

## 2024 Medica Medicare 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 prior notification requirements (PN) 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	Medica Policy Name	Current Procedural Terminology (CPT) Codes	Medica Advantage Solution® (HMO-POS and PPO); Medica Advantage <sup>SM</sup> (PPO)	Medica DUAL Solution® (MSHO); Medica AccessAbility Solution Enhanced (SNBC SNP)
<b>Air Ambulance Non-Emergent</b>	Air Ambulance Non-Emergent (III-MED.08)	A0140, A0430, A0431, A0435, A0436, S9960, S9961	N/A  Not covered by Medicare	Yes
<b>Bariatric Surgery</b>	Bariatric Surgery (III-SUR.30)	43644, 43645, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43886, 43888, C9784,	Yes	Yes
<b>Behavioral Health Services (Outpatient)</b>	Behavioral Health Services	No specific coding	Contact Medica Behavioral Health (MBH)  PA applies to Partial Hospitalization No Yes if out-of-network	Contact Medica Behavioral Health (MBH)  PA applies to Partial Hospitalization No Yes if out-of-network

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<b>Breast Reconstruction (non-mastectomy)</b>	Breast Implant Removal, Revision or Re-implantation (III-SUR.11)  Female Breast Reduction Surgery – Reduction Mammoplasty (III-SUR.27)  Male Gynecomastia Surgery (III-SUR.31)	19300, 19318, 19328, 19330, 19340, 19342, 19370, 19371, 19380	Yes	Yes
<b><u>Cardiology</u></b>	Real-Time Mobile Cardiac Outpatient Telemetry (RT-MCOT) (III-DIA.08)	93228, 93229	Yes	Yes
<b><u>Cardiology –</u></b>  <b><u>See Carelon website -</u></b> <b><u><a href="https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiology-guidelines/">https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiology-guidelines/</a></u></b>	Cardiac Resynchronization Therapy Diagnostic Coronary Angiography Endovascular Revascularization Imaging of the Heart Implantable Cardioverter Defibrillators Percutaneous Implantable Pacemakers Vascular Imaging	0505T, 0571T, 0572T, 0573T, 0574T, 0620T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 33206, 33207, 33208, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33221, 33222, 33223, 33224, 33226, 33227, 33228, 33229, 33230, 33231, 33233, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 92920, 92924, 92928, 92933, 92937, 92943, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93350, 93351, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93880, 93882, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93978, 93979, C1721, C1722, C1777, C1785, C1786, C1882, C1895, C1896, C1899, C2619, C2620, C2621, C7531, C7534, C7535, G0448	Yes	Yes
<b>Cosmetic and Reconstructive Surgery</b>	Abdominoplasty / Panniculectomy (III-SUR.13)  Blepharoplasty, Blepharoptosis Repair and Brow Lift (III-SUR.29)  Rhinoplasty Procedure With or Without Septoplasty (III-SUR.04)  Otoplasty (III-SUR.31)	15820, 15821, 15822, 15823, 15830, 15839, 15847, 15877, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 69300	Yes	Yes

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<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>	Refer to the Magellan website for <a href="#">Medica Clinical Guidelines</a>
<b>Durable Medical Equipment</b>	All other codes not listed are managed by appropriate NCDs/LCDs	Orthosis (Spinal and Knee): L0648, L0650, L1832, L1833, L1851  Power Flotation Bed and Mattresses Overlays: E0193; E0277; E0371; E0372; E0373	Yes	Yes
	Bone Growth Stimulators – Electrical (Long Bones) and Ultrasound (III-DEV.07)  For Electrical Bone Growth Stimulation (Noninvasive) of the spine, <a href="#">see Musculoskeletal, Spine</a> , below	E0747, E0749, E0760, 20974, 20975, 20979  E0748	Yes  Yes	Yes  Yes
	High Frequency Chest Wall Compression (HFCWC) Devices (III-DEV.20)	A7025, A7026, E0483	Yes	Yes
	Microprocessor Controlled Knee Prostheses, with or without Polycentric, Three-Dimensional Endoskeletal Hip Joint System (III-DEV.17)	L5856, L5857, L5858, L5859, L5930, L5961	Yes	Yes
	Wheelchairs, Scooters and Accessories (III-DEV.25)	All wheelchair & power operated vehicle (scooter) codes (including wheelchair accessories, repair and modification codes) that are an average purchase fee schedule of \$1000 or greater or an average rental fee schedule of \$100 or greater.	Yes	Yes
<b>Gastroesophageal Reflux Disease Surgery</b>	Magnetic Esophageal Ring for the Treatment of Gastroesophageal Reflux Disease (III.SUR.42)	43284	N/A  Not covered by Medicare	Yes

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<b>Gender-Affirming Surgery or Procedure</b>	Gender Affirmation Procedures (III-SUR.20)	<p><b>The following codes require PA in conjunction with gender-affirming surgery or procedure:</b></p> <p>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, 11920, 11921, 11922, 11950, 11951, 11952, 11954, 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773, 15774, 15780, 15781, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15876, 15878, 15879, 17380, 17999, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21208, 21209, 21210, 21215, 21230, 21235, 21270, 21899, 31599, 31899, 40799, 53410, 56620, 56810, 58544, 58940, 64856, 64892, 64896,</p>	Yes	Yes
<b>Home Health Care: Non-Medicaid Products</b>	Extended Hours Home Care (Skilled Nursing Services) (III-HOM.01) Home Health Aide (III-HOM.02)	G0156, G0162, G0299, G0300, G0490, G0493, G0494, G0495, G0496, S9122, S9123, S9124, T1000, T1002, T1003, T1004, T1021	No	N/A
<b>Home Health Care: Medicaid Products</b>	Personal Care Assistance (III-HOM.03) Medicaid Home Health Aide (III-HOM.04) Medicaid Home Care Nursing (HCN) Services (III-HOM.05)	G0156, G0162, G0493, G0494, G0495, G0496, S9122, S9123, S9124, T1000, T1002, T1003, T1004, T1019, T1021, 99505, 99506, 99507, 99511, 99512	N/A	Auth obtained from Care Coordinator

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<b>Inpatient Hospital, Medical/Surgical</b> <i>Notification</i> is required (see General Information on page 1 for link to form) <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> <li>• Provide Medica discharge instructions and discharge date</li> </ul>	Inpatient (Hospital) Level of Care (III-INP.01)	No specific coding	Notification only Yes ,if out-of-network	Notification only Yes, if out-of-network
<b>Inpatient Hospital, Mental Health and/or Substance Use</b> <i>Notification</i> is required (see General Information on page 1 for link to form) <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> <li>• Provide Medica discharge instructions and discharge date</li> </ul>	Behavioral Health Services (III-BEH.01)	No specific coding	Contact Medica Behavioral Health (MBH) Yes, of out-of-network	Notification only Yes, of out-of-network
<b>Inpatient Rehabilitation Facility</b>	Inpatient Rehabilitation Facility (Acute Rehabilitation) (III-INP.05)	No specific coding	Yes	Yes
<b>Inpatient Residential Treatment Facility, Mental Health and/or Substance Use</b>	Behavioral Health Services (III-BEH.01)	No specific coding	Yes	Yes
<b>Long Term Acute Care Hospital (LTACH)</b>	Long Term Acute Care Hospital (LTACH) (III-INP.04)	No specific coding	Yes	Yes
<b>Mechanical Circulatory Support Devices</b> <i>Notification</i> is required (see General Information on page 1 for link to form) <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	Notification only	Notification only

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<b>Musculoskeletal Procedures, Interventional Pain Management</b>  <i>See Carelon website:</i> <a href="https://guidelines.carelonmedical.com/benefitsmanagement.com/current-musculoskeletal-guidelines/">https://guidelines.carelonmedical.com/benefitsmanagement.com/current-musculoskeletal-guidelines/</a>	Epidural Injection Procedures & Diagnostic Selective Nerve Root Blocks  Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis (e.g., percutaneous denervation procedures)  Regional Sympathetic Nerve Block  Sacroiliac Joint Injection  Spinal Cord and Nerve Root Stimulators	27096, 62280, 62281, 62282, 62292, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 63650, 63655, 63663, 63664, 63685, 63688, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64625, 64633, 64634, 64635, 64636, 94493, G0260, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T	Yes	Yes
<b>Musculoskeletal Procedures, (Large) Joint Surgery –</b>  <i>See Carelon website:</i> <a href="https://guidelines.carelonmedical.com/benefitsmanagement.com/current-musculoskeletal-guidelines/">https://guidelines.carelonmedical.com/benefitsmanagement.com/current-musculoskeletal-guidelines/</a>	<u>Hip</u> <ul style="list-style-type: none"> <li>Arthroplasty</li> <li>Arthroscopy &amp; Open Procedures</li> </ul> <u>Knee</u> <ul style="list-style-type: none"> <li>Arthroplasty</li> <li>Arthroscopy &amp; Open Procedures</li> <li>Autologous Chondrocyte Implantation of the Knee</li> </ul> <u>Shoulder</u> <ul style="list-style-type: none"> <li>Arthroplasty</li> <li>Arthroscopy &amp; Open Procedures</li> </ul>	23105, 23107, 23120, 23130, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23700, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27331, 27332, 27333, 27334, 27335, 27345, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27437, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27488, 27570, 28446, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29892, 29914, 29915, 29916, 37438, G0289, G0428, J7330, S2112, S2118	Yes	Yes
<b>Musculoskeletal Procedures, Spine –</b>  <i>See Carelon website:</i> <a href="https://guidelines.carelonmedical.com/benefitsmanagement.com/current-musculoskeletal-guidelines/">https://guidelines.carelonmedical.com/benefitsmanagement.com/current-musculoskeletal-guidelines/</a>	<u>Cervical</u> <ul style="list-style-type: none"> <li>Decompression With/Without Fusion</li> <li>Disc Arthroplasty</li> </ul> <u>Lumbar</u> <ul style="list-style-type: none"> <li>Discectomy, Foraminotomy, &amp; Laminotomy</li> <li>Laminectomy</li> </ul>	20930, 20931, 20936, 20937, 20938, 20939, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861,	Yes	Yes

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<b>Musculoskeletal Procedures, Spine – continued</b>	<ul style="list-style-type: none"> <li>• Fusion &amp; Treatment of Spinal Deformity</li> <li>• Disc Arthroplasty</li> <li>• Posterolateral or Intertransverse Lumbar Fusion (autograft not feasible)</li> </ul> <p>Sacroiliac Joint Fusion (Percutaneous/Minimally Invasive Techniques)</p> <p>Electrical Bone Growth Stimulation, Noninvasive - spine</p> <p>Vertebroplasty/ Kyphoplasty</p> <p>Bone Graft Substitutes and Bone Morphogenic Proteins</p> <p>Anterior Lumbar Interbody Fusion (ALIF) or Lateral Lumbar Interbody Fusion (i.e., XLIF)</p>	22862, 22864, 22865, 27278, 27279, 63001, 63003, 63005, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63075, 63076, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63185, 63190, 63191, 63200, 63250, 63252, 63265, 63267, 63270, 63272, 63275, 63277, 63280, 63285, 63287, 63290, 63300, 63303, 63304, 63305, 63306, 63307, 63308, 66301, 66302, C9359, C9362, C7504, C7505, C7507, C7508, E0748, 0095T, 0098T, 0164T, 0165T, 0200T, 0201T		
<b>Musculoskeletal Procedures, Spine - Sacroiliac Joint Fusion, Open</b>	Sacroiliac Joint Fusion, Open (III-SUR.44)	27280	Yes	Yes
<b>Nutritional Services</b>	Outpatient Enteral Nutrition Therapy  Note: For amino acid therapy (only) refer to Medica coverage policy <i>Amino Acid Based Elemental Formulas</i> (B4153, B4161).	B4102, B4103, B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4187	Yes	Auth obtained from Care Coordinator
<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, 21199, 21206, 21208, 21209, 21210, 21215, 21247, 21685, D7941, D7943, D7944, D7945, D7940, D7946, D7947, D7948, D7949, D7950, D7995, D7996	Yes	Yes

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<b>Out-of-Network Services</b> This does not include emergency services.		No specific coding	Yes	Yes
<b>Rare Diseases (Minnesota only)</b>	Rare Diseases: Access to Out-of-Network Diagnosis, Monitoring, and Treatment	No specific coding	No	Yes  Identification as a rare disease requires prior authorization
<b>Radiology Services -</b>  <b>See Carelon website:</b> <a href="https://guidelines.carelonmedical.com/current-radiology-guidelines/">https://guidelines.carelonmedical.com/current-radiology-guidelines/</a>	Services included: Selected applications of the following: <ul style="list-style-type: none"> <li>• Computed tomography (CT)</li> <li>• Low-dose CT</li> <li>• Magnetic resonance imaging (MRI)</li> <li>• Functional MRI</li> <li>• Magnetic resonance spectroscopy</li> <li>• Magnetic resonance cholangiopancreatography (MRCP)</li> <li>• Positron emission tomography (PET)</li> <li>• CT or MR arthrography</li> <li>• Low-field MRI</li> <li>• MR-guided Procedures</li> <li>• Nuclear Medicine Imaging</li> <li>• Oncologic Imaging</li> <li>• SPECT Imaging</li> <li>• Vascular Imaging</li> </ul>	70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 75557, 75559, 75561, 75563, 75571, 75572, 75573, 75574, 75580, 75635, 76390, 76391, 77046, 77047, 77048, 77049, 77078, 77084, 78429, 78430, 78431, 78432, 78433, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 0042T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0648T, S8037, S8042, S8092	Yes	Yes
<b>Skilled Nursing Facility</b> Includes extended care facility, hospital swing bed and transitional care unit	Skilled Nursing Facility	No specific coding	Yes	Yes  PA applies <b>only</b> to hospital swing bed



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Sleep apnea procedures and surgeries	Facility-Based Polysomnography, Adults (Sleep Study)	95807, 95808, 95810, 95811,	Yes	Yes
	Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	64582, 64583, 64568, 64569	Yes	Yes
	Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome	42145	Yes	Yes
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) Pancreas – Kidney (SPK, PAK) Transplantation Pancreas Transplantation (Pancreas Alone)	Prior Authorization is needed for Evaluation & Actual transplant	Yes	Yes
Vagus Nerve Stimulation	Vagus Nerve Stimulation	64568, 64553	Yes	Yes
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