

Medica Prior Authorization 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 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	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
Air Ambulance Non-Emergent	Air Ambulance Non-Emergent	A0140, A0430, A0431, A0435, A0436, S9960, S9961	Yes	No Yes, if using out-of-network provider	Yes
Bariatric Surgery	Bariatric Surgery	43644, 43645, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888	Yes	Yes *	Yes

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Behavioral Health Services (Outpatient)	Behavioral Health Services	No specific coding	Commercial, IFB & CHI members: Contact Medica Behavioral Health (MBH) ----- MHPS: Submit the PA Request Form for Behavioral Health Services to Medica	Applied Behavioral Analysis *	Contact Medica Behavioral Health (MBH) PA applies to Partial Hospitalization and Opioid Treatment Programs
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	No	Yes
Care Availability For Out-of-Network Services This does not include emergency services		No specific coding	Yes	Yes, All Inpatient and Residential	Yes
Cartilage Implants	Autologous Cultured Chondrocyte Transplantation for the Knee	27412, J7330, S2112	Yes	No	Yes
Cosmetic and Reconstructive Surgery	Abdominoplasty/ Panniculectomy Blepharoplasty, Blepharoptosis Repair and Brow Lift	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

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	Rhinoplasty Procedure With or Without Septoplasty Otoplasty				
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 specific drug policies and exclusions	Refer to the Magellan website for Medica Clinical Guidelines + Medica Hemophilia Program
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	A7025, A7026, E0483, E0747, E0748, E0749, E0760, L5856, L5857, L5858, L5859, L5930, L5961, 20974, 20975, 20979 All wheelchairs & scooter codes. Wheelchair accessories, repairs and modifications codes that are \$1,000 or more.	Yes	Any/All Covered DME item that is greater than \$10,000 requires PA *	Yes
Gastro-esophageal Reflux Disease Surgery	Magnetic Esophageal Ring for the Treatment of Gastroesophageal Reflux Disease	43284	Yes	No	Yes
Gender Reassignment	Gender Reassignment Procedures (Gender Affirmation Procedures)	The following codes require PA in conjunction with gender reassignment surgery: 19301, 19302, 19303, 19304, 19305, 19306, 19307, 19316, 19318, 19325,	Yes	Yes *	Yes

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		<p>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>			
Hip Arthroplasty / Replacement and Hip Resurfacing	Hip Arthroplasty/ Replacement and Hip Resurfacing	S2118, 27125, 27130, 27132	<p>Yes (Inpatient only)</p> <p>This policy only applies to:</p> <ul style="list-style-type: none"> IFB members whose PLANS are headquartered in NEBRASKA, with the exception of members in the MEDICA with CHI PRODUCT 	No	No

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			<ul style="list-style-type: none"> IFB members whose PLANS are headquartered in IOWA COMMERCIAL members whose PLANS are headquartered in NEBRASKA 		
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	Yes	No	N/A
Home Health Care: Medicaid Products	Personal Care Assistance Medicaid Home Health Aid Home Care Nursing (HCN) Services for Members with Medicaid	G0156, G0162, G0493, G0494, G0495, G0496, S9122, S9123, S9124, T1000, T1002, T1003, T1004, T1019, T1021, 99505, 99506, 99507, 99511, 99512,	N/A	N/A	No PCA for PMAP, MNCare & SNBC: N/A
Inpatient Hospital, Acute <i>Notification is required (see General Information on page 1 for link to form)</i> <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	Inpatient (Hospital) Level of Care	No specific coding	Notification only	In-network requires Notification Out of network requires PA	Notification only

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instructions and discharge date					
Inpatient Hospital, Mental Health <i>Notification is required (see General Information on page 1 for link to form)</i> <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	Commercial, IFB & CHI members: Contact Medica Behavioral Health (MBH) ----- MHPS: notification only to Medica	In-network requires Notification Out of network requires PA	Notification only
Inpatient Rehabilitation Facility	Inpatient Rehabilitation Facility (Acute Rehabilitation)	No specific coding	Yes	No Yes, if out-of-network	Yes
Knee Arthroplasty/ Replacement	Knee Arthroplasty/ Replacement	27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487	Yes (Inpatient only) This policy only applies to: <ul style="list-style-type: none"> • IFB members whose PLANS are headquartered in NEBRASKA, with the exception of members in the MEDICA with CHI PRODUCT • IFB members whose PLANS are 	No	No

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			headquartered in IOWA • COMMERCIAL members whose PLANS are headquartered in NEBRASKA		
Long Term Acute Care Hospital (LTACH)	Long Term Acute Care Hospital (LTACH)	No specific coding	Yes	No Yes, if out-of-network	Yes
Mechanical Circulatory Support Devices <i>Notification is required (see General Information on page 1 for link to form)</i> • 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	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	Enteral nutrition is dispensed through a DME company. Any/All Covered DME item that is greater than \$3,000 requires PA *	Yes For MSC+ & SNBC: 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	No	Yes

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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
Real-Time Mobile Cardiac Output Telemetry	Real-Time Mobile Cardiac Outpatient Telemetry (RT-MCOT)	93228, 93229	Yes	No	Yes
Skilled Nursing Facility Includes extended care facility, hospital swing bed and transitional care unit	Skilled Nursing Facility	No specific coding	Yes	Yes	Yes For MSC+ & SNBC: PA applies only to hospital swing bed For PMAP & MNCare: N/A
Sleep apnea procedures and surgeries	Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome	42145, 64568, 64569, 64582, 0424T, 0425T, 0426T, 0427T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0466T, 0467T	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
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	22100, 22102, 22110, 22114, 22207, 22210, 22214, 22220, 22224, 22533, 22548, 22551, 22554, 22558, 22590, 22595, 22600, 22612, 22630, 22633, 22856, 22857, 22858, 22861, 22864, 27279, 27280, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63040, 63042, 63045, 63047, 63050, 63051, 63052, 63053, 63056, 63075,	Yes	No	Yes

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	Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Medicated Joint Pain	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			
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, if outside U.S.	Yes
Vagus Nerve Stimulation	Vagus Nerve Stimulation	64568, 64553	Yes	No	Yes
Vein Procedures	Varicose Vein and Venous Insufficiency Treatments:	0524T, 36465, 36466, 36470, 36471, 36473, 36474, 36475, 36478, 36482, 36483, 37500, 37700, 37718, 37722,	Yes	Yes *	Yes

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		37735, 37760, 37761, 37765, 37766, 37785			
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Rev 02/07/2023