral Health Services	Behavioral Health Services – Individual and Family Plan (IFB) and Medica Health Plan Solutions (MHPS)	No specific coding	Contact Medica Behavioral Health (MBH)	Yes	No	Contact Medica Behavioral Health (MBH)	Contact Medica Behavioral Health (MBH)	Applied Behavioral Analysis	Yes
Bone Growth Stimulator	Bone Growth Stimulators	20974, 20975, 20979, E0747, E0748, E0749, E0760	Yes	Yes	Yes	No	Yes	Yes, if > \$3,000	Yes
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	No	Yes	No	Yes
Care Availability For Out-of-Network Services This does not include emergency services		No specific coding	Yes	Yes	Yes	Yes	Yes	Yes, All Inpatient and Residential	Yes
Cartilage Implants	Autologous Cultured Chondrocyte	27412, J7330, S2112	Yes	Yes	Yes	No	Yes	No	Yes

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	Transplantation for the Knee								
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, 17999, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 69300	Yes	Yes	Yes	Yes PA applies only for Blepharoplasty, Blepharoptosis Repair and Brow Lift	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 + Medica Hemophilia Program	Refer to the Magellan website for specific drug policies and exclusions	Refer to the Magellan website for Medica Clinical Guidelines + Medica Hemophilia Program
Durable Medical Equipment	Wheelchairs, Scooters and Accessories High Frequency Chest Wall Compression (HFCW C) Devices		Yes	Yes	Yes	Yes PA applies only for Wheelchairs, Scooters and Accessories	Yes	Any/All Covered DME item that is > \$3000 requires PA	Yes

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Durable Medical Equipment	Electric Tumor Treatment Fields		Yes	Yes	No	No	Yes	Yes, if > \$3,000 PA threshold applies to all DME items	Yes
Gastro-esophageal Reflux Disease Surgery	Magnetic Esophageal Ring for the Treatment of Gastroesophageal Reflux Disease	43284	Yes	Yes	No Not covered by Medicare	Yes	Yes	No	Yes
Gender Reassignment	Adult Gender Reassignment Surgery	19301, 19302, 19303, 19304, 19324, 19325, 19350, 53415, 53420, 53425, 53430, 54120, 54125, 54130, 54135, 54400, 54401, 54405, 54520, 54522, 54660, 54690, 55175, 55180, 55970, 55980, 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, 58570, 58571, 58572, 58573	Yes	Yes	Yes	No	Yes	Yes	Yes
Genetic Testing	Comparative Genomic	81162, 81163, 81164,	Yes	Yes	Yes	No	Yes	No	Yes

Effective January 1, 2018 (unless otherwise noted)

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	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	81165, 81166, 81167, 81201, 81202, 81203, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81228, 81229, 81280, 81281, 81282, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81432, 81433, 81435, 81436, 81439, 81507, 0009M, S3861, S3865, S3866, S3870							
Home Health Care – Non-Medicaid Products	Extended Hours Home Care (Skilled Nursing Services) Home Health Aide	G1056, S9122, S9123, S9124, T1000, T1002, T1003, T1004, T1021	Yes	Yes	No	N/A	N/A	No	Yes

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Home Health Care – Medicaid Products	Personal Care Assistance Medicaid Home Health Aid Medicaid Home Care Nursing (HCN) Services	G1056, S9122, S9123, S9124, T1000, T1002, T1003, T1004, T1019, T1021	N/A	N/A	N/A	No	No	N/A	N/A
Implantable Deep Brain Stimulation	Implantable Deep Brain Stimulation	61863, 61864, 61867, 61868, 61885, 61886	Yes	Yes	Yes	No	Yes	No	Yes
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	Notification only

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Inpatient Rehabilitation Facility	Inpatient Rehabilitation Facility (Acute Rehabilitation)	No specific coding	Yes	Yes	Yes	Yes	Yes	No Yes, if out-of-network	Yes
Long Term Acute Care Hospital (LTACH)	Long Term Acute Care Hospital (LTACH)	No specific coding	Yes	Yes	Yes	Yes	Yes	No Yes, if out-of-network	Yes
Mechanical Circulatory Support Devices	Mechanical Circulatory Support Devices	33927, 33928, 33929, 33975, 33976, 33979, 33990, 33991	Yes	Yes	Yes	No	Yes	No	Yes
Nutritional Services	Outpatient Enteral Nutrition Therapy	B4102, B4103, B4149, B4150, B4152, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4153	Yes	Yes	Yes	No	No	Yes, if > \$3,000	Yes
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,	Yes	Yes	Yes	No	Yes	No	Yes

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		21198, 21199, 21206, 21208, 21209, 21210, 21215, 21247, 21685, D7941, D7943, D7944, D7945, D7940, D7946, D7947, D7948, D7949, D7950, D7995, D7996							
Prosthetics	Microprocessor Controlled Knee Prostheses, with or without Polycentric, Three-Dimensional Endoskeletal Hip Joint System	L5856 – L5859, L5930, L5961	Yes	Yes	Yes	No	Yes	Yes, if > \$3,000	Yes
Proton Beam Therapy	Proton Beam Radiation Therapy	77520, 77522, 77523, 77525, S8030	Yes	Yes	Yes	No	Yes	No	Yes
Radiology Services	Positron Emission Tomography (PET) Scan	78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Real-Time Mobile Cardiac Output Telemetry	Real-Time Mobile Cardiac Outpatient Telemetry (RT-MCOT)	93228, 93229	Yes	Yes	Yes	Yes	Yes	No	Yes
Skilled Nursing Facility Includes extended care facility, hospital	Skilled Nursing Facility	No specific coding	Yes	Yes	Yes	Yes PA applies only to hospital swing bed	Yes PA applies only to	Yes	Yes

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swing bed and transitional care unit							hospital swing bed		
Sleep apnea procedures and surgeries	Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome	42145	Yes	Yes	Yes	No	Yes	No	Yes
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	No	No	Yes	No	Yes
Spinal Cord Stimulators	Spinal Cord Stimulation of the Dorsal Column for Treatment of Pain	63650, 63655, 63663, 63664, 63685, 63688	Yes	Yes	Yes	No	Yes	Yes	Yes
Spinal Surgery Includes: Cervical and lumbar spinal surgeries, Total Artificial Disc Replacement for the Spine	Cervical Spine Surgeries Lumbar Spinal Surgeries	22100, 22102, 22110, 22114, 22207, 22210, 22214, 22220, 22224, 22533, 22548, 22551, 22554, 22558, 22586, 22590, 22595, 22600, 22612, 22630, 22633, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63040, 63042, 63045, 63047, 63050, 63051,	Yes	Yes	Yes	Yes	Yes	No	Yes

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		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, 0195T, 0196T, 0274T, 0275T, 0375T							
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	Prior Authorization is needed for Evaluation & Actual transplant only	Yes	Yes	Yes	Yes	Yes	Yes, if outside U.S.	Yes

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	Liver Transplantation Lung Transplantation (Single or Double) Pancreas – Kidney (SPK, PAK) Transplantation Pancreas Transplantation (Pancreas Alone)								
Vagus Nerve Stimulation	Vagus Nerve Stimulation	64568, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T	Yes	Yes	Yes	No	Yes	No	Yes
Vein Procedures	Varicose Vein and Venous Insufficiency Treatments:	36465, 36466, 36470, 36471, 36475, 36478, 36482, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37785, 37241	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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