

## Medica Prior Authorization (PA) and Notification Requirements

### NOTE: Excludes all Medicare Products

#### 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 (PN) requirements for network providers for inpatient and outpatient services, as referenced in the Medica Provider Administrative Manual. PA does not guarantee payment. Please submit PAs and notifications electronically on the secure provider portal. If you are unable to submit electronically, 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)	Mayo Medical Plan (MMP) * PA requirement is waived for Mayo Clinic Providers	Medica Choice Care MSC+ Medica AccessAbility Solution (SNBC) Medica Choice Care PMAP Medica MinnesotaCare
<b>Air Ambulance Non-Emergent</b>	Air Ambulance Non-Emergent (III-MED.08)	A0140, A0430, A0431, A0435, A0436, S9960, S9961	Yes	Yes *	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 *  Additional CPT/HCPCS codes applicable to Mayo: 43659, 43999, S2083	Yes

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<b>Behavioral Health Services (Outpatient)</b>	Behavioral Health Services	No specific coding	No  Yes, if out-of-network	No	No
<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	No	Yes
<b>Cardiology</b>	Real-Time Mobile Cardiac Outpatient Telemetry (RT-MCOT) (III-DIA.08)	93228, 93229	Yes	No	Yes
<b>Cardiology -</b>  <i>See Carelon website - <a href="https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiology-guidelines/">https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiology-guidelines/</a></i>	Cardiac Resynchronization Therapy  Diagnostic Coronary Angiography  Endovascular Revascularization  Imaging of the Heart	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,	Yes	No	Yes

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	Implantable Cardioverter Defibrillators  Percutaneous Implantable Pacemakers  Vascular Imaging	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			
<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 *	Yes
<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 + Medica Hemophilia Program</a>	Refer to the Magellan website for <a href="#">specific drug policies and exclusions</a>	Refer to the Magellan website for <a href="#">Medica Clinical Guidelines + Medica Hemophilia Program</a>

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<b>Durable Medical Equipment</b>	<b>ALL PRODUCTS:</b> Bone Growth Stimulators –  A. Electrical (Long Bones) and Ultrasound (III-DEV.07)  B. 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 - Any/All Covered DME item that is greater than \$10,000 requires PA *  Not applicable	Yes  Yes
	<b>MAYO MMP ONLY:</b> Non-Invasive Electrical Bone Growth Stimulation of the Spine (III-DEV.10).	E0748	Not applicable	Yes - Any/All Covered DME item that is greater than \$10,000 requires PA *	Not applicable
	High Frequency Chest Wall Compression (HFCWC) Devices (III-DEV.20)	A7025, A7026, E0483	Yes	Yes - Any/All Covered DME item that is greater than \$10,000 requires PA *	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 - Any/All Covered DME item that is greater than \$10,000 requires PA *	Yes

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	Wheelchairs, Scooters and Accessories (III-DEV.25)	All wheelchairs & scooter codes.  Wheelchair accessories, repairs and modifications codes that are \$1,000 or more.	Yes	Yes - Any/All Covered DME item that is greater than \$10,000 requires PA *	Yes
<b>Gastroesophageal Reflux Disease Surgery</b>	Magnetic Esophageal Ring for the Treatment of Gastroesophageal Reflux Disease (III.SUR.42)	43284	Yes	No	Yes
<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, 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,</p>	Yes	Yes *	Yes

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		21209, 21210, 21215, 21230, 21235, 21270, 21899, 31599, 31899, 40799, 53410, 56620, 56810, 58544, 58940, 64856, 64892, 64896,			
<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	Yes	No	N/A
<b>Home Health Care: Medicaid Products</b>	Personal Care Assistance (III-HOM.03)  Medicaid Home Health Aide (III-HOM.04)  Home Care Nursing (HCN) Services for Members with Medicaid (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	N/A	PA is required for MSC+ & SNBC: Auth obtained from Care Coordinator  PA is not required for PMAP & MinnesotaCare
<b>Inpatient Hospital, Medical/Surgical</b>  <i>Notification</i> is required (see General Information on page 1 for link to form) • 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 (III-INP.01)	No specific coding	Notification only	In-network requires Notification  Yes, if out-of-network	Notification only

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<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	<b>Commercial, IFB &amp; CHI members:</b> Contact Medica Behavioral Health (MBH) ----- <b>MHPS:</b> Notification only to Medica for inpatient admission.	In-network requires Notification  Yes, if out-of-network	Notification only
<b>Inpatient Residential Treatment Facility, Mental Health and/or Substance Use</b>	Behavioral Health Services (III-BEH.01)	No specific coding	<b>Commercial, IFB &amp; CHI members:</b> Contact Medica Behavioral Health (MBH) ----- <b>MHPS:</b> Submit the PA Request Form for Behavioral Health Services to Medica	No  Yes, if out-of-network	Yes
<b>Inpatient Rehabilitation Facility</b>	Inpatient Rehabilitation Facility (Acute Rehabilitation) (III-INP.05)	No specific coding	Yes	No  Yes, if out-of-network	Yes
<b>Long Term Acute Care Hospital (LTACH)</b>	Long Term Acute Care Hospital (LTACH) (III-INP.04)	No specific coding	Yes	No  Yes, if out-of-network	Yes
<b>Mechanical Circulatory Support Devices</b>	Mechanical Circulatory Support	33927, 33928, 33929, 33975, 33976, 33979, 33990, 33991, 33995	Notification only	Notification only	Notification only

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<p><i>Notification</i> is required (see General Information on page 1 for link to form)</p> <ul style="list-style-type: none"> <li>Ventricular assist devices (VAD)</li> <li>Total artificial heart (TAH) devices</li> </ul>	Devices (Coverage Policy)				
<p><b><u>Musculoskeletal Procedures, Interventional Pain Management -</u></b></p> <p><b><u>See Carelon website: <a href="https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/">https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/</a></u></b></p>	<p>Epidural Injection Procedures &amp; Diagnostic Selective Nerve Root Blocks</p> <p>Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis (e.g., percutaneous denervation procedures)</p> <p>Regional Sympathetic Nerve Block</p> <p>Sacroiliac Joint Injection</p> <p>Spinal Cord and Nerve Root Stimulators</p>	<p>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, 64494, 64495, 64510, 64520, 64625, 64633, 64634, 64635, 64636, 94493, G0260, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T</p>	Yes	No	Yes
<p><b><u>Musculoskeletal Procedures, Interventional Pain Management – MAYO MMP ONLY</u></b></p>	<p>Spinal Cord and Dorsal Root Ganglion Stimulation for Treatment of Pain (III-DEV.26)</p>	<p>63650, 63655, 63663, 63664, 63685, 63688*, 0282T, 0283T, 0285T</p> <p>*Prior authorization for 63688 is not required for removal only (i.e., without intended revision/reoperation)</p>	No – See above	Yes*	No – See above



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<b>Musculoskeletal Procedures, (Large) Joint Surgery</b>  <b>See Carelon website:</b> <a href="https://guidelines.carelonmedicalbenefitsmanagement.com/currency-musculoskeletal-guidelines/">https://guidelines.carelonmedicalbenefitsmanagement.com/currency-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	No	Yes
<b>Musculoskeletal Procedures, Spine</b>  <b>See Carelon website:</b> <a href="https://guidelines.carelonmedicalbenefitsmanagement.com/currency-musculoskeletal-guidelines/">https://guidelines.carelonmedicalbenefitsmanagement.com/currency-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> <li>• Fusion &amp; Treatment of Spinal Deformity</li> <li>• Disc Arthroplasty</li> <li>• Posterolateral or Intertransverse</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, 22862, 22864, 22865, 27278, 27279, 63001, 63003, 63005, 63012, 63015, 63016, 63017, 63020, 63030, 63035,	Yes	No	Yes

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	Lumbar Fusion (autograft not feasible)  Sacroiliac Joint Fusion (Percutaneous/Minimally Invasive Techniques)  Electrical Bone Growth Stimulation, Noninvasive_- spine  Vertebroplasty/ Kyphoplasty  Bone Graft Substitutes and Bone Morphogenic Proteins  Anterior Lumbar Interbody Fusion (ALIF) or Lateral Lumbar Interbody Fusion (i.e., XLIF)	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	No	Yes
<b>Nutritional Services</b>	Outpatient Enteral Nutrition Therapy (III-MED.03)	B4102, B4103, B4105, B4149, B4150, B4152, B4154, B4155, B4157, B4158, B4159, B4160, B4161*, B4162, B4153*, B4187	Yes	Yes - Any/All Covered nutritional service(s) that is/are greater than \$10,000 requires PA *	Yes  For MSC+ & SNBC: Auth obtained from Care Coordinator

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		*For amino acid therapy (only) refer to Medica Coverage Policy, <i>Amino Acid-Based Elemental Formula</i> (i.e., oral administration) (B4153, B4161)		Enteral nutrition is dispensed through a DME company.	
<b>Orthognathic Surgery</b>	Orthognathic Surgery (III-SUR.32)	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	No	Yes
<b>Out-of-Network Services</b> This does not include emergency services		No specific coding	Yes	Yes	Yes
<b>Radiology Services – MAYO MMP ONLY</b>	Positron Emission Tomography (PET) Scan (III-DIA.17)	78429, 78430, 78431, 78432, 78433, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252	No <a href="#">See Radiology Services, below</a>	Yes *	No <a href="#">See Radiology Services, below</a>
<b>Radiology Services -</b> <a href="https://guidelines.carelonmedicalbenefitsmanagement.com/current-radiology-guidelines/">See Carelon website: https://guidelines.carelonmedicalbenefitsmanagement.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> </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,	Yes	No	Yes

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	<ul style="list-style-type: none"> <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>	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			
<b>Rare Diseases (Minnesota only)</b>	Rare Diseases: Access to Out-of-Network Diagnosis, Monitoring, and Treatment (III-MED.09)	No specific coding	Yes  Identification as a rare disease requires prior authorization	No	Yes  Identification as a rare disease requires prior authorization
<b>Skilled Nursing Facility</b>  Includes extended care facility, hospital swing bed and transitional care unit	Skilled Nursing Facility (III-INP.03)	No specific coding	Yes	Yes	Yes  For MSC+ & SNBC: PA applies <b>only</b> to hospital swing bed  For PMAP & MNCare: N/A

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Sleep apnea procedures and surgeries	Facility-Based Polysomnography, Adults (Sleep Study) (III-DIA.16)	95807, 95808, 95810, 95811	Yes	No  Note: Facility-Based Polysomnography (Adults) require PA when performed out-of-network	Yes
	Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (III-SUR.43)	64582, 64583, 64568, 64569	Yes	No	Yes
	Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome (III-SUR.08)	42145	Yes	No	Yes
Transplant Services	Bone Marrow or Stem Cell (Peripheral or Umbilical Cord Blood) Transplantation (III-TRA.01)  Heart/Lung Transplantation (III-TRA.08)  Heart Transplantation (Adult and	Prior Authorization is needed for Evaluation & Actual transplant	Yes	Yes, if outside U.S.	Yes

Service Category	Policy Name	Current Procedural Terminology (CPT) Codes	Commercial products Individual & Family Business (IFB) products Medica Health Plan Solutions (MHPS)	Mayo Medical Plan (MMP) * PA requirement is waived for Mayo Clinic Providers	Medica Choice Care MSC+ Medica AccessAbility Solution (SNBC) Medica Choice Care PMAP Medica MinnesotaCare
	Pediatric (III-TRA.12)  Intestinal Transplantation (III-TRA.12)  Kidney Transplantation (III-TRA.03)  Liver Transplantation (III-TRA.02)  Lung Transplantation (Single or Double) (III-TRA.11)  Pancreas – Kidney (SPK, PAK) Transplantation (III-TRA.05)  Pancreas Transplantation (Pancreas Alone) (III-TRA.04)				
<b>Vagus Nerve Stimulation</b>	Vagus Nerve Stimulation (III-DEV.24)	64568, 64553	Yes	No	Yes
<b>Vein Procedures</b>	Varicose Vein and Venous Insufficiency Treatments (III-SUR.26)	0524T, 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36478, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37785	Yes	Yes *  Additional CPT/HCPCS codes applicable to Mayo: 36468, 36476, 36479, 37780	Yes