UPDATED: March 1, 2024

The complete medical policy library is available for reference.

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Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Medica—Master Service List (MSL)

Note: The pages with the purple sections give information on services that do not require prior authorization

Medica Health Master Service List

UPDATED: March 1, 2024
The complete medical policy library is available for reference.
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NOTE: The codes listed on this document may not be an all-inclusive list of codes that require prior authorization and/or have coverage limitations. If you are unable to find the information you need, please contact the Medica Health Customer Care Center at 866-514-4194.

Special Topic
Providers without Access to the Provider Portal
NIA's Musculoskeletal (MSK) Care Management Program

Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Abdominoplasty/Panniculectomy	N/A	MP9646
Access Techniques for Lumbar Interbody Fusion	N/A	MP9652
Actigraphy	N/A	MP9559
Air Ambulance, Non-Emergent	N/A	MP9632
Amino Acid Formulas and Human Breast Milk	Elecare, Neocate, Nutramigen AA	MP9355
Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned)	Serum, whole blood	MP9713
Automated Non-Invasive Nerve Conduction Velocity (NCV)Testing	N/A	MP9689
Bariatric Surgery and Weight Management Procedures	N/A	MP9319
Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA)	N/A	MP9690
Birthing Centers (Free-Standing)	N/A	MP9666
Blepharoplasty, Blepharoptosis Repair, and Brow Lift	Eyelid Surgery	MP9664
Bone Anchored Hearing Aid	BAHA	MP9018
Bone, Cartilage Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications	N/A	MP9545
Bone Growth (Osteogenesis) Stimulators (BGS)	BGS	MP9076
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation	N/A	MP9611
Breast Ductal Lavage	N/A	MP9691
Breast Implant Removal, Revision, or Reimplantation	N/A	MP9580
Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging	N/A	MP9692
Bronchial Thermoplasty for Treatment of Asthma	N/A	MP9693
Cardiac Event Monitors and Procedures	N/A	MP9540
Carotid Intima-Media Thickness Measurement	N/A	MP9694
Cell Therapy for the Treatment of Cardiac Disease	N/A	MP9578
Cervical Spine Surgery, Inpatient and Outpatient	C-Spine Surgery	N/A

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Chemiluminescent Testing (ViziLite) for Oral Cancer Screening	N/A	MP9568
Chemoembolization for Hepatic Tumors	N/A	MP9462
Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based	N/A	MP9631
CLEAR Institute Scoliosis Treatment Protocols	N/A	MP9695
Clinical Trials (Clinical Trial Participation)	Non-Cancer-Related Clinical Trials	MP9447
Cognitive Rehabilitation/ Remediation	N/A	MP9561
Corneal Cross-Linking (CXL)	CXL	MP9470
Cranial Electrotherapy Stimulation (CES)	N/A	MP9698
Cranial Orthotic Devices for Plagiocephaly	N/A	N/A
Craniosacral Therapy	N/A	MP9699
CT Scan	CAT Scan, Computerized Tomography, Computerized Tomography Angiography, CTA	N/A
Day Treatment – Behavioral Health	N/A	MP9557
Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis	N/A	MP9568
Dietitian Services	N/A	MP9661
Drug Eluting Stents, Bioabsorbable	Sinus Stents	MP9700
Durable Medical Equipment	Non-Covered DME, BP Cuff	MP9347
Elastography	N/A	MP9562
Electric Cell-Signalling Treatment (e.g., NeoGEN© System, Sanexas Intl.)	N/A	MP9701
Electric Tumor Treatment Field (Optune)	ETTF, Optune	MP9474
Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds	N/A	MP9702
Electromagnetic Navigation Bronchoscopy	N/A	MP9633
Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis	N/A	MP9667
Endoscopic Radiofrequency Ablation for Barrett's Esophagus	N/A	MP9628
Enhanced External Counterpulsation (EECP)	N/A	MP9620
Epidural Lysis of Adhesions	N/A	MP9704
Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB)	ESI	MP9362
Eustachian Tube Balloon Dysfunction (Acclarent AERA)	N/A	MP9604
Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement	N/A	MP9560
Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence	EMS, ExMO	MP9705

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Extracorporeal Shock Wave Treatment for Musculoskeletal Indications and Soft Tissue Injuries	ESWt	MP9706
Extracorpeal Photophoresis (Photochemotherapy)	N/A	MP9558
Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain	RFA	MP9448
Facility-Based Polysomnography, Adults (Sleep Study)	PSG, in-lab sleep	MP9676
Fecal Calprotectin Testing	N/A	MP9665
Female Breast Reduction Surgery – Reduction Mammoplasty	N/A	MP9582
Foot Care	N/A	MP9656
Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training	N/A	MP9566
Gastric Pacemaker and Gastric Electrical Stimulation	N/A	MP9463
Gastrointestinal Monitoring System (SmartPill©)	N/A	MP9707
Gender Affirmation Procedures	N/A	MP9642
Genetic Testing: General Approach to Genetic Testing	N/A	MP9610
Hearing Aids	Non-Bone Anchored Hearing Aids	MP9445
Heart/Lung Transplantation	N/A	MP9612
Heart Transplantation (Adult and Pediatric)	N/A	MP9613
High Frequency Chest Compression (Vest System)	N/A	MP9235
High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS)	N/A	MP9708
Hip Surgery, Inpatient and Outpatient	N/A	N/A
Home Health Care	N/A	N/A
Home Infusion	N/A	N/A
Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA)	BiPAP	MP9658
Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea	CPAP	MP9239
Hospice Services	N/A	MP9299
Hospital Beds	Manual Hospital Bed, Semi-Electric Hospital Bed	MP9292
Hyperbaric Oxygen Therapy and Topical Oxygen	HBO, HBO Therapy	MP9055
Inpatient (Hospital) Level of Care	N/A	MP9671
Inpatient Rehabilitation (Acute Rehabilitation)	N/A	MP9668

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Implantable Deep Brain Stimulation (DBS)	DBS	MP9331
Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea	N/A	MP9636
Inhaled Nitric Oxide Therapy	N/A	MP9654
Intense Pulsed Light Treatment for Dry Eye Disease	N/A	MP9709
Intensive Outpatient – Behavioral Health	IOP	MP9556
Interferential Current Stimulation	N/A	MP9710
Intestinal Transplantation	N/A	MP9618
Intermittent Pneumatic Compression Devices	N/A	MP9119
Intradiscal Electrothermal (IDET)	N/A	MP9711
Intraoperative Neurophysiological Monitoring (IONM)	IONM	MP9577
Iris Prothesis	Artificial Iris Devices, CustomFlex™	MP9715
Irreversible Electroporation (NanoKnife System)	N/A	MP9714
Kidney Transplantation	N/A	MP9675
Knee Surgery, Inpatient and Outpatient	N/A	N/A
Laboratory Testing	N/A	MP9539
Laser Treatments for Chorodial Neovasculari-zation (CNV) Associated with Macular Degeneration	N/A	MP9565
Light Treatment and Laser Therapies for Benign Dermatologic Conditions	UVB	MP9057
Liposuction for the Treatment of Lymphedema or Lipedema	N/A	MP9650
Liver Transplantation	N/A	MP9614
Long Term Acute Care Hospital (LTACH)	N/A	MP9669
Lumbar Spine Surgery, Inpatient and Outpatient	L-Spine Surgery	N/A
Lung Transplantation	N/A	MP9615
Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System)	N/A	MP9471
Magnetoencephalography and Magnetic Source Imaging	N/A	MP9630
Male Gynecomastia Surgery	N/A	MP9581
Mechanical Circulatory Support Devices	pVAD	MP9528
Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities	N/A	MP9659
Mechanized Spinal Decompression Traction Tables for Low Back Pain	N/A	MP9644
Microprocessor Controlled Knee Prostheses, with or without Polycentric 3D Dimensional Endoskeletal Hip Joint System	N/A	MP9638

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation	N/A	MP9467
MRI/MRA	Magnetic Resonance Angiography, Magnetic Resonance Imaging	N/A
Multichannel Intraluminal Esophageal Impedance with pH Monitoring	N/A	MP9567
Myoelectric Upper Limb Prosthetics and Orthotics	N/A	MP9637
Nebulized Intranasal Antibiotics/Antifungals for Sinusitis	N/A	MP9712
Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders	N/A	MP9579
Neuropsychological Testing	N/A	MP9493
Non-Covered Medical Procedures and Services	N/A	MP9415
Nuclear Stress Testing	ETT, Exercise Tolerance Test	N/A
Occupational Therapy (OT)	OT	N/A
Orthognathic Surgery	N/A	MP9651
Otoplasty	N/A	MP9647
Outpatient and Inpatient Electroconvulsive Therapy	ECT	MP9570
Outpatient Enteral Therapy	Tube feeding	MP9069
Pancreas-Kidney (SPK, PAK) Transplantation	N/A	MP9617
Pancreas Transplantation (Pancreas Alone)	N/A	MP9616
Partial Hospitalization Program (PHP) – Behavioral Health	PHP	MP9555
Pelvic Vein Embolization	N/A	MP9572
Percutaneous Left Atrial Appendage (LAA) Closure Therapy	LAA	MP9499
Percutaneous Tibial Nerve Stimulation	N/A	MP9563
Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty	N/A	MP9429
PET Scan	Positron Emission Tomography	N/A
Photodynamic Therapy with Visudyne®(verteporfin) for Ocular Indications	N/A	MP9660
Physical Therapy (PT)	PT	N/A
Plastic and Reconstructive Surgery	N/A	MP9022
Powered Robotic Lower-Limb Exoskeleton Devices	N/A	MP9645
Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG)	N/A	MP9622
Radiofrequency Ablation of Uterine Fibroids	N/A	MP9657
Real-Time Mobile Cardiac Outpatient Telemetry	RT-MCOT	MP9621
Repairs/Replacement of Durable Medical Equipment/Supplies	DME Repairs/Replacement	MP9106
Residential Treatment – Behavioral Health	N/A	MP9554

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Responsive Cortical Stimulation	RNS	MP9496
Rhinoplasty Procedure with or without Septoplasty	N/A	MP9648
Sacral Nerve Stimulation	N/A	MP9624
Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive	N/A	MP9643
Scanning Laser Technologies for Retina and Optic Nerve Imaging	N/A	MP9629
Scar Revision	N/A	MP9649
Scooters and Accessories	N/A	MP9641
Seat-Lift Mechanisms	N/A	MP9102
Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy	N/A	MP9684
Services Related to Dental Care	N/A	MP9271
Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic)	N/A	MP9061
Shoulder Surgery, Inpatient and Outpatient	N/A	N/A
Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD)	N/A	MP9633
Skilled Nursing Facility	Nursing Home, SNF	MP9670
Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care	N/A	MP9655
Sleep Studies: Home Sleep Studies	Home Sleep Studies,	MP9132
Spinal Cord or Dorsal Column Stimulation and Dorsal Root Ganglion (DRG) Stimulation	DCS, DRG, SCS	MP9430
Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)	N/A	MP9361
Telehealth	N/A	MP9662
Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange	N/A	MP9627
Total Ankle Replacement	N/A	MP9363
Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care	TKA, THA	MP9550
Traction for Cervical and Lumbar Pain	N/A	N/A
Transcatheter Closure of Cardiac Defects	N/A	MP9625
Transcatheter Heart Valve Replacement and Repair Procedure	N/A	MP9623
Transcranial Magnetic Stimulation	TMS	MP9526
Transport of Members (Ambulance) Ground and Water	Air Ambulance, Ambulance, Ground Ambulance, Stretcher Van	MP9137
Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery	N/A	MP9585
Trigger Point Dry Needling	N/A	MP9672

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Urethral Bulking Agents for Urinary Incontinence	VUR, VUR Treatment in Children	MP9475
Urine Drug Testing (UDT) Presumptive and Definitive	UDT, Urine Drug Screening, Urine Drug Testing	MP9460
Vagus Nerve Stimulation (VNS), Implantable	VNS	MP9232
Vein Disease Treatment	N/A	MP9241
Vertebroplasty (Kyphoplasty)	Kyphoplasty	MP9429
Virtual Care	N/A	MP9663
Wheelchairs, Manual and Accessories	N/A	MP9639
Wheelchairs, Powered and Accessories	N/A	MP9640
Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy	N/A	MP9626

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Providers without Access to the Medica Health Plan— Provider Portal

There are a small number of Medica Health — contracted providers that do not have access to the Provider Portal. For these providers only, a written Authorization Request form must be used. If you are a provider that does not have access to the Provider Portal, please follow the guidelines below:

- The various Authorization Request forms can be found on the Medical Management page.;
- Authorization request forms should be mailed or faxed on the date the request has been completed to ensure timely processing of the authorization request;
- Please complete all fields on the top part of the form in their entirety, otherwise the Medica Health Plan — Utilization Management Department will return it to the referring physician for completion;
- Authorization requests must be signed by the ordering provider if they are indicated as pre-service medically urgent; and
- When an authorization is requested to a non-contracted provider, please include as much information as possible regarding why the request is being submitted and the plan provider(s) that the member has already seen. The Medica Health Plan — Utilization Management Department will review the authorization request to ensure that (1) medically necessary care has been requested and that (2) the service(s) requested are not available with plan providers.

All written Authorization Request forms must be either faxed or mailed to Medica Health Plan — using the following information:

Fax Number	(608) 252-0863
Mailing Address	Medica Health Plan ATTN: Utilization Management P.O. Box 56099 Madison, WI 53705

NOTE: *Any prior authorization submitted as 'Medically Urgent' that does not meet the definition of medically urgent may be changed to 'Administratively Urgent'. This determination is made only by medically licensed personnel, and includes a call to the requesting provider's office advising of this change and determination.*

NOTE: *Only services that are not provided within the Medica Health Plan provider network are considered for approval with a non-contracted provider.*

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Musculoskeletal (MSK) Care Management Program

Medica Health Plan — works with NIA Healthcare for review and authorization of our Musculoskeletal (MSK) Care Management Program. This includes prior authorization by the treating physician for non-emergent inpatient and outpatient musculoskeletal surgeries, specifically hip, knee, shoulder, and lumbar and cervical spine.

This new program incorporates the following key components:

- Applicable to the following Medica Health Plan — product lines:
  - Commercial –HMO, POS and PPO
  - Administrative Services Only (ASO)

- NIA's Musculoskeletal (MSK) Care Management Program manages the medical necessity review for non-emergent inpatient and outpatient musculoskeletal surgeries through physician authorization, prior to performing the surgery.

- Members who require the services of a provider who is not a Medica Health Plan — network provider may require two authorizations. The initial authorization will need to be obtained for the use of the non-network provider via the Medica Health Plan — Utilization Management Department.

- Authorization may be submitted using NIA's website www.RadMD.com or the NIA toll-free phone number at 877.642.0622.

- Musculoskeletal surgeries included in this program are non-emergent hip, knee, shoulder, and lumbar and cervical spine surgeries. For information regarding codes, see Spine Surgery Codes or Knee, Hip or Shoulder Surgery Codes.

NIA Healthcare Customer Service

You can contact NIA's customer service representatives Monday through Friday, from 7:00 a.m. to 7:00 p.m. (CST), at 877.642.0622.

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Abdominoplasty/Panniculectomy (MP9646)

Medical Policy	Abdominoplasty/Panniculectomy (MP9646)
Alternate Service Name(s)	N/A
Additional Information	Related policy: Plastic and Reconstructive Surgery MP9022

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	15830, 15839, 15847
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Access Techniques for Lumbar Interbody Fusion (MP9652)

Medical Policy	Access Techniques for Lumbar Interbody Fusion (MP9652)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9652, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9652 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Actigraphy (MP9559)

Medical Policy	Actigraphy (MP9559)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	95803
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Air Ambulance, Non-Emergent (MP9632)

Medical Policy	Air Ambulance, Non Emergent (MP9632)
Alternate Service Name(s)	N/A
Additional Information	Non-emergent air ambulance transport requires prior authorization.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	A0140, A0430, A0431, A0435, A0436, S9960, S9961
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Amino Acid Formulas and Human Breast Milk (MP9355)

Medical Policy	Amino Acid Formulas and Human Breast Milk (MP9355)
Alternate Service Name(s)	Elecare, Neocate, Nutramigen AA
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9355, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related Policy: Outpatient Enteral Therapy MP9069

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	T2101-applies to Missouri residents only
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	B4153, B4161 Code T2101-applies to Illinois residents only.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9355 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned) (MP9713)

Medical Policy	Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned) (MP9713)
Alternate Service Name(s)	Serum, whole blood
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0232T, 0481T, G0465, P9020, S9055
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing (MP9689)

Medical Policy	Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing (MP9689)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	95905
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Bariatric Surgery and Weight Management Procedures (MP9319)

Medical Policy	Bariatric Surgery and Weight Management Procedures (MP9319)
Alternate Service Name(s)	N/A
Additional Information	Bariatric Surgery is a covered service when (1) the patient meets criteria for MP9319 **and** when (2) Bariatric Surgery is a covered benefit of the patient's specific plan type.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.	43290, 43291, 0312T
Codes that Require Authorization	43644, 43645 only requires a prior authorization if related to bariatric surgery or when performed for weight management, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43846, 43847, 43848, 43860, 43865, 43886, 43887, 43888
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Breast-Specific Gamma Imaging Scintimammography and Molecular Breast Imaging (MP9692)

Medical Policy	Breast-Spefic Gamma Imaging Scintimammography and Molecular Breast Imaging (MP9692)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9692, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	S8080
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9692 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA) (MP9690)

Medical Policy	Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA) (MP9690)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9690, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	93702 0358T
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9690 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Birthing Centers (Free-Standing) MP9666

Medical Policy	Birthing Centers (Free-Standing) MP9666
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9666, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9666 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)

Medical Policy	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)
Alternate Service Name(s)	Eyelid Surgery
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Bone Anchored Hearing Aid (MP9018)

Medical Policy	Bone Anchored Hearing Aid (MP9018)
Alternate Service Name(s)	BAHA, BAHS
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9018, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. An appropriate diagnosis code must appear on the claim.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	69710, 69711 , 69714, 69715, 69716, 69717, 69719, 69728, 69729, 69730, L8690, L8691, L8692, L8693, L8694, S2230, V5095
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9018 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Bone, Cartilage Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications (MP9545)

Medical Policy	Bone, Cartilage Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications (MP9545)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9545, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Refer to the policy for covered products and products considered to be experimental and investigational.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	A2002, 0630T, 0627T, 0628T, 0629T, 0232T
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9545 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Bone Growth (Osteogenesis) Stimulators (BGS) (MP9076)

Medical Policy	Bone Growth (Osteogenesis) Stimulators (BGS) (MP9076)
Alternate Service Name(s)	BGS
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	20974, 20975, 20979, E0747, E0748, E0749, E0760
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation MP9611

Medical Policy	Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation (MP9611)
Alternate Service Name(s)	N/A
Additional Information	See Member Certificate or Summary Plan Description regarding services available for coverage.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, S2150 Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Breast Ductal Lavage (MP9691)

Medical Policy	Breast Ductal Lavage (MP9691)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	19499
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Breast Implant Removal, Revision, or Reimplantation (MP9580)

Medical Policy	Breast Implant Removal, Revision, or Reimplantation MP9580
Alternate Service Name(s)	N/A
Additional Information	Related Medical Policies: Female Breast Reduction Surgery – Reduction Mammoplasty MP9582 Gender Affirmation Procedures MP9642 Male Gynecomastia Surgery MP9581 Plastic and Reconstructive Surgery (MP9022)

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	19328, 19330, 19340, 19342, 19370, 19371, 19380 Breast implant removal, revision, or reimplantation associated with breast reconstruction following a mastectomy AND the procedure will be coded as such does not require prior authorization. All other breast implant removal, revision or reimplantation procedures require prior authorization.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging (MP9692)

Medical Policy	Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging (MP9692)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	S8080
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Bronchial Thermoplasty for Treatment of Asthma (MP9693)

Medical Policy	Bronchial Thermoplasty for Treatment of Asthma (MP9693)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Cardiac Event Monitors and Procedures (MP9540)

Medical Policy	Cardiac Event Monitors and Cardiac Procedures (MP9540)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. **If a claim is submitted without a diagnosis code considered Medically Necessary per MP9540, the claim will deny.** If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when (1) the patient meets criteria for MP9540 **and** when (2) the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9540 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Carotid Intima-Media Thickness Measurement (MP9694)

Medical Policy	Carotid Intima-Media Thickness Measurement (MP9694)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	93895
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Cell Therapy for the Treatment of Cardiac Disease (MP9578)

Medical Policy	Cell Therapy for the Treatment of Cardiac Disease (MP9578)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0263T, 0264T, 0265T
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Cervical Spine Surgery, Inpatient and Outpatient

Medical Policy	NIA Clinical Guidelines for MSK Surgeries
Alternate Service Name(s)	C-Spine Surgery
Additional Information	Musculoskeletal Program information

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	22548, 22551, 22552, 22554, 22585, 22590, 22595, 22600, 22614, 22856, 22858, 22861, 22864, 63001, 63015, 63020, 63035, 63040, 63043, 63045, 63048, 63050, 63051, 63075, 63076, 0095T, 0098T
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	NIA Healthcare or by phone at (866) 307-9729

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Chemiluminescent Testing (ViziLite) for Oral Cancer Screening MP9569

Medical Policy	Chemiluminescent Testing (ViziLite) for Oral Cancer Screening MP9569
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. **If a claim is submitted without a diagnosis code considered Medically Necessary per MP9569, the claim will deny.** If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9569 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Chemoembolization for Hepatic Tumors (MP9462)

Medical Policy	Chemoembolization for Hepatic Tumors (MP9462)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. **If a claim is submitted without a diagnosis code considered Medically Necessary per MP9462, the claim will deny.** If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9462 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based (MP9631)

Medical Policy	Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based (MP9631)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9631, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9631 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

CLEAR Institute Scoliosis Treatment Protocols (MP9695)

Medical Policy	CLEAR Institute Scoliosis Treatment Protocols (MP9695)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	E1399
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Clinical Trials (Clinical Trial Participation) (MP9447)

Medical Policy	Clinical Trials (Clinical Trial Participation) (MP9447)
Alternate Service Name(s)	Non-Cancer-Related Clinical Trials
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9447, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. • • Medica Health Plan — will cover routine or standard patient care related to clinical trials for life-threatening diseases. A life-threatening illness is an illness or condition that more likely than not will end a person's life within six (6) months.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider. **Specialized lab evaluations and medical images which are part of standard of care but cannot be performed at a plan site **require** prior authorization through the Health Services Division.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9447 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Cognitive Rehabilitation/ Remediation (MP9561)

Medical Policy	Cognitive Rehabilitation/ Remediation (MP9561)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. **If a claim is submitted without a diagnosis code considered Medically Necessary per MP9561, the claim will deny.** If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9561 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Corneal Cross-Linking (CXL) (MP9470)

Medical Policy	Corneal Cross-Linking (CXL) (MP9470)
Alternate Service Name(s)	CXL
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	Prior authorization is not required.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Cranial Electrotherapy Stimulation (CES) (MP9698)

Medical Policy	Cranial Electrotherapy Stimulation (CES) (MP9698)
Alternate Service Name(s)	N/A
Additional Information	See Repetitive Transcranial Stimulation (rTMS) Therapy MP9526, Vagus Nerve Stimuation MP9232, and Interferential Current Stimulation MP9710 for additional information. A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	A4596, E1399, E0732
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Cranial Orthotic Devices for Plagiocephaly

Medical Policy	Medical policy retired effective 07/01/2023.
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted**. An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization not required for services provided by network providers.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Craniosacral Therapy (MP9699)

Medical Policy	Craniosacral Therapy MP9699
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	97139
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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CT Scan

Medical Policy	N/A – Refer to the Radiology Prior Authorization page on Medica Health.com for additional information
Alternate Service Name(s)	CAT Scan, Computerized Tomography, Computerized Tomography Angiography, CTA
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 74263, 75571, 75572, 75573, 75574, 75635, 76380, 77078, S8092, 0722T **Alert**: Effective for service dates on and after 9/1/2020, the health plan is reinstating the prior authorization requirement for Chest CT scans, which was temporarily waived in response to the COVID-19 public health emergency CHEST CT COVID-19.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	National Imaging Associates (NIA)

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Day Treatment – Behavioral Health MP9557

Medical Policy	Day Treatment – Behavioral Health (MP9557)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9557, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Day Treatment means a non-residential program in a medically supervised setting that provides case management, medical care, psychotherapy and other medically necessary therapies such as physical, occupational or speech therapies, and follow-up services. Day Treatment provides treatment services for members with mental or emotional disturbances, who spend only part of the 24-hour period in the services.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9557 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis MP9568

Medical Policy	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis MP9568
Alternate Service Name(s)	N/A
Additional Information	If a claim is submitted, the claim will deny.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	The diagnosis and treatment of chronic cerebrospinal venous insufficiency (CCSVI) in Multiple Sclerosis, including but not limited to, venous angioplasty, is considered experimental and investigational and therefore not medically necessary.
Provider Responsibilities to facilitate claims payment	• If a claim is submitted, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Dietitian Services (MP9661)

Medical Policy	Dietitian Services (MP9661)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9661, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9661 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Drug Eluting Stents, Bioabsorbable (MP9700)

Medical Policy	Drug Eluting Stents, Bioabsorbable (MP9700)
Alternate Service Name(s)	Sinus stents
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	S1091
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Elastography (MP9562)

Medical Policy	Elastography (MP9562)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9562, the claim will deny. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related Policies: Laboratory Testing MP9539 Genetic Testing for Gastroenterologic Disorders MP9593

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required. 76391, 76981, 76982, 76983, 91200
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9562 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Electric Cell-Signaling Treatment (e.g., neoGEN© System, Sanexas Intl.) (MP9701)

Medical Policy	Electric Cell-Signaling Treatment (e.g., neoGEN© System, Sanexas Intl.) (MP9701)
Alternate Service Name(s)	N/A
Additional Information	See Interferential Current Stimulation MP9710 for additional information. A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	64999 E1399
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Electric Tumor Treatment Field (Optune) (MP9474)

Medical Policy	Electric Tumor Treatment Field (Optune) (MP9474)
Alternate Service Name(s)	ETTF, Optune
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. This service must be ordered by an oncology specialist.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	A4555
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	E0766
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds (MP9702)

Medical Policy	Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds (MP9702)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	E0761, E0769, E1399, G0281, G0282, G0295, G0329
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Electromagnetic Navigation Bronchoscopy (MP9634)

Medical Policy	Electromagnetic Navigation Bronchoscopy (MP9634)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9634, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy (NOTE: these codes do **NOT** require a prior authorization.)	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9634 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis (MP9667)

Medical Policy	Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis (MP9667)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9667, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related Policy: Drug Eluting Stents, Bioabsorbable MP9700

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9667 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Endoscopic Radiofrequency Ablation for Barrett's Esophagus (MP9628)

Medical Policy	Endoscopic Radiofrequency Ablation for Barrett's Esophagus (MP9628)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9628, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	43257
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9628 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Enhanced External Counterpulsation (EECP) (MP9620)

Medical Policy	Enhanced External Counterpulsation (EECP) (MP9620)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when (1) the patient meets criteria for MP9620 and when (2) the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Epidural Lysis of Adhesions (MP9704)

Medical Policy	Epidural Lysis of Adhesions (MP9704)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	62263 62264
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) (MP9362)

Medical Policy	Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) (MP9362)
Alternate Service Name(s)	ESI
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9362, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9362 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Eustachian Tube Balloon Dysfunction (Acclarent AERA) (MP9604)

Medical Policy	Eustachian Tube Balloon Dysfunction (Acclarent AERA) (MP9604)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	69705, 69706, 69799
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement (MP9560)

Medical Policy	Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement (MP9560)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	83987, 95012
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence (MP9705)

Medical Policy	Extracorporeal Magnetic Stimulation fo the Treatment of Urinary Incontinence (MP9705)
Alternate Service Name(s)	EMS, ExMO
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	53899
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Extracorporeal Photophoresis (Photochemotherapy) (MP9558)

Medical Policy	Extracorpeal Photophoresis (Photochemotherapy) (MP9558)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related Policy: Therapeutic Apharesis: Plasmapharesis, Plasma Exchange MP9627

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	36522
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries (MP9706)

Medical Policy	Extracorporeal Shock Wave Therapy (ESWt) for Musculoskeletal Indications and Soft Tissue Injuries (MP9706)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	28890 0101T 0102T 0512T 0513T
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain (MP9448)

Medical Policy	Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain (MP9448)
Alternate Service Name(s)	RFA
Additional Information	This service must be ordered by a pain management specialist or a provider trained in interventional pain management.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Codes that Require Authorization	64490 64491 64492 64493 64494 64495 64633 64634 64635
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Facility-Based Polysomnography, Adults (Sleep Study) (MP9676)

Medical Policy	Facility-Based Polysomnography, Adults (Sleep Study) (MP9676)
Alternate Service Name(s)	PSG, in-lab
Additional Information	This applies to in-lab sleep studies only. Allow with Prior Authorization in-lab sleep studies for adult (18 years and older) only. See entry for home sleep studies for information. For medical necessity criteria refer to MCG™ Care Guidelines, 27th Edition, 2023 as applicable (including entire MCG categories).

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	95807, 95808, 95810, 95811 Please note: these codes are applicable for 18 years and older.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Fecal Calprotectin Testing (MP9665)

Medical Policy	Fecal Calprotectin Testing (MP9665)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9665, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9665 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Female Breast Reduction Surgery – Reduction Mammoplasty (MP9582)

Medical Policy	Female Breast Reduction Surgery – Reduction Mammoplasty MP9582
Alternate Service Name(s)	N/A
Additional Information	Related Medical Policies Breast Implant Removal, Revision, or Reimplantation MP9580 Gender Affirmation Procedures MP9642 Male Gynecomastia Surgery MP9581 Plastic and Reconstructive Surgery (MP9022)

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	19318
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Foot Care (MP9656)

Medical Policy	Foot Care (MP9656)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9656, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9656 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training MP9566

Medical Policy	Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training MP9566
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related Policy: Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	E0770, E0764
CPT codes applicable to this service **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Gastric Electrical Stimulation (GES) (MP9463)

Medical Policy	Gastric Electrical Stimulation (GES) (MP9463)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. **If a claim is submitted without a diagnosis code considered Medically Necessary per MP9509, the claim will deny.** **If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.** The criteria in this policy do not apply to those devices which have been granted a humanitarian device exemption (HDE) by the FDA, which are considered medically necessary when all FDA-required criteria are met. For a current list of HDE approved devices, refer to the FDA HDE database at: Listing of CDRH Humanitarian Device Exemptions | FDA

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	A prior authorization is **NOT** required when provided by an in-network provider under the member's plan.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9509 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Gastrointestinal Monitoring System (SmartPill©) (MP9707)

Medical Policy	Gastrointestinal Monitoring System (SmartPill©) (MP9707)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. Related Policy: Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy MP9626

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	91112
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Gender Affirmation Procedures (MP9642)

Medical Policy	Gender Affirmation Procedures (MP9642)
Alternate Service Name(s)	N/A
Additional Information	• All services related to surgical gender affirmation procedures require prior authorization. Coverage may vary according to the terms of the member's plan document. All services dependent on applicable laws and provisions per state. • See Certificate or Summary Plan Description for for services eligible for coverage Related medical policies: Abdominoplasty/Panniculectomy MP9646 Rhinoplasty Procedure with or without Septoplasty MP9648. Plastic and Reconstructive Surgery MP9022 Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	**Prior authorization required if billed with any of the following diagnosis codes**: F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890; Procedures: 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 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
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Genetic Testing: General Approach to Genetic Testing (MP9610)

Medical Policy	Genetic Testing: General Approach to Genetic Testing (MP9610)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. The complete list of genetic testing medical policies is available on the Genetic Testing: General Approach to Genetic Testing policy. Additional information regarding genetic testing can be found on the Genetic Testing page found on MedicaBenefits.com.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service is provided by an in-network provider. Claims will need to be coded correctly and services need to be medically necessary based on coverage criteria. Claims may be denied if this information is not provided or accurate.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Hearing Aids (MP9445)

Medical Policy	Hearing Aids (MP9445)
Alternate Service Name(s)	Non-Bone Anchored Hearing Aids
Additional Information	Related Policy: Bone Anchored Hearing Aids MP9018

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	V5266
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	V5030, V5040, V5050, V5060, V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5298
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9554, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Heart/Lung Transplantation (MP9612)

Medical Policy	Heart/Lung Transplantation (MP9612)
Alternate Service Name(s)	N/A
Additional Information	See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	33930, 33933, 33935. Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Heart Transplantation (Adult and Pediatric) (MP9613)

Medical Policy	Heart Transplantation (Adult and Pediatric) (MP9613)
Alternate Service Name(s)	N/A
Additional Information	See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	33940, 33944, 33945. Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

High Frequency Chest Compression (Vest System) (MP9235)

Medical Policy	High Frequency Chest Compression (Vest System) (MP9235)
Alternate Service Name(s)	N/A
Additional Information	This service must be ordered by a pulmonologist, transplant surgeon, or cystic fibrosis-treating provider.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	E0483, A7025, A7026
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) (MP9708)

Medical Policy	High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) (MP9708)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted. Related Policy: Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) MP9361

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0071T 0072T 0398T 55880 C9734
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Hip Surgery, Inpatient and Outpatient

Medical Policy	NIA Clinical Guidelines for MSK Surgeries
Alternate Service Name(s)	N/A
Additional Information	Musculoskeletal Program information For more information on total hip arthroplasty (code 27130*), please see Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550)

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	27130* (*when performed as inpatient), 27132, 27134, 27137, 27138, 29860, 29861, 29862, 29863, 29914, 29915, 29916, S2118
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	NIA Healthcare or by phone at (866) 307-9729

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Home Health Care

Medical Policy	N/A
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted**. • A prior authorization will be required when services are provided by a non-plan provider. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Home Infusion

Medical Policy	N/A
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	S9500, S9810
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	99601, 99602, G0068, G0069, G0070
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA) (MP9658)

Medical Policy	Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA) (MP9658)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9658, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0437T, 64582, 64583, 64584, S2080
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601, A9279
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9658 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea (MP9239)

Medical Policy	Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239
Alternate Service Name(s)	BiPAP, CPAP, OSA
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted**. An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9239, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related policies: Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery MP9585

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0424T, 0425T, 0426T, 0427T, 64582, 64583, 64584, S2080
CPT codes applicable to this policy (NOTE: these codes do **NOT** require a prior authorization.)	21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601, A9279
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9239 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Hospice Services (MP9299)

Medical Policy	Hospice Services (MP9299)
Alternate Service Name(s)	N/A
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Q5001, Q5002 Q5003 Q5004 Q5005 Q5006 Q5007 Q5008 Q5010 G0182 G9473 G9474 G9475 G9476 G9477 G9478 G9479 G0337 S0255
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9658 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Hospital Beds (MP9292)

Medical Policy	Hospital Beds (MP9292)
Alternate Service Name(s)	Manual Hospital Bed, Semi-Electric Hospital Bed
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9292, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0328, E0329
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9292 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Hyperbaric Oxygen Therapy and Topical Oxygen (MP9055)

Medical Policy	Hyperbaric Oxygen Therapy and Topical Oxygen (MP9055)
Alternate Service Name(s)	HBO, HBO Therapy
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	A4575, E0446
Codes that Require Authorization	N/A
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Implantable Deep Brain Stimulation (DBS) (MP9331)

Medical Policy	Implantable Deep Brain Stimulation (DBS) (MP9331)
Alternate Service Name(s)	DBS
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9331, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related Policy: Responsive Cortical Stimulation MP9496

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider. 61885, 61886
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9331 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (MP9636)

Medical Policy	Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (MP9636)
Alternate Service Name(s)	N/A
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	64582
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	41521
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Inhaled Nitric Oxide Therapy (MP9654)

Medical Policy	Inhaled Nitric Oxide Therapy (MP9654)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9654, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy (NOTE: these codes do **NOT** require a prior authorization.)	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9654 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Inpatient (Hospital) Level of Care (MP9671)

Medical Policy	Inpatient (Hospital) Level of Care (MP9671)
Alternate Service Name(s)	N/A
Additional Information	Prior authorization for elective inpatient admissions and continued stay; Notification of all inpatient admissions is required as specified in the hospital participation agreement, provider contracts and/or provider manuals.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	N/A
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Inpatient Rehabilitation (Acute Rehabilitation) (MP9668)

Medical Policy	Inpatient Rehabilitation (Acute Rehabilitation) (MP9668)
Alternate Service Name(s)	N/A
Additional Information	Prior authorization required for admission and continued stay.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	N/A
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Intense Pulsed Light Treatment for Dry Eye Disease (MP9709)

Medical Policy	Intense Pulsed Light Treatment for Dry Eye Disease (MP9709)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0507T 17999
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Intensive Outpatient - Behavioral Health (MP9556)

Medical Policy	Intensive Outpatient – Behavioral Health (MP9556)
Alternate Service Name(s)	IOP
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9661, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. A facility that provides Intensive Outpatient treatment may be a stand-alone mental health facility or a physically and programmatically-distinct unit within a facility licensed for this specific purpose, or a department within a general medical health care system. A multidisciplinary treatment program should occur three (3) days a week and provides at least 9 hours of weekly clinical services intended to comprehensively address the needs identified in the member's treatment plan. Activities that are primarily recreational or diversionary or that do not address the serious presenting symptoms/problems do not count towards the total hours of treatment delivered. The member is not considered a resident at the program.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9661 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Interferential Current Stimulation (MP9710)

Medical Policy	Interferential Current Stimulation (MP9710)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	S8130 S8131 E1399
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Intestinal Transplantation (MP9618)

Medical Policy	Intestinal Transplantation (MP9618)
Alternate Service Name(s)	N/A
Additional Information	See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	44132, 44133, 44135, 47133, 44135, 44136, 44137, 44715, 44720, 44721, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147 Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Intermittent Pneumatic Compression Devices (MP9119)

Medical Policy	Intermittent Pneumatic Compression Devices (MP9119)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code must appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9119, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9119 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Intradiscal Electrothermal (IDET) (MP9711)

Medical Policy	Intradiscal Electrothermal (IDET) (MP9711)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	22526 22527
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Intraoperative Neurophysiological Monitoring (IONM) (MP9577)

Medical Policy	Intraoperative Neurophysiological Monitoring (IONM) (MP9577)
Alternate Service Name(s)	IONM
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9577, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9577 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Iris Prosthesis (MP9715)

Medical Policy	Iris Prosthesis (MP9715)
Alternate Service Name(s)	Aritificial Iris Devices, CustomFlex™
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0616T 0617T 0618T C1839
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

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Irreversible Electroporation (NanoKnife System) (MP9714)

Medical Policy	Irreversible Electroporation (NanoKnife System) (MP9714)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0600T 0601T
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Kidney Transplantation (MP9675)

Medical Policy	Kidney Transplantation (MP9675)
Alternate Service Name(s)	N/A
Additional Information	See Member Certificate or Summary Plan Description (SPD) regarding services available for coverage. For multirgan transplant, the member must meet criteria for each organ. Please refer to applicable medical policy.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	50300 50320 50323 50325 50327 50328 50329 50340 50360 50365 50370 50380 50547
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Knee Surgery, Inpatient and Outpatient

Medical Policy	NIA Clinical Guidelines for MSK Surgeries
Alternate Service Name(s)	N/A
Additional Information	Musculoskeletal Program information For more information on total knee arthroplasty (code 27447*), please see Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550)

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	27332, 27333, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27438, 27446, 27447* (*when performed as inpatient), 27486, 27487, 27570, 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29888, 29889, G0289
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	NIA Healthcare or by phone at (866) 307-9729

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Laboratory Testing (MP9539)

Medical Policy	Labortory Testing (MP9539)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when (1) the patient meets criteria for MP9539 and when (2) the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Laser Treatments for Chorodial Neovascularization (CNV) Associated with Macular Degeneration MP9565

Medical Policy	Laser Treatments for Chorodial Neovascularization (CNV) Associated with Macular Degeneration MP9565
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. **If a claim is submitted without a diagnosis code considered Medically Necessary per MP9565, the claim will deny.** **If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.**

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9565 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Light Treatment and Laser Therapies for Benign Dermatologic Conditions (MP9057)

Medical Policy	Light Treatment and Laser Therapies for Benign Dermatologic Conditions (MP9057)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. **If a claim is submitted without a diagnosis code considered Medically Necessary per MP9057, the claim will deny.** If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9057 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Liposuction for the Treatment of Lymphedema or Lipedema (MP9650)

Medical Policy	Liposuction for the Treatment of Lymphedema or Lipedema (MP9650)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9650, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	15877, 15878, 15879 Prior authorization is not required when the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9650 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Liver Transplantation (MP9614)

Medical Policy	Liver Transplantation (MP9614)
Alternate Service Name(s)	N/A
Additional Information	See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	00796, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147 Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Long Term Acute Care Hospital (LTACH) (MP9669)

Medical Policy	Long Term Acute Care Hospital (LTACH) (MP9669)
Alternate Service Name(s)	N/A
Additional Information	Prior authorization is required for admission and continued stay.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	N/A
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Lumbar Spine Surgery, Inpatient and Outpatient

Medical Policy	NIA Clinical Guidelines for MSK Surgeries
Alternate Service Name(s)	L-Spine Surgery
Additional Information	Musculoskeletal Program information

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634, 62380, 63005, 63012, 63017, 63030, 63035, 63042, 63044, 63047, 63048, 63052, 63053, 63056, 63057
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	NIA Healthcare or by phone at (866) 307-9729

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Lung Transplantation (MP9615)

Medical Policy	Lung Transplantation (MP9615)
Alternate Service Name(s)	N/A
Additional Information	See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy ding services available for coverage.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	0494T, 0495T, 0496T, S2060, S2061, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 34714. Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System) (MP9471)

Medical Policy	Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System) (MP9471)
Alternate Service Name(s)	N/A
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	43284
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Magnetoencephalography and Magnetic Source Imaging (MP9630)

Medical Policy	Magnetoencephalography and Magnetic Source Imaging (MP9630)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9630, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9630 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Male Gynecomastia Surgery (MP9581)

Medical Policy	Male Gynecomastia Surgery MP9581
Alternate Service Name(s)	N/A
Additional Information	Related Medical Policies Female Breast Reduction Surgery – Reduction Mammoplasty MP9582 Breast Implant Removal, Revision, or Reimplantation MP9580 Gender Affirmation Procedures MP9642 Plastic and Reconstructive Surgery (MP9022)

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	19300
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	NIA Healthcare or by phone at (866) 307-9729

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Mechanical Circulatory Support Devices (MP9528)

Medical Policy	Mechanical Circulatory Support Devices (MP9528)
Alternate Service Name(s)	pVAD
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9528, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related Policies: Heart Transplantation (Adult and Pediatric) MP9613 Heart/Lung Transplantation MP9612

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9528 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities (MP9659)

Medical Policy	Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities (MP9659)
Alternate Service Name(s)	N/A
Additional Information	Low-Load Prolonged-Duration Stretch (LLPS), Static Progressive Stretch (SPS), Patient-actuated serial stretch (PASS) and Continuous Passive Motion (CPM) devices are considered experimental and investigational and therefore not covered for all indications.

Patients with Medica Health Plan — Commercial Insurance	
Non-covered service codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)** *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan Health Plan.*	E0935, E0936, E1800, E1801, E1802, E1803, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1820, E1821, E1825, E1830, E1831, E1840, E1841, L4396
Provider Responsibilities to facilitate claims payment	Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Mechanized Spinal Decompression Traction Tables for Low Back Pain (MP9644)

Medical Policy	Mechanized Spinal Decompression Traction Tables for Low Back Pain (MP9644)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9644, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
Non-covered service codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)** *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan..*	E0941
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9644 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Durable Medical Equipment (MP9347)

Medical Policy	Durable Medical Equipment (MP9347)
*Additional Medical Policies that MAY be applicable to the codes identified below (**This is NOT an all-inclusive list**)	**Beds** Hospital Beds MP9292 **Non-Covered Services/Procedure** MP9415 Non Covered Procedures and Services **Prosthesis** Limb Prosthesis MP9103 **Wheelchair** Wheelchair: Manual and Accessories MP9639 Wheelchair: Powered and Accessories MP9640 Scooters and Accessories MP9641
Alternate Service Name(s)	Non-covered DME/Supplies; Covered Automatic BP Cuff
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted**. An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9347, the claim will deny. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Continues on next page

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Durable Medical Equipment (MP9347) continued

Patients with Medica Health Plan — Commercial Insurance	
Non-covered service codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)** *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan..*	T2039, E0240, E0247, E0248, E0625, E0190, E0218, E0935, E0936, E0118, S9433, S9434, A4660, E0244, A9281, A4520, T4521, T4522, T4523, T4524, T4529, T4530, T4538, T4525, T4526, T4527, T4528, T4529, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4539, T4540, T4541, T4543, T4544, E0210, E0215, E1300, K1003, E0189, E0700, A8001, A8002, A8003, A8004, S0516, E0203, A4634, S9090, E0625, E0605, E0710, E1310 *E1399, *K0108 92618 E2506 E2508 E2510 E2511 E2512 E2599 **NOTE: Please review MP9347 (or the medical policy more specific to the requested item) to determine whether the DME/supply you are intending to provide has been identified as 'Non-Covered'.**
Covered service codes applicable to this policy that DO NOT require a Prior Authorization	**A4670, 99473, 99474** **NOTE: Please review MP9347 to determine the criteria required for claims coverage of this service.**
*PLEASE NOTE: Miscellaneous CPT Codes that MAY be non-covered OR addressed in a more specific policy	**E1399 and K0108** If the item is identified by a 'miscellaneous' or 'unspecified' codes and there is a more specific medical policy applicable to the item you must reference the more specific medical policy for criteria. Examples of some applicable more specific policies are listed in the "Additional Policies" box at the top of this page.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • Claims billed with miscellaneous codes rather than service specific codes may be denied for incorrect coding • With the exception of automatic blood pressure cuffs these items are considered to be items for comfort and/or convenience and may be a direct exclusion of the member's plan • Denied claims will be addressed through the provider and/or member appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Microprocessor Controlled Knee Prostheses, with or without Polycentric 3D Dimensional Endoskeletal Hip Joint System (MP9638)

Medical Policy	Microprocessor Controlled Knee Prostheses, with or without Polycentric 3D Dimensional Endoskeletal Hip Joint System (MP9638)
Alternate Service Name(s)	N/A
Additional Information	Related policies: Limb Prosthesis MP9103

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	L5856, L5857, L5858, L5859, L5930, L5961
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation MP9467

Medical Policy	Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation (MP9467)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when (1) the patient meets criteria for MP9467 and when (2) the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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MRI/MRA

Medical Policy	N/A – Refer to the Radiology Prior Authorization page for additional information
Alternate Service Name(s)	Magnetic Resonance Angiography, Magnetic Resonance Imaging
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 75557, 75559, 75561, 75563, 75565, 76390, 77046, 77047, 77048, 77049, 77084, S8037, 0698T, 0724T
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	National Imaging Associates (NIA)

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Multichannel Intraluminal Esophageal Impedance with pH Monitoring MP9567

Medical Policy	Multichannel Intraluminal Esophageal Impedance with pH Monitoring MP9567
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9567, the claim will deny. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. **Related Policy:** Gastrointestinal Monitoring System (Smart Pill) MP9707

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9567 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Myoelectric Upper Limb Prosthetics and Orthotics (MP9637)

Medical Policy	Myoelectric Upper Limb Prosthetics and Orthotics (MP9637)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9637, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related policies: Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional Endoskeletal Hip Joint System MP9638 Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	L6026, L6715, L6880, L6882, L8701, L8702
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	A prior authorization is **NOT** required when provided by an in-network provider under the member's plan.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9637 the claim will deny. • Denied claims will be addressed through the provider appeal process.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Submission Method	Not Applicable-Prior authorization is not required for these services

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Nebulized Intranasal Antibiotics/Antifungals for Sinusitis (MP9712)

Medical Policy	Nebulized Intranasal Antibiotics/Antifungals for Sinusitis (MP9712)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	95199
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders (MP9579)

Medical Policy	Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders (MP9579)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9579, the claim will deny. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9579 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Neuropsychological Testing (MP9493)

Medical Policy	Neuropsychological Testing (MP9493)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9493, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. This service must be performed by a licensed physician, psychologist, or mental health professional.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider. 96121, 96132, 96133
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9493 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Non-Covered Medical Procedures and Services (MP9415)

Medical Policy	Non-Covered Medical Procedures and Services (MP9415)
Alternate Service Name(s)	N/A
Additional Information	N/A

CPT Codes Related to this Policy	
Summary	**This policy indicates services which are considered either Experimental/Investigational (E/I) or Not Medically Necessary. Some MAY be considered for coverage in specific situations. Review of the actual policy is needed to determine whether the procedure/service you are intending to request has been identified as E/I or NMN.** ***The list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.****
Procedure codes addressed in MP 9415-Non-covered Medical Procedures and Services. **This is NOT an all inclusive list. Please verify the name of the service/procedure within the policy.**	**CPT/HCPCS Code** A6000, A6550, A6560, A9291, 0126T, 0200T, 0201T, 0206T, 0207T, 0275T, 0263T, 0264T, 0265T, 0341T, 0397T, 0552T, 0563T, 0487T, 0559T, 0560T, 0561T, 0562T, 0623T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0657T, 0745T, 0746T, 0747T, 0715T, 0776T, 0783T, 0615T, C1824, C1825, C1761, C9772, C9773, C9774, C9775, C1062, E0830, E0941, E2120, E0762, E0769, E2402, C1825, 0627T, 0628T, 0629T, 0630T, M0076, 33289, C2624, C9724, C9757, C9781, 64505, 64625, 0106T, 0107T, 0108T, 0109T, 0110T, 62263, 62264, 93278, 0335T, 0639T, 0631T, 93025, 0596T, 0597T, T2036, T2037, S8948, K1018, S8130, S8131, 0219T, 0220T, 0221T, 0222T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T ,0272T, 0273T, 0510T, 0511T, S2117, 67999, 0278T, K1016, 0441T, 0624T, 0625T, 0658T, 0656T, 0659T, 0692T, 0693T, 0695T, 0696T, 17999, 20999, 22899, 23405, 23406, 24347, 27000, 27005, 27006, 27306, 27599, 27602, 28446, 30469, 30999, 31299, 33999, 38999, 55899, 58578, 62287, 69779, 76498, 93701, 93740, 97124, 97533, 97605, 97606, 97608, 64555, 64575, 92499, 92700, 93264, 97039, S9101, G2170, G2171
Submission Method	Provider Portal

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	**NOTE:** Review MP9415 to determine whether the procedure/service you are intending to request has been identified as 'Non-Covered'.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Nuclear Stress Testing

Medical Policy	N/A – Refer to the Radiology Prior Authorization page for additional information
Alternate Service Name(s)	ETT, Exercise Tolerance Test
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	78451, 78452, 78453, 78454, 78481, 78483
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	National Imaging Associates (NIA)

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Occupational Therapy (OT)

Medical Policy	N/A – Refer to the Physical Therapy/Occupational Therapy Prior Authorization page for additional information
Alternate Service Name(s)	OT
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9085 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Orthognathic Surgery (MP9651)

Medical Policy	Orthognathic Surgery (MP9651)
Alternate Service Name(s)	N/A
Additional Information	For coverage related to the treatment of temporomandibular disease (TMD) refer to the member's Certificate or Summary Plan Description (SPD).

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	21085, 21110, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 2115,1 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21247, 21685, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7995, D7996
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Otoplasty (MP9647)

Medical Policy	Otoplasty (MP9647)
Alternate Service Name(s)	N/A
Additional Information	For additional information see Plastic and Reconstructive Surgery MP9022

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	69300 (Effective 10/01/2023)
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Outpatient and Inpatient Electroconvulsive Therapy MP9570

Medical Policy	Outpatient and Inpatient Electroconvulsive Therapy (MP9570)
Alternate Service Name(s)	ECT
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9570, the claim will deny. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. An appropriate diagnosis code must appear on the claim.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	90870
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9570 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Outpatient Enteral Therapy (MP9069)

Medical Policy	Outpatient Enteral Therapy (MP9069)
Alternate Service Name(s)	Tube Feedings
Additional Information	Further information for infants less than one (1) year of age can be found in the following medical policy: Amino Acid Formulas and Human Breast Milk (MP9355)

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	B4105
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Pancreas-Kidney (SPK, PAK) Transplantation (MP9617)

Medical Policy	Pancreas-Kidney (SPK, PAK) Transplantation (MP9617)
Alternate Service Name(s)	N/A
Additional Information	See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0585T, 0586T
Codes that Require Authorization	S2065 Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Pancreas Transplantation (Pancreas Alone) (MP9616)

Medical Policy	Pancreas Transplantation (Pancreas Alone) (MP9616)
Alternate Service Name(s)	N/A
Additional Information	See Member Certificate or Summary Plan Description regarding services available for coverage. For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0584T, 0585T, 0586T
Codes that Require Authorization	48160, 48550, 48551, 48552, 48554, 48556. Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Partial Hospitalization Program (PHP) – Behavioral Health (MP9555)

Medical Policy	Partial Hospitalization Program (PHP) – Behavioral Health (MP9555)
Alternate Service Name(s)	PHP
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9555, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. A facility that provides Partial Hospitalization programs may be a stand-alone mental health facility or a physically and programmatically-distinct unit within a facility licensed for this specific purpose, or a department within a general medical healthcare system. Boarding is not covered as this level of care is an ambulatory service. Multidisciplinary treatment program should occur 5 days a week and provide at least 20 hours of weekly clinical services intended to comprehensively address the needs identified in the member's treatment plan. Activities that are primarily recreational or diversionary or that do not addres the serious presenting symptoms or problems do not count towards the total hours of treatment delivered.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9555 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Pelvic Vein Embolization MP9572

Medical Policy	Pelvic Vein Embolization MP9572
Alternate Service Name(s)	N/A
Additional Information	If a claim is submitted, the claim will deny.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy	Pelvic vein embolization for treatment of pelvic congestion syndrome/chronic pelvic pain, is considered experimental and investigational, and therefore is not medically necessary
Provider Responsibilities to facilitate claims payment	• If a claim is submitted, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable

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Percutaneous Left Atrial Appendage (LAA) Closure Therapy (MP9499)

Medical Policy	Percutaneous Left Atrial Appendage (LAA) Closure Therapy (MP9499)
Alternate Service Name(s)	LAA
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	Prior authorization is not required.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Percutaneous Tibial Nerve Stimulation MP9563

Medical Policy	Percutaneous Tibial Nerve Stimulation MP9563
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted**. An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9563, the claim will deny. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9563 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty (MP9429)

Medical Policy	Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty (MP9429)
Alternate Service Name(s)	Kyphoplasty
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9429, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	22510, 22511, 22512, 22513, 22514, 22515
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9429 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

PET Scan

Medical Policy	N/A – Refer to the Radiology Prior Authorization page for additional information
Alternate Service Name(s)	Positron Emission Tomography
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	National Imaging Associates (NIA)

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Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications (MP9660)

Medical Policy	Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications (MP9660)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9660, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related Policies: Laser Treatments for Choroidal Neovascularization Associated with Macular Degeneration MP9565

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9660 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Physical Therapy (PT)

Medical Policy	N/A – Refer to the Physical Therapy/Occupational Therapy Prior Authorization page for additional information
Alternate Service Name(s)	PT
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted**. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9085 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Plastic and Reconstructive Surgery (MP9022)

Medical Policy	Plastic and Reconstructive Surgery (MP9022)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9022, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. American Medical Association (AMA) approved definitions: • Cosmetic Surgery: Cosmetic Surgery is performed to reshape normal structure of the body in order to improve the patient's appearance and self-esteem; and • Reconstructive Surgery: Reconstructive Surgery is performed on abnormal structures of the body, caused by congenital defect, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function. Related Medical Policies Female Breast Reduction Surgery – Reduction Mammoplasty MP9582 Breast Implant Removal, Revision, or Reimplantation MP9580 Gender Affirmation Procedures MP9642 Male Gynecomastia Surgery MP9581

Continues on next page

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Plastic and Reconstructive Surgery (MP9022) (continued)

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	11950, 11951, 11952, 11954, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15825, 15826, 15828, 15829, 17360, 17380, 21082, 21083, 21084, 21086, 21087, 21088, 21193, 21194, 21195, 21198, 21206, 21208, 21209, 36468, 69090
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	15832, 15833, 15834, 15835, 15836, 15837, 15838 Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9022 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)

Medical Policy	Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9645, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	A4541
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9645 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) (MP9622)

Medical Policy	Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) (MP9622)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when (1) the patient meets criteria for MP9622 and when (2) the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Radiofrequency Ablation of Uterine Fibroids (MP9657)

Medical Policy	Radiofrequency Ablation of Uterine Fibroids (MP9657)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9657, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9657 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Real-Time Mobile Cardiac Outpatient Telemetry (MP9621)

Medical Policy	Real-Time Mobile Cardiac Outpatient Telemetry (MP9621)
Alternate Service Name(s)	N/A
Additional Information	Prior authorization is not required for RT-MCOT ordered in the emergency room setting.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	93228, 93229 Prior authorization is not required for RT-MCOT ordered in the emergency room setting.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Repairs/Replacement of Durable Medical Equipment/Supplies (MP9106)

Medical Policy	Repairs/Replacement of Durable Medical Equipment/Supplies (MP9106)
Alternate Service Name(s)	DME Repairs/Replacement
Additional Information	Replacement of equipment/supplies due to loss is not a covered benefit. Related Medical Policies: Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239 Wheelchair: Manual and Accessories MP9639 Wheelchair: Powered and Accessories MP9640 Scooters and Accessories MP9641

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	A4233, A4234, A4235, A4236, A1366, A4634, A4638, A4639, A8004 L7367, L7368, L7902, V5336
Codes that Require Authorization	K0672, L4010, L4020, L4030, L4130, L8514, L8681, L8684, L8689, L8691
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Residential Treatment – Behavioral Health (MP9554)

Medical Policy	Residential Treatment – Behavioral Health (MP9554)
Alternate Service Name(s)	N/A
Additional Information	A facility that provides Residential Treatment is either a standalone mental health facility or a physically and programmatically-distinct unit within a facility licensed for this specific purpose and that includes 7 days per week, 24 hour supervision and monitoring

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	Prior authorization is required for residential treatment. See medical policy for criteria.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Responsive Cortical Stimulation (MP9496)

Medical Policy	Responsive Cortical Stimulation (MP9496)
Alternate Service Name(s)	RNS
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	Prior authorization is not required.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Rhinoplasty Procedure with or without Septoplasty (MP9648)

Medical Policy	Rhinoplasty Procedure with or without Septoplasty (MP9648)
Alternate Service Name(s)	N/A
Additional Information	Rhinoplasty and Septorhinoplasty require prior authorization Septoplasty as a stand-alone procedure does not require prior authorization. Refer to the Member Certificate or Summary Plan Description (SPD) for coverage. Cosmetic surgery is generally an exclusion of the Member Certificate or Summary Plan Description (SPD). If two or more procedures (one cosmetic and one reconstructive) are performed during the same operative session, the surgeon must delineate the cosmetic and reconstructive components associated with the procedure.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Sacral Nerve Stimulation (MP9624)

Medical Policy	Sacral Nerve Stimulation (MP9624)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when (1) the patient meets criteria for MP9624 and when (2) the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive (MP9643)

Medical Policy	Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive (MP9643)
Alternate Service Name(s)	N/A
Additional Information	• Prior authorization is not required when the SI joint fusion, open or minimally invasive, is emergent in nature.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	27279, 27280, 0775T
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Scanning Laser Technologies for Retina and Optic Nerve Imaging (MP9629)

Medical Policy	Scanning Laser Technologies for Retina and Optic Nerve Imaging (MP9629)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled if submitted.** If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0604T, 0605T, 0606T
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Scar Revision (MP9649)

Medical Policy	Scar Revision (MP9649)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9649, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9649 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Scooters and Accessories (MP9641)

Medical Policy	Scooters and Accessories MP9641
Alternate Service Name(s)	N/A
Additional Information	Refer to the Member Certificate or Summary Plan Description for coverage information. Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of $1,000 or more per item. Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization. Rental of medically necessary equipment while the member's own equipment is being repaired does not require prior authorization. A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage. Related policies: Wheelchair: Manual and Accessories MP9639 Wheelchair: Powered and Accessories MP9640

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	**Prior authorization required for purchase:** E1230, K0008, K0801, K0802, K0806, K0807, K0808, K0812
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Seat-Lift Mechanisms and Standing Devices (MP9102)

Medical Policy	Seat-Lift Mechanisms and Standing Devices (MP9102)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9102, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. All seat-lift mechanisms are subject to the following: • Coverage is limited only to those types that operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance; and • Coverage is limited to the seat-lift mechanism only, even if it is incorporated into a chair.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	E0172, E0625
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	E0627, E0629, E0630, E0635, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E1035, E1036
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9102 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy (MP9684)

Medical Policy	Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy (MP9684)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.

Patients with Medica Health Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	95027
Provider Responsibilities to facilitate claims payment	• Prior authorization, if submitted, will be cancelled as not covered for the service. • If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Services are not covered.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Services Related to Dental Care (MP9271)

Medical Policy	Services Related to Dental Care (MP9271)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9061, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9102 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic) (MP9061)

Medical Policy	Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic) (MP9061)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9061, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Shoes and shoe modifications are limited to one (1) pair per 12 months.

Patients with Medica Health — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	A5500, A5501, A5503, A5504, A5505, A5506, A5508, A5510, A5512, A5513, A5514, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3322, L3224, L3225, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3295. Prior authorization is not required when the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9061 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Shoulder Surgery, Inpatient and Outpatient

Medical Policy	NIA Clinical Guidelines for MSK Surgeries
Alternate Service Name(s)	N/A
Additional Information	Musculoskeletal Program information

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	23120, 23125, 23130, 23405, 23410, 23412, 23415, 23420, 23430, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23700, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	NIA Healthcare or by phone at (866) 307-9729

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) (MP9633)

Medical Policy	Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) (MP9633)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9633, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9633 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Skilled Nursing Facility (MP9670)

Medical Policy	Skilled Nursing Facility (MP9670)
Alternate Service Name(s)	Nursing Home, SNF, Swing Bed
Additional Information	Prior authorization is required for admission and continued stay

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	Review MP9670 to determine which codes require prior authorization.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care (MP9655)

Medical Policy	Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care (MP9655)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9655, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Refer to Appendix 1,found at the policy link above, for a list of products considered to be experimental and investigational (the list may not be all-inclusive).

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	Q4100, Q4113, Q4114, Q4115, Q4117, Q4118, Q4123, Q4126, Q4127, Q4128, Q4133, Q4135, Q4136, Q4137, Q4138, Q4139, Q4142, Q4143, Q4145, Q4146, Q4153, Q4157, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4169, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4184, Q4185, Q4189, Q4190, Q4191, Q4192, Q4195, Q4196, Q4197, Q4181, Q4183, Q4193, Q4198, Q4201, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4217, Q4218, Q4219, Q4220, Q4222, Q4226, Q4227, Q4229, Q4230, Q4231 Q4232 Q4233, Q4234, Q4235, Q4236 Q4237 Q4238, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4250 Q4252 Q4253 Q4255, Q4166 Q4170 Q4188 Q4195, Q4196, Q4197, Q4215 Q4245 Q4247 Q4251 C9250 C9352, C9353, C9361, C9364, Q4137 Q4227 Q4242 Q4276, Q4277, Q4278, Q4281, Q4282, Q4283, Q4284, C1762, C1763, C1781 C9250, C9354 C9355 C9356 C9358 C9360 C9361, C9364, C9399, A4649
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4112, Q4114, Q4116, Q4121, Q4122, Q4130, Q4132, Q4134, Q4151, Q4182, Q4186, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9655 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Sleep Studies: Home Sleep Study (MP9132)

Medical Policy	Medical policy is retired effective 1/1/2024. Sleep Studies: Unattended (Home) Polysomnography and Attended Nocturnal Polysomnography, Multiple Sleep Latency Testing and Maintenance of Wakefulness Testing MP9132
Alternate Service Name(s)	HST
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted**. If a claim is submitted that does not meet the medical necessity indicated in MP9132, the claim will be denied. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. This applies to home sleep studies only. In-lab studies require prior authorization, see entry for in-lab sleep studies for information.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	95800, 95801, 95806, G0398, G0399, G0400
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9132 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Speech Therapy (Rehabilitative/Habilitative) (MP9171)

Medical Policy	**Medical Policy retired effective 1/1/2024** Speech Therapy (Rehabilitative/Habilitative) (MP9171)
Alternate Service Name(s)	ST
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** If a claim is submitted that doesn't meet the medical necessity indicated in MP9171, the claim will be denied. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. **Note**: For ASO plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Document (SPD).

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	92507, 92508, 92521, 92522, 92523, 92523, 92524, 92526, 92550, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92558, 92559, 92560, 92561, 92562, 92563, 92564, 92565, 92566, 92567, 92568, 92569, 92570, 92571, 92572, 92573, 92574, 92575, 92576, 92577, 92578, 92579, 92580, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92588, 92589, 92590, 92591, 92592, 92593, 92594, 92595, 92596, 92597, 92610, 92611, 92612, 92613, 92614, 92615, 92616, 92617, 92618
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9171 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Spinal Cord and Dorsal Root Ganglion Stimulation for Treatment of Pain (MP9430)

Medical Policy	Spinal Cord and Dorsal Root Ganglion Stimulation for Treatment of Pain (MP9430)
Alternate Service Name(s)	DCS, DRG, SCS
Additional Information	• Prior authorization is required for the trial, permanent placement and reoperation of Spinal Cord and Dorsal Root Ganglion (DRG) Stimulation. • Following the trial, there must be documentation of improvement in pain.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	63650, 63655, 63663, 63664, 63685, 63688, L8689
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) (MP9361)

Medical Policy	Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) (MP9361)
Alternate Service Name(s)	N/A
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0421T, 55880, 0619T C2586 when billed with diagnosis code N400 or N401
Codes that Require Authorization	N/A
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Telehealth (MP9662)

Medical Policy	Telehealth (MP9662)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9662, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9662 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange (MP9627)

Medical Policy	Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange (MP9627)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9627, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. Related Policy: Extracorpeal Photophoresis (Photochemotherapy) (MP9558)

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9627 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Total Ankle Replacement (MP9363)

Medical Policy	Total Ankle Replacement (MP9363)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9363, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. This service is restricted to orthopedic surgeons or podiatry.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9363 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550)

Medical Policy	Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550)
Alternate Service Name(s)	THA, TKA
Additional Information	**When performed in an inpatient setting,** Total Knee Arthroplasty and Total Hip Arthroplasty require prior authorization by NIA Health Musculoskeletal (MSK) Care Management Program.

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	**Knee** • **Effective July 1, 2021**, if a Total Knee Arthroplasty (CPT Code 27447) is done in an Outpatient Hospital or Ambulatory Surgery Setting a prior authorization is NOT required. • All other Outpatient Hospital or Ambulatory Setting knee procedures require a prior authorization. • If the Total Knee Arthroplasty (CPT Code 27447) is done as an **Inpatient a prior authorization is required.** **Hip** • **Effective July 1, 2021,** if a Total Hip Arthroplasty (CPT Code 27130) is done in an Outpatient Hospital or Ambulatory Surgery Setting a prior authorization is NOT required. • All other Outpatient Hospital or Ambulatory Setting hip procedures require a prior authorization. • If the Total Hip Arthroplasty (CPT Code 27130) is done as an **Inpatient a prior authorization** is required.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	NIA Healthcare or by phone at (866) 307-9729.

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Traction for Cervical and Pain

Medical Policy	The medical policy is retired effective 07/01/2023
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	E0830, E0840, E0856, E0941
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	E0849, E0850, E0855
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Transcatheter Closure of Cardiac Defects (MP9625)

Medical Policy	Transcatheter Closure of Cardiac Defects (MP9625)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when (1) the patient meets criteria for MP9625 and when (2) the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Transcatheter Heart Valve Replacement and Repair Procedure (MP9623)

Medical Policy	Transcatheter Heart Valve Replacement and Repair Procedure (MP9623)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when (1) the patient meets criteria for MP9623 and when (2) the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Transcranial Magnetic Stimulation (MP9526)

Medical Policy	Transcranial Magnetic Stimulation (MP9526)
Alternate Service Name(s)	TMS
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** • A prior authorization will be required when services are provided by a non-plan provider. • **If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.**

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when (1) the patient meets criteria for MP9526 and when (2) the service is provided by an in-network provider. 90867, 90868, 90869
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Transport of Members (Ambulance) Ground and Water (MP9137)

Medical Policy	Transport of Members (Ambulance) Ground and Water (MP9137)
Alternate Service Name(s)	Water Ambulance, Ambulance, Ground Ambulance, Stretcher Van
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9239, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service. NOTE: • As a general rule, ambulance transportation is only a covered benefit when the member is taken to the nearest facility (e.g., hospital, skilled nursing facility) which could be expected to have appropriate facilities for treatment of the illness or injury involved. • Unplanned ground ambulance transport does not require prior authorization. • Planned ground ambulance with transport requires prior authorization refer to the medical policy for additional information. • Please refer to Air Ambulance, Non Emergent (MP9632) for additional information regarding prior authorization.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy (NOTE: these codes do **NOT** require a prior authorization.)	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9137 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery (MP9585)

Medical Policy	Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery MP9585
Alternate Service Name(s)	N/A
Additional Information	Related policies: Unattended (Home) Sleep Studies and Attended Nocturnal Polysomnography, Multiple Sleep Latency Testing and Maintenance of Wakefulness Testing MP9132 Treatment of Obstructive Sleep Apnea (OSA) (MP9239)

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	21193, 21195, 21198, 41512, S2080
Codes that Require Authorization	21196, 21199, 30400, 30410, 30420, 30430, 30435, 30450, 42145, 64582
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Trigger Point Dry Needling (MP9672)

Medical Policy	Trigger Point Dry Needling (MP9672)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9672, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	20560 20561
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9672 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Urethral Bulking Agents for Urinary Incontinence (MP9475)

Medical Policy	Urethral Bulking Agents for Urinary Incontinence (MP9475)
Alternate Service Name(s)	VUR, VUR Treatment in Children
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	N/A
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Urine Drug Testing (UDT) Presumptive and Definitive (MP9460)

Medical Policy	Urine Drug Testing (UDT) Presumptive and Definitive (MP9460)
Alternate Service Name(s)	UDT, Urine Drug Screening, Urine Drug Testing
Additional Information	N/A

Patients with Medica SSM Health Employee Health Plan	
Codes that Require Authorization	Prior authorization is not required when (1) the patient meets criteria for MP9460 and when (2) the service is provided by an in-network provider.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Vagus Nerve Stimulation (VNS), Implantable (MP9232)

Medical Policy	Vagus Nerve Stimulation (VNS), Implantable (MP9232)
Alternate Service Name(s)	VNS
	Revision or replacement foes not require prior authorization.

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, K1020
Codes that Require Authorization	64553, 64568
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Vein Disease Treatment (MP9241)

Medical Policy	Vein Disease Treatment (MP9241)
Alternate Service Name(s)	N/A
Additional Information	N/A

Patients with Medica Health Plan — Commercial Insurance	
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	36468
Codes that Require Authorization	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

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Virtual Care (MP9663)

Medical Policy	Virtual Care (MP9663)
Alternate Service Name(s)	N/A
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. • An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9663, the claim will deny unless coverage is mandated by state/federal laws. • If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes DO NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• A prior authorization is **NOT** required when provided by an in-network provider under the member's plan. • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9663 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services

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Wheelchairs, Manual and Accessories (MP9639)

Medical Policy	Wheelchair: Manual and Accessories MP9639
Alternate Service Name(s)	N/A
Additional Information	Refer to the Member Certificate or Summary Plan Description for coverage information. Purchase of all wheelchair and scooter codes require prior authorization. Related policies: Wheelchair: Powered and Accessories MP9640 Scooters and Accessories MP9641

Patients with Medica Health Plan — Commercial Insurance	
Codes/services that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage with Medica Health Plan.*	A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage.
Codes/services that Require Authorization	Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of $1,000 or more per item. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization.
Services that do not require prior authorization	Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Rental of medically necessary equipment while the member's own equipment is being repaired does not require prior authorization.
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Wheelchairs, Powered and Accessories (MP9640)

Medical Policy	Wheelchair: Powered and Accessories MP9640
Alternate Service Name(s)	N/A
Additional Information	Refer to the Member Certificate or Summary Plan Description for coverage information. Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of $1,000 or more per item. Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization. Rental of medically necessary equipment while the member's own equipment is being repaired does not require prior authorization. A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage. Related policies: Wheelchair: Manual and Accessories MP9639 Scooters and Accessories MP9641

Patients with Medica Health Plan — Commercial Insurance	
Codes that Require Authorization	Prior authorization required for purchase: E1239, K0010, K0011, K0012, K0013, K0014, K0813, K0814, K0815, K0816, E0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K1031, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, E0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899, Prior authorization required for accessories, repairs or modifications: E2301, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2368, E2369, E2370, E2371, E2372, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2397, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2398, K0098, K0108, K0733, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E2608, E2619, E2620, E2621, E2622, E2623, E2624, E2625
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • Medica Health Plan — Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	Provider Portal

Coverage of any medical or drug intervention discussed in this document is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy (MP9626)

Medical Policy	Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy (MP9626)
Alternate Service Name(s)	N/A
Additional Information	**A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.** An appropriate diagnosis code **must** appear on the claim; claims will deny in the absence of an appropriate diagnosis code. If a claim is submitted without a diagnosis code considered Medically Necessary per MP9626, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider **must** be authorized **prior** to the service.

Patients with Medica Health Plan — Commercial Insurance	
CPT codes applicable to this policy **(NOTE: these codes do NOT require a prior authorization.)**	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	• **A prior authorization is NOT required when provided by an in-network provider under the member's plan.** • Prior authorization, if submitted, will be cancelled as not needed for the service. • If a claim is submitted without a diagnosis code considered Medically Necessary per MP9626 the claim will deny. • Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable-Prior authorization is not required for these services