

2023 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 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	Medica Policy Name	Current Procedural Terminology (CPT) Codes	Medica Advantage Solution® HMO, HMO-POS, and PPO	Medica DUAL Solution® (MSHO); Medica AccessAbility Solution Enhanced (SNBC SNP)
Air Ambulance Non-Emergent	Air Ambulance Non-Emergent	A0140, A0430, A0431, A0435, A0436, S9960, S9961	N/A Not covered by Medicare	Yes
Bariatric Surgery	Bariatric Surgery	43644, 43645, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, C9784	Yes	Yes
Behavioral Health Services (Outpatient)	Behavioral Health Services	No specific coding	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

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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, 19370, 19371, 19380	Yes	Yes
Care Availability For Out-of-Network Services This does not include emergency services		No specific coding	Yes	Yes
Cartilage Implants	Autologous Cultured Chondrocyte Transplantation for the Knee	27412, J7330, S2112	Yes	Yes
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, 30468, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 69300	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	Refer to the Magellan website for Medica Clinical Guidelines
Durable Medical Equipment	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	High Frequency Chest Wall Compression (HFCWC) Devices: A7025, A7026, E0483 Bone Growth Stimulators: E0747, E0748, E0749, E0760, 20974, 20975, 20979 Microprocessor Controlled Knee and Foot System Prostheses: L5856, L5857, L5858, L5859, L5930, L5961, L5973, L5980, L5987	Yes	Yes

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	All other codes not listed are managed by appropriate NCDs/LCDs	<p>Orthosis (Spinal and Knee): L0648, L0650, L1832, L1833, L1851</p> <p>Power Flotation Bed and Mattresses Overlays: E0193; E0277; E0371; E0372; E0373</p> <p>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.</p>		
Gastro-esophageal Reflux Disease Surgery	Magnetic Esophageal Ring for the Treatment of Gastroesophageal Reflux Disease	43284	N/A Not covered by Medicare	Yes
Gender Reassignment	Gender Reassignment Surgery	<p>The following codes require PA in conjunction with gender reassignment surgery:</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</p> <p>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, 92507, 92508</p>	Yes	Yes

Service Category	Medica Policy Name	Current Procedural Terminology (CPT) Codes	Medica Advantage Solution® HMO, HMO-POS, and PPO	Medica DUAL Solution® (MSHO); Medica AccessAbility Solution Enhanced (SNBC SNP)
Home Health Care: Non-Medicaid Products	Extended Hours Home Care (Skilled Nursing Services) Home Health Aide	G0156, G0162, G0299, G0300, G0490, G0493, G0494, G0495, G0496, S9122, S9123, S9124, T1000, T1002, T1003, T1004, T1021	No	N/A
Home Health Care: Medicaid Products	Personal Care Assistance Medicaid Home Health Aide Medicaid Home Care Nursing (HCN) Services	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
Inpatient Hospital, Acute <i>Notification</i> is required (see General Information on page 1 for link to form) <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
Inpatient Hospital, Mental Health <i>Notification</i> is required (see General Information on page 1 for link to form) <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)	Notification only
Inpatient Rehabilitation Facility	Inpatient Rehabilitation Facility (Acute Rehabilitation)	No specific coding	Yes	Yes
Intraoperative Neurophysiologic Monitoring, Continuous	Intraoperative Neurophysiologic Monitoring (IONM)	95940, 95941, G0453	Yes	Yes

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Long Term Acute Care Hospital (LTACH)	Long Term Acute Care Hospital (LTACH)	No specific coding	Yes	Yes
Mechanical Circulatory Support Devices <i>Notification</i> is required (see General Information on page 1 for link to form) <ul style="list-style-type: none"> Ventricular assist devices (VAD) Total artificial heart (TAH) devices 	Mechanical Circulatory Support Devices (Coverage Policy)	33927, 33928, 33929, 33975, 33976, 33979, 33990, 33991, 33995, 0451T, 0452T, 0453T, 0454T	Notification only	Notification only
Nutritional Services	Outpatient Enteral Nutrition Therapy	B4102, B4103, B4105, B4149, B4150, B4152, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4153, B4187	Yes	Auth obtained from Care Coordinator
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
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
Real-Time Mobile Cardiac Output Telemetry	Real-Time Mobile Cardiac Outpatient Telemetry (RT-MCOT)	93228, 93229	Yes	Yes
Skilled Nursing Facility Includes extended care facility, hospital swing bed and transitional care unit	Skilled Nursing Facility	No specific coding	Yes	Yes PA applies only to hospital swing bed
Sleep apnea procedures and surgeries	Facility-Based Polysomnography, Adults (Sleep Study) Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	42145, 64568, 64569, 64582, 0424T, 0425T, 0426T, 0427T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0466T, 0467T	Yes	Yes

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	Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome			
Spinal Cord Stimulators	Spinal Cord Stimulation of the Dorsal Column for Treatment of Pain	63650, 63655, 63663, 63664, 63685, 63688	Yes	Yes
Spinal Procedures 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, 22860, 22861, 22864, 27279, 27280, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63040, 63042, 63045, 63047, 63050, 63051, 63052, 63053, 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, 0775T, 0809T	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	Prior Authorization is needed for Evaluation & Actual transplant	Yes	Yes

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	Pancreas Transplantation (Pancreas Alone)			
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

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