

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 Health Master Service List (MSL)

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

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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
<a href="#">Providers without Access to the Medica Health Provider Portal</a>
<a href="#">NIA's Musculoskeletal (MSK) Care Management Program</a>

Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<a href="#">Abdominoplasty/Panniculectomy</a>	N/A	MP9646
<a href="#">Access Techniques for Lumbar Interbody Fusion</a>	N/A	MP9652
<a href="#">Actigraphy</a>	N/A	MP9559
<a href="#">Air Ambulance, Non-Emergent</a>	N/A	MP9632
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<a href="#">Bariatric Surgery and Weight Management Procedures</a>	N/A	MP9319
<a href="#">Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease</a>	N/A	MP9674
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<a href="#">Birth Centers (Free-Standing)</a>	N/A	MP9666
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<a href="#">Bone Anchored Hearing Aid</a>	BAHA	MP9018
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<a href="#">Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation</a>	N/A	MP9611
<a href="#">Breast Ductal Lavage</a>	N/A	MP9691
<a href="#">Breast Implant Removal, Revision, or Reimplantation</a>	N/A	MP9580

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<a href="#">Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging</a>	N/A	MP9692
<a href="#">Bronchial Thermoplasty for Treatment of Asthma</a>	N/A	MP9693
<a href="#">Cala Trio Therapy for Essential Tremor</a>	N/A	MP9757
<a href="#">Cardiac Event Monitors and Procedures</a>	N/A	MP9540
<a href="#">Carotid Intima-Media Thickness Measurement</a>	N/A	MP9694
<a href="#">Cell Therapy for the Treatment of Cardiac Disease</a>	N/A	MP9578
<a href="#">Cervical Spine Surgery, Inpatient and Outpatient</a>	C-Spine Surgery	N/A
<a href="#">Chemiluminescent Testing (ViziLite) for Oral Cancer Screening</a>	N/A	MP9569
<a href="#">Chemoembolization for Hepatic Tumors</a>	N/A	MP9462
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<a href="#">CLEAR Institute Scoliosis Treatment Protocols</a>	N/A	MP9695
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<a href="#">Cognitive Rehabilitation/ Remediation (</a>	N/A	MP9561
<a href="#">Collagen Cross Links Tests as Markers of Bone Turnover</a>	N/A	MP9677
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<a href="#">Corneal Cross-Linking (CXL)</a>	CXL	MP9470
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<a href="#">Craniosacral Therapy</a>	N/A	MP9699
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<a href="#">Day Treatment – Behavioral Health</a>	N/A	MP9557
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<a href="#">Durable Medical Equipment</a>	Non-Covered DME, BP cuff	MP9347
<a href="#">Elastography</a>	N/A	MP9562

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<a href="#">Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.)</a>	N/A	MP9701
<a href="#">Electric Tumor Treatment Field (Optune)</a>	ETTF, Optune	MP9474
<a href="#">Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</a>	N/A	MP9702
<a href="#">Electromagnetic Navigation Bronchoscopy</a>	N/A	MP9634
<a href="#">Endoscopic Balloon Sinuplasty Ostial Dilatation Chronic Sinusitis</a>	N/A	MP9667
<a href="#">Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)</a>	N/A	MP9703
<a href="#">Endoscopic Radiofrequency Ablation for Barrett's Esophagus</a>	N/A	MP9628
<a href="#">Enhanced External Counterpulsation (EECP)</a>	N/A	MP9620
<a href="#">Epidural Lysis of Adhesions</a>	N/A	MP9704
<a href="#">Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB)</a>	ESI	MP9362
<a href="#">Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement</a>	N/A	MP9560
<a href="#">Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence</a>	N/A	MP9705
<a href="#">Extracorporeal Photophoresis (Photochemotherapy)</a>	N/A	MP9558
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<a href="#">Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain</a>	RFA	MP9448
<a href="#">Facility-Based Polysomnography, Adult (Sleep Study)</a>	MSLT, MWT, Portable Sleep Studies, PSG	MP9676
<a href="#">Fecal Calprotectin Testing</a>	N/A	MP9665
<a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty</a>	N/A	MP9582
<a href="#">Female External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit)</a>	N/A	MP9759
<a href="#">Food Allergy/Intolerance Testing (in vitro)</a>	N/A	MP9679
<a href="#">Foot Care</a>	N/A	MP9656
<a href="#">Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training</a>	N/A	MP9566
<a href="#">Gastric Electrical Stimulation (GES)</a>	N/A	MP9463
<a href="#">Gastrointestinal Monitoring System (SmartPill®)</a>	N/A	MP9707
<a href="#">Gender Affirmation Procedures</a>	N/A	MP9642
<a href="#">Genetic Testing: General Approach to Genetic Testing</a>	N/A	MP9610

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<a href="#">Hair Analysis in the Clinical Setting</a>	N/A	MP9680
<a href="#">Hearing Aids</a>	Non-Bone Anchored Hearing Aids	MP9445
<a href="#">Heart/Lung Transplantation</a>	N/A	MP9612
<a href="#">Heart Transplantation (Adult and Pediatric)</a>	N/A	MP9613
<a href="#">High Frequency Chest Compression (Vest System)</a>	N/A	MP9235
<a href="#">High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS)</a>	N/A	MP9708
<a href="#">Hip Surgery, Inpatient and Outpatient</a>	N/A	N/A
<a href="#">Home Health Care</a>	N/A	N/A
<a href="#">Home Infusion</a>	N/A	N/A
<a href="#">Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA)</a>	N/A	MP9658
<a href="#">Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</a>	CPAP	MP9239
<a href="#">Hospice Services</a>	N/A	MP9299
<a href="#">Hyperbaric Oxygen Therapy and Topical Oxygen</a>	HBO, HBO Therapy	MP9055
<a href="#">Implantable Deep Brain Stimulation (DBS)</a>	DBS	MP9331
<a href="#">Implantable Peripheral Nerve Stimulator for the Treatment of Pain</a>	N/A	MP9769
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<a href="#">Inhaled Nitric Oxide Therapy</a>	N/A	MP9654
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<a href="#">Inpatient Rehabilitation (Acute Rehabilitation)</a>	N/A	MP9668
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<a href="#">Intensive Outpatient – Behavioral Health</a>	IOP	MP9556
<a href="#">Interferential Current Stimulation</a>	N/A	MP9710
<a href="#">Intestinal Transplantation</a>	N/A	MP9618
<a href="#">Intermittent Pneumatic Compression Devices</a>	N/A	MP9119
<a href="#">Intradiscal Electrothermal (IDET)</a>	N/A	MP9711
<a href="#">Intraoperative Neurophysiological Monitoring (IONM)</a>	IONM	MP9577
<a href="#">Intravascular Shockwave Lithotripsy for the Treatment of Coronary Artery Disease</a>	N/A	MP9770

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<a href="#">In Vitro Chemosensitivity and Chemoresistance Assays</a>	N/A	MP9760
<a href="#">Iris Prosthesis</a>	N/A	MP9715
<a href="#">Irreversible Electroporation (NanoKnife System)</a>	N/A	MP9714
<a href="#">Knee Surgery, Inpatient and Outpatient</a>	N/A	N/A
<a href="#">Kidney Transplantation</a>	N/A	MP9675
<a href="#">Laboratory Testing</a>	N/A	MP9539
<a href="#">Laser Treatments for Choroidal Neovascularization (CNV) Associated with Macular Degeneration</a>	N/A	MP9565
<a href="#">Light Treatment and Laser Therapies for Benign Dermatologic Conditions</a>	UVB	MP9057
<a href="#">Lipoprotein-associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC® Test)</a>	N/A	MP9687
<a href="#">Lipoprotein Subclass Testing for Screening, Evaluation, and Monitoring of Cardiovascular Disease</a>	N/A	MP9681
<a href="#">Liposuction for the Treatment of Lymphedema or Lipedema</a>	N/A	MP9650
<a href="#">Liver Transplantation</a>	N/A	MP9614
<a href="#">Long Term Acute Care Hospital (LTACH)</a>	LTACH	MP9669
<a href="#">Lumbar Spine Surgery, Inpatient and Outpatient</a>	L-Spine Surgery	N/A
<a href="#">Lung Transplantation</a>	N/A	MP9615
<a href="#">Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System)</a>	N/A	MP9471
<a href="#">Magnetoencephalography and Magnetic Source Imaging</a>	N/A	M9630
<a href="#">Male Gynecomastia Surgery</a>	N/A	MP9581
<a href="#">Mechanical Circulatory Support Devices</a>	N/A	MP9528
<a href="#">Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities</a>	N/A	MP9659
<a href="#">Mechanized Spinal Decompression Traction Tables for Low Back Pain</a>	N/A	MP9644
<a href="#">Microprocessor Controlled Knee Prostheses, with or without Polycentric 3D Dimensional Endoskeletal Hip Joint System</a>	N/A	MP9638
<a href="#">mild® Procedure (mild® Device Kit)</a>	N/A	MP9761
<a href="#">Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation</a>	N/A	MP9467

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<a href="#">MRI/MRA</a>	Magnetic Resonance Angiography, Magnetic Resonance Imaging	N/A
<a href="#">Multichannel Intraluminal Esophageal Impedance with pH Monitoring</a>	N/A	MP9567
<a href="#">Myoelectric Upper Limb Prosthetics and Orthotics</a>	N/A	MP9637
<a href="#">Nasal Implant, Absorbable for Treatment of Nasal Valve Collapse</a>	N/A	MP9773
<a href="#">Nebulized Intranasal Antibiotics/Antifungals for Sinusitis</a>	N/A	MP9712
<a href="#">Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders</a>	N/A	MP9579
<a href="#">Neuropsychological Testing</a>	N/A	MP9493
<a href="#">Non-Covered Medical Procedures and Services</a>	N/A	MP9415
<a href="#">Non-invasive Measurement of Left Ventricular End Diastolic Pressure</a>	N/A	MP9767
<a href="#">Nuclear Stress Testing</a>	ETT, Exercise Tolerance Test	N/A
<a href="#">Occupational Therapy (OT)</a>	OT	N/A
<a href="#">Orthognathic Surgery</a>	N/A	MP9651
<a href="#">Otoplasty</a>	N/A	MP9647
<a href="#">Outpatient and Inpatient Electroconvulsive Therapy MP9570</a>	ECT	MP9570
<a href="#">Outpatient Enteral Therapy</a>	Tube feeding	MP9069
<a href="#">Pancreas-Kidney (SPK, PAK) Transplantation</a>	N/A	MP9617
<a href="#">Pancreas Transplantation (Pancreas Alone)</a>	N/A	MP9616
<a href="#">Partial Hospitalization Program (PHP) – Behavioral Health</a>	PHP	MP9555
<a href="#">Pelvic Vein Embolization</a>	N/A	MP9572
<a href="#">Percutaneous Left Atrial Appendage (LAA) Closure Therapy</a>	LAA	MP9499
<a href="#">Percutaneous Left Ventricular Assist Device (pVAD)</a>	pVAD	MP9528
<a href="#">Percutaneous Tibial Nerve Stimulation</a>	N/A	MP9563
<a href="#">Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty</a>	Kyphoplasty	MP9429
<a href="#">PET Scan</a>	Positron Emission Tomography	N/A
<a href="#">Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications</a>	N/A	MP9660
<a href="#">Physical Therapy (PT)</a>	PT	N/A
<a href="#">Plastic and Reconstructive Surgery</a>	N/A	MP9022
<a href="#">Powered Robotic Lower-Limb Exoskeleton Devices</a>	N/A	MP9645
<a href="#">Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG)</a>	N/A	MP9622

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<a href="#">Radioembolization for Hepatitic Tumors</a>	N/A	MP9774
<a href="#">Radiofrequency Ablation of Uterine Fibroids</a>	N/A	MP9657
<a href="#">Real-Time Mobile Cardiac Outpatient Telemetry</a>	N/A	MP9621
<a href="#">Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM)</a>	N/A	MP9716
<a href="#">Repairs/Replacement of Durable Medical Equipment/Supplies</a>	DME Repairs/Replacement	MP9106
<a href="#">Residential Treatment – Behavioral Health</a>	N/A	MP9554
<a href="#">Responsive Cortical Stimulation</a>	RNS	MP9496
<a href="#">Rhinoplasty Procedure with or without Septoplasty</a>	N/A	MP9648
<a href="#">Sacral Nerve Stimulation</a>	N/A	MP9624
<a href="#">Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive</a>	N/A	MP9643
<a href="#">Salivary Estriol Test for Preterm Labor</a>	N/A	MP9682
<a href="#">Salivary Hormone Tests</a>	N/A	MP9683
<a href="#">Scanning Laser Technologies for Retina and Optic Nerve Imaging</a>	N/A	MP9629
<a href="#">Scar Revision</a>	N/A	MP9649
<a href="#">Scooters and Accessories</a>	N/A	MP9641
<a href="#">Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy</a>	N/A	MP9684
<a href="#">Services Related to Dental Care</a>	N/A	MP9271
<a href="#">Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic)</a>	N/A	MP9061
<a href="#">Shoulder Surgery, Inpatient and Outpatient</a>	N/A	N/A
<a href="#">Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD)</a>	N/A	MP9633
<a href="#">Skilled Nursing Facility</a>	Nursing Home, SNF	MP9670
<a href="#">Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care</a>	N/A	MP9655
<a href="#">Speech Therapy (Rehabilitative/Habilitative)</a>	Acute Speech Therapy, Habilitative Speech Therapy, Rehabilitative Speech Therapy	MP9171
<a href="#">Sphenopalatine Ganglion Block for the Treatment of Headache</a>	N/A	MP9764
<a href="#">Spinal Cord or Dorsal Column Stimulation and Dorsal Root Ganglion (DRG) Stimulation</a>	DCS, DRG, SCS	MP9430
<a href="#">Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</a>	N/A	MP9361
<a href="#">Technology Assisted Surgical Techniques (Robotic Surgery)</a>	N/A	MP9546
<a href="#">Telehealth</a>	N/A	MP9662



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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<a href="#">Testing for Neutralizing Antibodies to Interferon Beta in the Management of Multiple Sclerosis</a>	N/A	MP9685
<a href="#">Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange</a>	N/A	MP9627
<a href="#">Total Ankle Replacement</a>	N/A	MP9363
<a href="#">Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care</a>	TKA, THA	MP9550
<a href="#">Traction for Cervical and Lumbar Pain</a>	N/A	N/A
<a href="#">Transcatheter Closure of Cardiac Defects</a>	N/A	MP9625
<a href="#">Transcatheter Heart Valve Replacement and Repair Procedure</a>	N/A	MP9623
<a href="#">Transcranial Magnetic Stimulation</a>	TMS	MP9526
<a href="#">Transport of Members (Ambulance) Ground and Water</a>	Air Ambulance, Ambulance, Ground Ambulance, Stretcher Van	MP9137
<a href="#">Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery</a>	N/A	MP9585
<a href="#">Trigger Point Dry Needling</a>	N/A	MP9672
<a href="#">Urethral Bulking Agents for Urinary Incontinence</a>	VUR, VUR Treatment in Children	MP9475
<a href="#">Urine Drug Testing (UDT) Presumptive and Definitive</a>	UDT, Urine Drug Screening, Urine Drug Testing	MP9460
<a href="#">Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea</a>	N/A	MP9775
<a href="#">Vagus Nerve Stimulation (VNS), Implantable</a>	VNS	MP9232
<a href="#">Vein Disease Treatment</a>	N/A	MP9241
<a href="#">Virtual Care</a>	N/A	MP9663
<a href="#">Vitamin D Testing for Screening</a>	N/A	MP9686
<a href="#">Wheelchairs, Manual and Accessories</a>	N/A	MP9639
<a href="#">Wheelchairs, Powered and Accessories</a>	N/A	MP9640
<a href="#">Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy</a>	N/A	MP9626

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### Providers without Access to the Medica Health Provider Portal

There are a small number of Medica Health contracted providers that do not have access to the Medica Health 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 Medica Health Provider Portal, please follow the guidelines below:

- The various Authorization Request forms can be found on the [Medical Management page of Medica Health.com](#);
- 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 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 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 using the following information:

Fax Number	(608) 252-0863
Mailing Address	Medica Health 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 and/or does not have a physician's signature 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 provider network are considered for approval with a non-contracted provider.

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### Musculoskeletal (MSK) Care Management Program

Medica Health 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 product lines:
  - Commercial – Medica Health HMO, Medica Health POS and Medica Health 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 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 Utilization Management Department.
- Authorization may be submitted using NIA's website [www.RadMD.com](http://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	<a href="#">Abdominoplasty/Panniculectomy</a> (MP9646)
Alternate Service Name(s)	N/A
Additional Information	Related policy: <a href="#">Plastic and Reconstructive Surgery</a> MP9022

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	15830, 15839, 15847
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Access Techniques for Lumbar Interbody Fusion (MP9652)

Medical Policy	<a href="#">Access Techniques for Lumbar Interbody Fusion</a> (MP9652)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9652 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Actigraphy (MP9559)

Medical Policy	<a href="#">Actigraphy</a> (MP9559)
Alternate Service Name(s)	N/A
Additional Information	<p>A Prior Authorization will <b>NOT</b> 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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	95803
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Air Ambulance, Non-Emergent (MP9632)

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

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	A0140, A0430, A0431, A0435, A0436, S9960, S9961
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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## Allogenic Pancreatic Islet Cell Transplantation MP9756

Medical Policy	<a href="#">Allogenic Pancreatic Islet Cell Transplantation MP9756</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	G0341, G0342, G0343, 0584T, 0585T, 0586T
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.



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### Amino Acid Formulas and Human Breast Milk (MP9355)

Medical Policy	<a href="#">Amino Acid Formulas and Human Breast Milk</a> (MP9355)
Alternate Service Name(s)	Elecare, Neocate, Nutramigen AA
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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 <b>must</b> be authorized <b>prior</b> to the service.</p> <p><b>**Human breast milk when ordered by a Health Care Provider requires prior authorization through the Health Services Division for members enrolled in the state of Illinois and is covered for specific conditions. Per IL Statute 215 ILCS 5/356z.33(a).</b></p> <p>Related Policy:  <a href="#">Outpatient Enteral Therapy MP9069</a></p>

### 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.*	T2101-applies to Missouri residents only
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	B4153, B4161 Code T2101-applies to Illinois residents only. Human breast milk when ordered by a Health Care Provider <b>requires</b> prior authorization
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9355 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>

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Submission Method	Not Applicable-Prior authorization is not required for these services
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## Annulus Fibrosis Repair Devices (MP9688)

Medical Policy	<a href="#">Annulus Fibrosis Repair Devices (MP9688)</a>
Alternate Service Name(s)	N/A
Additional Information	<b><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u></b>

## 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.*	C9757
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.

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

Medical Policy	<a href="#">Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood (MP9713))</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	0232T 0481T G0465 P9020 S9055
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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

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

### 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.*	95905
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Bariatric Surgery and Weight Management Procedures (MP9319)

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

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.*	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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease MP9674

Medical Policy	<a href="#">Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease MP9674</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>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.</li> <li>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

### 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.*	0002M, 0003M, 81517, 0166U
CPT codes applicable to this policy <b>(NOTE: these codes DO NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9662 the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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

Medical Policy	<a href="#">Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA)</a> (MP9690)
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	93702, 0358T
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Birth Centers (Free-Standing) MP9666

Medical Policy	<a href="#">Birth Centers (Free-Standing)</a> MP9666
Alternate Service Name(s)	N/A
Additional Information	<p>A Prior Authorization will <b>NOT</b> be processed for these requests and will be cancelled as not required if submitted.</p> <ul style="list-style-type: none"> <li>• A prior authorization will be required when services are provided by a non-plan provider.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> <li>• An appropriate diagnosis code must appear on the claim.</li> </ul>

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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### Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)

Medical Policy	<a href="#">Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)</a>
Alternate Service Name(s)	Eyelid Surgery
Additional Information	N/A

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Bone Anchored Hearing Aid (MP9018)

Medical Policy	<a href="#">Bone Anchored Hearing Aid</a> (MP9018)
Alternate Service Name(s)	BAHA, BAHS
Additional Information	<p>A Prior Authorization will <b>NOT</b> 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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service. An appropriate diagnosis code must appear on the claim.</p>

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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

Medical Policy	<a href="#">Bone, Cartilage Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications</a> (MP9545)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

### 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.*	A2002, 0630T, 0627T, 0628T, 0629T, 0232T
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9545 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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 Growth (Osteogenesis) Stimulators (BGS) (MP9076)

Medical Policy	<a href="#">Bone Growth (Osteogenesis) Stimulators (BGS)</a> (MP9076)
Alternate Service Name(s)	BGS
Additional Information	N/A

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	20974, 20975, 20979, E0747, E0748, E0749, E0760
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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

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

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Breast Ductal Lavage (MP9691)

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

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.*	19499
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Breast Implant Removal, Revision, or Reimplantation (MP9580)

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

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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

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

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.*	S8080
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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### Bronchial Thermoplasty for Treatment of Asthma (MP9693)

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

Patients with Medica Health Commercial Insurance	
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Cala Trio Therapy for Essential Tremor MP9757

Medical Policy	<a href="#">Cala Trio Therapy for Essential Tremor MP9757</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	E0734
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.

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### Cardiac Event Monitors and Procedures (MP9540)

Medical Policy	<a href="#">Cardiac Event Monitors and Procedures</a> (MP9540)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim. Claims will deny in the absence of an appropriate diagnosis code</p> <p>A prior authorization will be required when services are provided by a non-plan provider.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>An appropriate diagnosis code must appear on the claim.</p>

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Carotid Intima-Media Thickness Measurement (MP9694)

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

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.*	93895
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Cell Therapy for the Treatment of Cardiac Disease (MP9578)

Medical Policy	<a href="#">Cell Therapy for the Treatment of Cardiac Disease</a> (MP9578)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim. Claims will deny in the absence of an appropriate diagnosis code</p> <p>A prior authorization will be required when services are provided by a non-plan provider.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>An appropriate diagnosis code must appear on the claim.</p>

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.*	0263T, 0264T, 0265T
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Cervical Spine Surgery, Inpatient and Outpatient

Medical Policy	<a href="#">NIA Clinical Guidelines for MSK Surgeries</a>
Alternate Service Name(s)	C-Spine Surgery
Additional Information	<a href="#">Musculoskeletal Program information</a>

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">NIA Healthcare</a> 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	<a href="#">Chemiluminescent Testing (ViziLite) for Oral Cancer Screening MP9569</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9569, the claim will deny.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9569 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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### Chemoembolization for Hepatic Tumors (MP9462)

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

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9462 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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

Medical Policy	<a href="#">Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based</a> (MP9631)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9631 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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## CLEAR Institute Scoliosis Treatment Protocols (MP9695)

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

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.*	E1399
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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## Clinical Trials (Clinical Trial Participation) (MP9447)

Medical Policy	<a href="#">Clinical Trials (Clinical Trial Participation)</a> (MP9447)
Alternate Service Name(s)	Non-Cancer-Related Clinical Trials
Additional Information	<p><b><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• 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.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> <li>• Medica Health 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.</li> </ul>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes DO NOT require a prior authorization.)</b>	Prior authorization is not required when the service is 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 <b>require</b> prior authorization through the Health Services Division.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9447 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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## Cognitive Rehabilitation/ Remediation (MP9561)

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

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9561 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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## Collagen Cross Links Tests as Markers of Bone Turnover MP9677

Medical Policy	<a href="#">Collagen Cross Links as Markers of Bone Turnover (MP9677)</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	82523
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.

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### Computerized Dynamic Posturography (MP9696)

Medical Policy	<a href="#">Computerized Dynamic Posturography (MP9696)</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	92548, 92549
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.

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### Confocal Laser Endomicroscopy for Barrett's Esophagus MP9697

Medical Policy	<a href="#">Confocal Laser Endomicroscopy for Barrett's Esophagus MP9697</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	43206, 43252, 0397T if billed with the following diagnosis codes: K227.10, K227.11, K227.19.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.



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### Corneal Cross-Linking (CXL) (MP9470)

Medical Policy	<a href="#">Corneal Cross-Linking (CXL)</a> (MP9470)
Alternate Service Name(s)	CXL
Additional Information	N/A

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	Prior authorization is not required.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Cranial Electrotherapy Stimulation (CES) (MP9698)

Medical Policy	<a href="#">Cranial Electrotherapy Stimulation (CES)</a> (MP9698)
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	A4596, E1399, E0732
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Cranial Orthotic Devices for Plagiocephaly

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

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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## Craniosacral Therapy (MP9699)

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

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.*	97139
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### CT Scan

Medical Policy	N/A – Refer to the <a href="#">Radiology Prior Authorization</a> 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 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 <b>Alert:</b> Effective for service dates on and after 9/1/2020, the health plan is <a href="#">reinstating the prior authorization requirement for Chest CT scans</a> , which was temporarily waived in response to the COVID-19 public health emergency <a href="#">CHEST CT COVID-19</a> .
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">National Imaging Associates (NIA)</a>

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.

## Cytotoxic Testing for Allergy Diagnosis MP9678

Medical Policy	<a href="#">Cytotoxic Testing for Allergy Diagnosis MP9677</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	86807, 86808
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.

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### Day Treatment – Behavioral Health MP9557

Medical Policy	<a href="#">Day Treatment – Behavioral Health</a> (MP9557)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9557, the claim will deny.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul> <p>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.</p>

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9557 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis MP9568</a>
Alternate Service Name(s)	N/A
Additional Information	If a claim is submitted, the claim will deny.I

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>• If a claim is submitted, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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### Dietitian Services (MP9661)

Medical Policy	<a href="#">Dietitian Services</a> (MP9661)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>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.</li> <li>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9661 the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Drug Eluting Stents, Bioabsorbable</a> MP9700
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	S1091
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Durable Medical Equipment (MP9347)

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

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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.

### Durable Medical Equipment (MP9347) continued

Patients with Medica Health Commercial Insurance	
<p>Non-covered service codes applicable to this policy (<b>NOTE: these codes do NOT require a prior authorization.</b>) *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.*</p>	<p>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</p> <p><b>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'.</b></p>
<p>Covered service codes applicable to this policy that DO NOT require a Prior Authorization</p>	<p><b>A4670, 99473, 99474</b></p> <p><b>NOTE: Please review MP9347 to determine the criteria required for claims coverage of this service.</b></p>
<p><b>*PLEASE NOTE: Miscellaneous CPT Codes that MAY be non-covered OR addressed in a more specific policy</b></p>	<p><b>E1399 and K0108</b></p> <p>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.</p>
<p>Provider Responsibilities to facilitate claims payment</p>	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• Claims billed with miscellaneous codes rather than service specific codes may be denied for incorrect coding</li> <li>• 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</li> <li>• Denied claims will be addressed through the provider and/or member appeal process.</li> </ul>
<p>Submission Method</p>	<p>Not Applicable-Prior authorization is not required for these services</p>

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### Elastography (MP9562)

Medical Policy	<a href="#">Elastography (MP9562)</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> 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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related Policies:  <a href="#">Laboratory Testing MP9539</a>  <a href="#">Genetic Testing for Gastroenterologic Disorders MP9593</a></p>

### 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. 76391, 76981, 76982, 76983, 91200
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9562 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

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

Medical Policy	<a href="#">Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.) (MP9701)</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	64999, 13999
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Electric Tumor Treatment Field (Optune) (MP9474)

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

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.*	A4555
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	E0766
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</a> (MP9702)
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	This service is not covered.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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### Electromagnetic Navigation Bronchoscopy (MP9634)

Medical Policy	<a href="#">Electromagnetic Navigation Bronchoscopy</a> (MP9634)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9634 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis (MP9667)</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>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.</li> <li>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul> <p>Related Policy:  <a href="#">Drug Eluting Stents, Bioabsorbable MP9700</a></p>

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9667 the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
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 Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) MP9703

Medical Policy	<a href="#">Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) MP9703</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	43257
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.

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### Endoscopic Radiofrequency Ablation for Barrett's Esophagus (MP9628)

Medical Policy	<a href="#">Endoscopic Radiofrequency Ablation for Barrett's Esophagus</a> (MP9628)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

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.*	43257
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9628 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Enhanced External Counterpulsation (ECCP) (MP9620)

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

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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## Epidural Lysis of Adhesions (MP9704)

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

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.*	62263 62264
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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

Medical Policy	<a href="#">Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) (MP9362)</a>
Alternate Service Name(s)	ESI
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• 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.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes DO NOT require a prior authorization.)</b>	62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9362 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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### Eustachian Tube Balloon Dysfunction (Acclarent AERA) (MP9604)

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

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement</a> (MP9560)
Alternate Service Name(s)	N/A
Additional Information	<p>A Prior Authorization will <b>NOT</b> be processed for these requests and will be cancelled as not required if submitted.</p> <p>A prior authorization will be required when services are provided by a non-plan provider.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence</a> (MP9705)
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	53899
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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 Photophoresis (Photochemotherapy) (MP9558)

Medical Policy	<a href="#">Extracorporeal Photophoresis (Photochemotherapy)</a> (MP9558)
Alternate Service Name(s)	N/A
Additional Information	<p>A Prior Authorization will <b>NOT</b> 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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related Policy: <a href="#">Therapeutic Apheresis: Plasmapheresis, Plasma Exchange</a> MP9627</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	36522
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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 Shock Wave Therapy (ESWt) 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	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	28890 0101T 0102T 0512T 0513T
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

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

Medical Policy	<a href="#">Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain (MP9448)</a>
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 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.*	0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Codes that Require Authorization	64490, 64491, 64492, 64493, 64494, 64495, 64633, 64635
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO or POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO or POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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	<a href="#">Facility-Based Polysomnography, Adults (Sleep Study)</a> (MP9676)
Alternate Service Name(s)	PSG, in-lab sleep
Additional Information	This applies to in-lab sleep studies only for adults (18 years and older).

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	95807, 95808, 95810, 95811 Please note: these codes are applicable for 18 years and older.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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.

### Fecal Calprotectin Testing (MP9665)

Medical Policy	<a href="#">Fecal Calprotectin Testing</a> (MP9665)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• 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.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes DO NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9665 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</a>
Alternate Service Name(s)	N/A
Additional Information	<p>Related Medical Policies</p> <p><a href="#">Breast Implant Removal, Revision, or Reimplantation MP9580</a></p> <p><a href="#">Gender Affirmation Procedures MP9642</a></p> <p><a href="#">Male Gynecomastia Surgery MP9581</a></p> <p><a href="#">Plastic and Reconstructive Surgery (MP9022)</a></p>

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	19318
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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 External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit) MP9759

Medical Policy	<a href="#">Female External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit) MP9759</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	A6590, E2001
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Food Allergy/Intolerance Testing (in vitro) MP9679

Medical Policy	<a href="#">Food Allergy/Intolerance Testing (in vitro) (MP9679)</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9679, the claim will deny unless coverage is mandated by state/federal laws.</li> <li>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul> <p>Related Policies:</p> <p><a href="#">Salivary Hormone Tests MP9683</a></p> <p><a href="#">Cytotoxic Testing for Allergy Diagnosis MP9677</a></p>

### 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.*	86001
CPT codes applicable to this policy <b>(NOTE: these codes DO NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9679 the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>

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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### Foot Care (MP9656)

Medical Policy	<a href="#">Foot Care</a> (MP9656)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9656 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training MP9566</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b> A prior authorization will be required when services are provided by a non-plan provider.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related Policy: <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a></p>

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.*	E0770, E0764
CPT codes applicable to this service <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> </ul>

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.

	<ul style="list-style-type: none"><li>• Denied claims will be addressed through the provider appeal process.</li></ul>
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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.

### Gastric Electrical Stimulation (GES) (MP9463)

Medical Policy	<a href="#">Gastric Electrical Stimulation (GES)</a> (MP9463)
Alternate Service Name(s)	N/A
Additional Information	<p>A Prior Authorization will <b>NOT</b> 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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>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.</p> <p>For a current list of HDE approved devices, refer to the FDA HDE database at: <a href="#">Listing of CDRH Humanitarian Device Exemptions   FDA</a></p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Gastrointestinal Monitoring System (SmartPill®) (MP9707)</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></p> <p>Related Policy:  <a href="#">Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy MP9626</a></p>

### 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.*	91112
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Gender Affirmation Procedures (MP9642)

Medical Policy	<a href="#">Gender Affirmation Procedures</a> (MP9642)
Alternate Service Name(s)	N/A
Additional Information	<ul style="list-style-type: none"> <li>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.</li> <li>See Certificate or Summary Plan Description for for services eligible for coverage</li> </ul> <p>Related Medical Policies:</p> <p><a href="#">Abdominoplasty/Panniculectomy MP9646</a></p> <p><a href="#">Rhinoplasty Procedure with or without Septoplasty MP9648.</a></p> <p><a href="#">Plastic and Reconstructive Surgery MP9022</a></p> <p><a href="#">Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)</a></p>

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	<p><b>Prior authorization required if billed with any of the following diagnosis codes:</b> F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890;</p> <p>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</p>
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO or POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO or POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Hair Analysis in the Clinical Setting MP9680

Medical Policy	<a href="#">Hair Analysis in the Clinical Setting MP9680</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	P2031
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Hearing Aids (MP9445)

Medical Policy	<a href="#">Hearing Aids</a> (MP9445)
Alternate Service Name(s)	Non-Bone Anchored Hearing Aids
Additional Information	Related Policy: <a href="#">Bone Anchored Hearing Aids</a> (MP9018)

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.*	V5266
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	V5030, V5040, V5050, V5060, V5070, V5080, V5095, 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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9554, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services <a href="#">_</a>

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	<a href="#">Heart/Lung Transplantation</a> (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 Commercial Insurance	
Codes that Require Authorization	33930, 33933, 33935. Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Heart Transplantation (Adult and Pediatric) (MP9613)

Medical Policy	<a href="#">Heart Transplantation (Adult and Pediatric)</a> (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 Commercial Insurance	
Codes that Require Authorization	33940, 33944, 33945. Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### High Frequency Chest Compression (Vest System) (MP9235)

Medical Policy	<a href="#">High Frequency Chest Compression (Vest System)</a> (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 Commercial Insurance	
Codes that Require Authorization	E0483, A7025, A7026
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>



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

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

### 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.*	0071T 0072T 0398T 55880 C9734
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Hip Surgery, Inpatient and Outpatient

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

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">NIA Healthcare</a> or by phone at (866) 307-9729

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## Home Health Care

Medical Policy	N/A
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• A prior authorization will be required when services are provided by a non-plan provider.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>A prior authorization will be required when services are provided by a non-plan provider.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
<p>Codes that are considered non-covered.</p> <p>*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.*</p>	S9500, S9810
<p>CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b></p>	99601, 99602, G0068, G0069, G0070
<p>Provider Responsibilities to facilitate claims payment</p>	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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

Medical Policy	<a href="#">Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA)</a> (MP9658)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related Policies:</p> <p><a href="#">Facility-Based Polysomnography, Adults (Sleep Study) MP9676</a></p> <p><a href="#">Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea (OSA) MP9673</a></p>

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.*	0437T, 64582, 64583, 64584, S2080
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601, A9279
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9658 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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

Medical Policy	<a href="#">Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239</a>
Alternate Service Name(s)	BiPAP, CPAP, OSA
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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 <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related Medical Policies:  <a href="#">Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery MP9585</a></p>

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.*	0424T, 0425T, 0426T, 0427T, 41512, 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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9239 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Hospice Services (MP9299)

Medical Policy	<a href="#">Hospice Services</a> (MP9299)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9299, the claim will deny unless coverage is mandated by state/federal laws.</li> <li>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	G0151, G0152, G0157, G0158, G0299, G0300, G0337, Q5001, Q5002, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5009, Q5010, S0271, S9126
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9299 the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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### Hyperbaric Oxygen Therapy and Topical Oxygen (MP9055)

Medical Policy	<a href="#">Hyperbaric Oxygen Therapy and Topical Oxygen</a> (MP9055)
Alternate Service Name(s)	HBO, HBO Therapy
Additional Information	N/A

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.*	A4575, E0446
Codes that Require Authorization	N/A
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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## Implantable Deep Brain Stimulation (DBS) (MP9331)

Medical Policy	<a href="#">Implantable Deep Brain Stimulation (DBS) (MP9331)</a>
Alternate Service Name(s)	DBS
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related Policy:  <a href="#">Responsive Cortical Stimulation MP9496</a></p>

### 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. 61885, 61886
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9331 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Implantable Peripheral Nerve Stimulator for the Treatment of Pain MP9769

Medical Policy	<a href="#">Implantable Peripheral Nerve Stimulator for the Treatment of Pain MP9769</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	This is not a covered service.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.

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

Medical Policy	<a href="#">Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea</a> (MP9636)
Alternate Service Name(s)	N/A
Additional Information	N/A

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.*	41521
Codes that Require Authorization	64568, 64582
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Inhaled Nitric Oxide Therapy (MP9654)

Medical Policy	<a href="#">Inhaled Nitric Oxide Therapy</a> (MP9654)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9654 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Inpatient (Hospital) (Level of Care) (MP9671)

Medical Policy	<a href="#">Inpatient (Hospital) (Level of Care)</a> (MP9671)
Alternate Service Name(s)	N/A
Additional Information	None

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	Prior authorization is required for elective inpatient admission and continued stay; Notification of all inpatient admissions is required as specified in the hospital participation agreement, provider contracts and/or provider manuals.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Inpatient Rehabilitation (Acute Rehabilitation) (MP9668)

Medical Policy	<a href="#">Inpatient Rehabilitation (Acute Rehabilitation)</a> (MP9668)
Alternate Service Name(s)	N/A
Additional Information	None

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	Prior authorization required for admission and continued stay.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Intense Pulsed Light Treatment for Dry Eye Disease (MP9709)

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

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.*	0507T
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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### Intensive Outpatient - Behavioral Health (MP9556)

Medical Policy	<a href="#">Intensive Outpatient – Behavioral Health</a> (MP9556)
Alternate Service Name(s)	IOP
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9556, the claim will deny.</li> <li>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul> <p>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.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9556 the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Interferential Current Stimulation</a> (MP9710)
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	S8130 S8131 E1399
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Intestinal Transplantation (MP9618)

Medical Policy	<a href="#">Intestinal Transplantation</a> (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 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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	<a href="#">Intermittent Pneumatic Compression Devices (MP9119)</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9119 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Intradiscal Electrothermal (IDET) (MP9711)

Medical Policy	<a href="#">Intradiscal Electrothermal (IDET)</a> (MP9711)
Alternate Service Name(s)	N/A
Additional Information	<b><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u></b>

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.*	22526 22527
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Intraoperative Neurophysiological Monitoring (IONM) (MP9577)

Medical Policy	<a href="#">Intraoperative Neurophysiological Monitoring (IONM)</a> (MP9577)
Alternate Service Name(s)	IONM
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9577 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Intravascular Shockwave Lithotripsy for the Treatment of Coronary Artery Disease MP9770

Medical Policy	<a href="#">Intravascular Shockwave Lithotripsy for the Treatment of Coronary Artery Disease MP9770</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	C1761, 92972
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.

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## In Vitro Chemosensitivity and Chemoresistance Assays MP9760

Medical Policy	<a href="#">In Vitro Chemosensitivity and Chemoresistance Assays MP9760</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

Patients with Medica SSM Health Employee Health Plan	
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.*	0564T, 0083U
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.



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## Iris Prosthesis (MP9715)

Medical Policy	<a href="#">Iris Prosthesis</a> (MP9715)
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	0616T 0617T 0618T C1839
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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## Irreversible Electroporation (NanoKnife System) (MP9714)

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

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.*	0600T 0601T
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Knee Surgery, Inpatient and Outpatient

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

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">NIA Healthcare</a> 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.

### Kidney Transplantation (MP9675)

Medical Policy	<a href="#">Kidney Transplantation</a> (MP9675)
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 Commercial Insurance	
Codes that Require Authorization	50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547. Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

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

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

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9565 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Light Treatment and Laser Therapies for Benign Dermatologic Conditions</a> (MP9057)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> 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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9650 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Lipoprotein- associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC® Test) MP9687

Medical Policy	<a href="#">Lipoprotein- associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC® Test) MP9687</a>
Alternate Service Name(s)	N/A
Additional Information	<b><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u></b> Related Policy: <a href="#">Lipoprotein Subclass Testing for Screening, Evaluation, and Monitoring of Cardiovascular Disease MP9681</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.*	83698
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Lipoprotein Subclass Testing for Screening, Evaluation, and Monitoring of Cardiovascular Disease MP9681

Medical Policy	<a href="#">Lipoprotein Subclass Testing for Screening, Evaluation, and Monitoring of Cardiovascular Disease MP9681</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></p> <p>Related Policy:  <a href="#">Lipoprotein- associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC® Test) MP9687</a></p>

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.*	83700, 83701, 83704, 83772, 0052U, 0377U
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Liposuction for the Treatment of Lymphedema or Lipedema (MP9650)

Medical Policy	<a href="#">Liposuction for the Treatment of Lymphedema or Lipedema</a> (MP9650)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9650 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Liver Transplantation</a> (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 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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	<a href="#">Long Term Acute Care Hospital (LTACH)</a> (MP9669)
Alternate Service Name(s)	N/A
Additional Information	None

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	Prior authorization required for admission and continued stay.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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	<a href="#">NIA Clinical Guidelines for MSK Surgeries</a>
Alternate Service Name(s)	L-Spine Surgery
Additional Information	<a href="#">Musculoskeletal Program information</a>

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">NIA Healthcare</a> 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.

### Lung Transplantation (MP9615)

Medical Policy	<a href="#">Lung Transplantation</a> (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 regarding services available for coverage.

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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

Medical Policy	<a href="#">Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System)</a> (MP9471)
Alternate Service Name(s)	N/A
Additional Information	N/A

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	43284
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Magnetoencephalography and Magnetic Source Imaging MP9630

Medical Policy	<a href="#">Magnetoencephalography and Magnetic Source Imaging</a> (MP9630)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9630 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Male Gynecomastia Surgery MP9581</a>
Alternate Service Name(s)	N/A
Additional Information	<p>Related Medical Policies</p> <p><a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</a></p> <p><a href="#">Breast Implant Removal, Revision, or Reimplantation MP9580</a></p> <p><a href="#">Gender Affirmation Procedures MP9642</a></p> <p><a href="#">Plastic and Reconstructive Surgery (MP9022)</a></p>

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	19300
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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 Circulatory Support Devices (MP9528)

Medical Policy	<a href="#">Mechanical Circulatory Support Devices</a> (MP9528)
Alternate Service Name(s)	pVAD
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related Policies:</p> <p><a href="#">Heart Transplantation (Adult and Pediatric)</a> MP9613</p> <p><a href="#">Heart/Lung Transplantation</a> MP9612</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9528 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities</a> (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 Commercial Insurance	
<p><b>Non-covered service codes</b> applicable to this policy (<b>NOTE: these codes do NOT require a prior authorization.</b>) *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.*</p>	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

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.

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

Medical Policy	<a href="#">Mechanized Spinal Decompression Traction Tables for Low Back Pain</a> (MP9644)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
<p><b>Non-covered service codes</b> applicable to this policy (<b>NOTE: these codes do NOT require a prior authorization.</b>) *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.*</p>	E0941
<p>CPT codes applicable to this policy (<b>NOTE: these codes do NOT require a prior authorization.</b>)</p>	Prior authorization is not required when the service provided by an in-network provider.
<p>Provider Responsibilities to facilitate claims payment</p>	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9644 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
<p>Submission Method</p>	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	<a href="#">Microprocessor Controlled Knee Prostheses, with or without Polycentric 3D Dimensional Endoskeletal Hip Joint System</a> (MP9638)
Alternate Service Name(s)	N/A
Additional Information	Related policies: <a href="#">Limb Prosthesis MP9103</a>

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	L5856, L5857, L5858, L5859, L5930, L5961
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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.

### mild® Procedure (mild® Device Kit) MP9761

Medical Policy	<a href="#">mild® Procedure (mild® Device Kit) MP9761</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	0275T
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation (MP9467)

Medical Policy	<a href="#">Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation</a> (MP9467)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9467, the claim will deny unless coverage is mandated by state/federal laws.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when (1) the patient meets criteria for MP9467 <b>and</b> when (2) the service is provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9467 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### MRI/MRA

Medical Policy	N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Medica Health.com for additional information
Alternate Service Name(s)	Magnetic Resonance Angiography, Magnetic Resonance Imaging
Additional Information	N/A

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">National Imaging Associates (NIA)</a>



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

### 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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9567 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Myoelectric Upper Limb Prosthetics and Orthotics (MP9637)</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>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.</li> <li>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul> <p>Related policies:</p> <p><a href="#">Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional Endoskeletal Hip Joint System MP9638</a></p> <p><a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a></p>

### 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.*	L6026, L6715, L6880, L6882, L8701, L8702
CPT codes applicable to this policy <b>(NOTE: these codes DO NOT require a prior authorization.)</b>	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> </ul>
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9637 the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Nasal Implant, Absorbable for Treatment of Nasal Valve Collapse MP9773

Medical Policy	<a href="#">Nasal Implant, Absorbable for Treatment of Nasal Valve Collapse MP9773</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	30468
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Nebulized Intranasal Antibiotics/Antifungals for Sinusitis (MP9712)

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

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.*	95199
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

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

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

### Patients with Medica Health Commercial Insurance

CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9579 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Neuropsychological Testing</a> (MP9493)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> 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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>This service must be performed by a licensed physician, psychologist, or mental health professional.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider. 96121, 96132, 96133
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9493 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Non-Covered Medical Procedures and Services</a> (MP9415)
Alternate Service Name(s)	N/A
Additional Information	N/A

### CPT Codes Related to this Policy

Summary	<p>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.</p> <p><b>*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.*</b></p>
<p>Procedure codes addressed in MP 9415-Non-covered Medical Procedures and Services.</p> <p><b>This is NOT an all inclusive list. Please verify the name of the service/procedure within the policy.</b></p>	<p><b>CPT/HCPCS Code</b></p> <p>A6000, A6550, A6560, A9291, 0126T, 0200T, 0201T, 0206T, 0207T, 0263T, 0264T, 0265T, 0341T, 0397T, 0552T, 0563T, 0487T, 0559T, 0560T, 0561T, 0562T, 0623T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0657T, 0745T, 0746T, 0747T, 0776T, 0783T, 0615T, C1824, C1825, C9772, C9773, C9774, C9775, C1062, E0830, E0941, E2120, E0762, E0769, E2402, C1825, 0627T, 0628T, 0629T, 0630T, M0076, 33289, C2624, C9724, C9757, C9781, 64625, 0106T, 0107T, 0108T, 0109T, 0110T, 62263, 62264, 93278, 0335T, 0639T, 0631T, 93025, 0596T, 0597T, T2036, T2037, S2348, S8948, S8130, S8131, 0219T, 0220T, 0221T, 0222T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0510T, 0511T, S2117, 67999, 0278T, 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, 92499, 92700, 93264, 97039, S9101, G2170, G2171</p>
Submission Method	<a href="#">Medica Health Provider Portal</a>

### Patients with Medica Health Commercial Insurance

Codes that Require Authorization	<b>NOTE:</b> Review MP9415 to determine whether the procedure/service you are intending to request has been identified as 'Non-Covered'.
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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.

## Non-invasive Measurement of Left Ventricular End Diastolic Pressure MP9767

Medical Policy	<a href="#">Non-invasive Measurement of Left Ventricular End Diastolic Pressure MP9767</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	93799
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.



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### Nuclear Stress Testing

Medical Policy	N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Medica Health.com for additional information
Alternate Service Name(s)	ETT, Exercise Tolerance Test
Additional Information	N/A

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	78451, 78452, 78453, 78454, 78481, 78483
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">National Imaging Associates (NIA)</a>

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.

## Occupational Therapy (OT)

Medical Policy	N/A
Alternate Service Name(s)	OT
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	<p>Prior authorization is not required when the service provided by an in-network provider.</p> <p>97010, 97012, 97014, 97016, 97018, 97022, 97024, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97168, 97530, 97535, 97755, 97760, 97761</p>
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Orthognathic Surgery (MP9651)

Medical Policy	<a href="#">Orthognathic Surgery (MP9651)</a>
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 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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	<a href="#">Otoplasty</a> (MP9647)
Alternate Service Name(s)	N/A
Additional Information	For additional information see <a href="#">Plastic and Reconstructive Surgery MP9022</a>

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	69300 (Effective 10/01/2023)
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Outpatient and Inpatient Electroconvulsive Therapy MP9570

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

### Patients with Medica Health Commercial Insurance

CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	90870
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9570 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Outpatient Enteral Therapy</a> (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: <a href="#">Amino Acid Formulas and Human Breast Milk</a> (MP9355)

Patients with Medica Health 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.*	B4105
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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

Medical Policy	<a href="#">Pancreas-Kidney (SPK, PAK) Transplantation</a> (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 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 — Provided by SSM Health Plan.*	0585T, 0586T
Codes that Require Authorization	S2065 Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Pancreas Transplantation (Pancreas Alone) (MP9616)

Medical Policy	<a href="#">Pancreas Transplantation (Pancreas Alone)</a> (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 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 — Provided by SSM 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>



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

Medical Policy	<a href="#">Partial Hospitalization Program (PHP) – Behavioral Health</a> (MP9555)
Alternate Service Name(s)	PHP
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9555, the claim will deny.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul> <p>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 address the serious presenting symptoms or problems do not count towards the total hours of treatment delivered.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9555 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Pelvic Vein Embolization MP9572</a>
Alternate Service Name(s)	N/A
Additional Information	If a claim is submitted, the claim will deny.

### Patients with Medica Health 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	<ul style="list-style-type: none"> <li>If a claim is submitted, the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable

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.

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

Medical Policy	<a href="#">Percutaneous Left Atrial Appendage (LAA) Closure Therapy</a> (MP9499)
Alternate Service Name(s)	LAA
Additional Information	N/A

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	Prior authorization is not required.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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.

### Percutaneous Left Ventricular Assist Device (pVAD) (MP9528)

Medical Policy	<a href="#">Percutaneous Left Ventricular Assist Device (pVAD)</a> (MP9528)
Alternate Service Name(s)	pVAD
Additional Information	N/A

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	Prior authorization is not required when (1) the patient meets criteria for MP9528 <b>and</b> when (2) the service is provided by an in-network provider.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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.

### Percutaneous Tibial Nerve Stimulation MP9563

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

### Patients with Medica Employee Health Plan

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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9563 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty (MP9429)

Medical Policy	<a href="#">Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty (MP9429)</a> (MP9429)
Alternate Service Name(s)	Kyphoplasty, Vertebroplasty, Sacroplasty
Additional Information	<p><b><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</u></b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• 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.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9429 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### PET Scan

Medical Policy	N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Medica Health.com for additional information
Alternate Service Name(s)	Positron Emission Tomography
Additional Information	N/A

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">National Imaging Associates (NIA)</a>

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.

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

Medical Policy	<a href="#">Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications</a> (MP9660)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related Policies:  <a href="#">Laser Treatments for Choroidal Neovascularization Associated with Macular Degeneration MP9565</a></p>

### Patients with Medica Health Commercial Insurance

CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9660 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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
Alternate Service Name(s)	PT
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	<p>Prior authorization is not required when the service provided by an in-network provider.</p> <p>97010, 97012, 97014, 97016, 97018, 97022, 97024, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97164, 97530, 97535, 97755, 97760, 97761, 97763</p>
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Plastic and Reconstructive Surgery (MP9022)

Medical Policy	<a href="#">Plastic and Reconstructive Surgery</a> (MP9022)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b> 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 <b>must</b> be authorized <b>prior</b> to the service.</p> <p>American Medical Association (AMA) approved definitions:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> </ul> <p>Related Medical Policies</p> <p><a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</a></p> <p><a href="#">Breast Implant Removal, Revision, or Reimplantation MP9580</a></p> <p><a href="#">Gender Affirmation Procedures MP9642</a></p> <p><a href="#">Male Gynecomastia Surgery MP9581</a></p>

### 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.*	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 <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9022 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Powered Robotic Lower-Limb Exoskeleton Devices</a> (MP9645)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

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.*	A4541, L2006
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9645 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG)</a> (MP9622)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>A prior authorization will be required when services are provided by a non-plan provider.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Radioembolization for Hepatic Tumors MP9774

Medical Policy	<a href="#">Radioembolization for Hepatic Tumors MP9774</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	This is not a covered service.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Radiofrequency Ablation of Uterine Fibroids (MP9657)

Medical Policy	<a href="#">Radiofrequency Ablation of Uterine Fibroids</a> (MP9657)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9657 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Real-Time Mobile Cardiac Outpatient Telemetry (MP9621)

Medical Policy	<a href="#">Real-Time Mobile Cardiac Outpatient Telemetry</a> (MP9621)
Alternate Service Name(s)	RT-MCOT
Additional Information	Prior authorization is not required for RT-MCOT ordered in the emergency room setting.

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	93228, 93229 Prior authorization is not required for RT-MCOT ordered in the emergency room setting.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) MP9716

Medical Policy	<a href="#">Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) MP9716</a>
Alternate Service Name(s)	N/A
Additional Information	<p>A Prior Authorization will <b>NOT</b> 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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

### 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.*	98975, 98976, 98977, 98978, 98980, 98981
CPT codes applicable to this service <b>(NOTE: these codes do NOT require a prior authorization.)</b>	99091, 99453, 99454, 99457, 99458, 99474, G0322
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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

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

### 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.*	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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Residential Treatment – Behavioral Health (MP9554)

Medical Policy	<a href="#">Residential Treatment – Behavioral Health</a> (MP9554)
Alternate Service Name(s)	N/A
Additional Information	A facility that provides Residential Treatment is either a stand-alone 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 Commercial Insurance	
Codes that Require Authorization	Prior authorization is required for residential treatment. See medical policy for criteria.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Responsive Cortical Stimulation (MP9496)

Medical Policy	<a href="#">Responsive Cortical Stimulation</a> (MP9496)
Alternate Service Name(s)	RNS
Additional Information	N/A

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	Prior authorization is not required.
Submission Responsibilities	<ul style="list-style-type: none"> <li>• Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>• Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Rhinoplasty Procedure with or without Septoplasty (MP9648)

Medical Policy	<a href="#">Rhinoplasty Procedure with or without Septoplasty</a> (MP9648)
Alternate Service Name(s)	N/A
Additional Information	<p>Rhinoplasty and Septorhinoplasty require prior authorization. Septoplasty as a stand-alone procedure does not require prior authorization.</p> <p>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).</p> <p>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.</p>

### Patients with Medica Health Commercial Insurance

Codes that Require Authorization	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Sacral Nerve Stimulation (MP9624)

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

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive</a> (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 Commercial Insurance	
Codes that Require Authorization	27279, 27280, 0775T, 0809T
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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## Salivary Estriol Test for Preterm Labor MP9682

Medical Policy	<a href="#">Salivary Estriol Test for Preterm Labor MP9682</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	S3652
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.



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## Salivary Hormone Tests MP9683

Medical Policy	<a href="#">Salivary Hormone Tests MP9683</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	S3650
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

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

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

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.*	0604T, 0605T, 0606T
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Scar Revision</a> (MP9649)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9649 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Scooters and Accessories MP9641</a>
Alternate Service Name(s)	N/A
Additional Information	<p>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.</p> <p>Related policies:  <a href="#">Wheelchair: Manual and Accessories MP9639</a>  <a href="#">Wheelchair: Powered and Accessories MP9640</a></p>

### Patients with Medica Health Commercial Insurance

Codes that Require Authorization	<b>Prior authorization required for purchase:</b> E1230, K0008, K0801, K0802, K0806, K0807, K0808, K0812
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO or POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO or POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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	<a href="#">Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy</a> (MP9684)
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Services Related to Dental Care</a> (MP9271)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9271, the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

### 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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9271 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic)</a> (MP9061)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Shoes and shoe modifications are limited to one (1) pair per 12 months.</p>

### Patients with Medica Health Commercial Insurance

CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9061 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">NIA Clinical Guidelines for MSK Surgeries</a>
Alternate Service Name(s)	N/A
Additional Information	<a href="#">Musculoskeletal Program information</a>

Patients with Medica Health 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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">NIA Healthcare</a> 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	<a href="#">Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) (MP9633)</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

### Patients with Medica Health Commercial Insurance

CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9633 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Skilled Nursing Facility</a> (MP9670)
Alternate Service Name(s)	Nursing Home, SNF, Swing Bed
Additional Information	N/A

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	Review MP9670 to determine which codes require prior authorization. Prior authorization required for admission and continued stay.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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	<a href="#">Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care</a> (MP9655)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>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).</p>

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.*	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 <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9655 the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Speech Therapy (Rehabilitative/Habilitative) (MP9171)

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

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9171 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

### Sphenopalatine Ganglion Block for the Treatment of Headache MP9764

Medical Policy	<a href="#">Sphenopalatine Ganglion Block for the Treatment of Headache MP9764</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	64505
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

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

Medical Policy	<a href="#">Spinal Cord and Dorsal Root Ganglion Stimulation for Treatment of Pain</a> (MP9430)
Alternate Service Name(s)	DCS, DRG, SCS
Additional Information	<ul style="list-style-type: none"> <li>• Prior authorization is required for the trial, permanent placement and reoperation of Spinal Cord and Dorsal Root Ganglion (DRG) Stimulation.</li> <li>• Following the trial, there must be documentation of improvement in pain.</li> </ul>

### Patients with Medica Health Commercial Insurance

Codes that Require Authorization	63650, 63655, 63663, 63664, 63685, 63688, L8689
Submission Responsibilities	<ul style="list-style-type: none"> <li>• Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>• Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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	<a href="#">Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)</a> (MP9361)
Alternate Service Name(s)	N/A
Additional Information	N/A

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.*	0421T, 55880, 0619T C2586 when billed with diagnosis code N400 or N401
Codes that Require Authorization	N/A
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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.

## Technology Assisted Surgical Techniques (Robotic Surgery) (MP9546)

Medical Policy	<a href="#">Technology Assisted Surgical Techniques (Robotic Surgery) (MP9546)</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9546, the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> <li>• Additional reimbursement is not provided based upon the type of instruments, technique or approach (e.g. open, laparoscopic, percutaneous, endoscopic, thoracoscopy, and other/unspecified robotic assisted procedures).</li> </ul>

### 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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9546 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Telehealth (MP9662)

Medical Policy	<a href="#">Telehealth</a> (MP9662)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>• An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>• 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.</li> <li>• If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes DO NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9662 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Testing for Neutralizing Antibodies to Interferon Beta in the Management of Multiple Sclerosis MP9685

Medical Policy	<a href="#">Testing for Neutralizing Antibodies to Interferon Beta in the Management of Multiple Sclerosis MP9685</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	This is not a covered service.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

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

Medical Policy	<a href="#">Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange</a> (MP9627)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related Policy:  <a href="#">Extracorporeal Photophoresis (Photochemotherapy)</a> (MP9558)</p>

### 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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9627 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Total Ankle Replacement</a> (MP9363)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>This service is restricted to orthopedic surgeons and podiatry.</p>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9363 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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 Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550)

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

Patients with Medica Health Commercial Insurance	
Codes that Require Authorization	<p><b>Knee</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>All other Outpatient Hospital or Ambulatory Setting knee procedures require a prior authorization.</li> <li>If the Total Knee Arthroplasty (CPT Code 27447) is done as an <b>Inpatient a prior authorization is required.</b></li> </ul> <p><b>Hip</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>All other Outpatient Hospital or Ambulatory Setting hip procedures require a prior authorization.</li> <li>If the Total Hip Arthroplasty (CPT Code 27130) is done as an <b>Inpatient a prior authorization</b> is required.</li> </ul>
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO or POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO or POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">NIA Healthcare</a> or by phone at (866) 307-9729.

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### Traction for Cervical and Pain

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

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.*	E0830, E0840, E0856, E0941
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	E0849, E0850, E0855
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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### Transcatheter Closure of Cardiac Defects (MP9625)

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

### 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 (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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Transcatheter Heart Valve Replacement and Repair Procedure</a> (MP9623)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>A prior authorization will be required when services are provided by a non-plan provider.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

### 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.*	0569T
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services



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### Transcranial Magnetic Stimulation (MP9526)

Medical Policy	<a href="#">Transcranial Magnetic Stimulation</a> (MP9526)
Alternate Service Name(s)	TMS
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny unless coverage is mandated by state/federal laws.</li> <li>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

### Patients with Medica Health Commercial Insurance

CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	90867, 90868, 90869
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Transport of Members (Ambulance) Ground and Water</a> (MP9137)
Alternate Service Name(s)	Water Ambulance, Ambulance, Ground Ambulance, Stretcher Van
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP137, the claim will deny unless coverage is mandated by state/federal laws.</li> </ul> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <ul style="list-style-type: none"> <li>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</li> <li>Unplanned ground ambulance transport does not require prior authorization.</li> <li>Planned ground ambulance with transport requires prior authorization refer to the medical policy for additional information.</li> <li>Please refer to <a href="#">Air Ambulance, Non Emergent</a> (MP9632) for additional information regarding prior authorization.</li> </ul>

### 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.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services

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

Medical Policy	<a href="#">Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery MP9585</a>
Alternate Service Name(s)	N/A
Additional Information	Related Medical Policies: <a href="#">Treatment of Obstructive Sleep Apnea (OSA)</a> (MP9239)

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.*	21193, 21195, 21198, S2080
Codes that Require Authorization	21196, 21199, 30400, 30410, 30420, 30430, 30435, 30450, 42145, 64582
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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## Trigger Point Dry Needling (MP9672)

Medical Policy	Trigger Point Dry Needling (MP9672)
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	20560, 20561
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
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	<a href="#">Urethral Bulking Agents for Urinary Incontinence</a> (MP9475)
Alternate Service Name(s)	VUR, VUR Treatment in Children
Additional Information	N/A

### Patients with Medica Health Commercial Insurance

Codes that Require Authorization	N/A
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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

Medical Policy	<a href="#">Urine Drug Testing (UDT) Presumptive and Definitive</a> (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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea MP9775

Medical Policy	<a href="#">Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea MP9775</a>
Alternate Service Name(s)	N/A
Additional Information	N/A

#### Patients with Medica Health Commercial Insurance

Codes that Require Authorization	S2080
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Plan — Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Plan — Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Provider Portal</a>



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### Vagus Nerve Stimulation (VNS), Implantable (MP9232)

Medical Policy	<a href="#">Vagus Nerve Stimulation (VNS), Implantable</a> (MP9232)
Alternate Service Name(s)	VNS
	Revision or replacement does not require prior authorization.

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.*	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, K1020
Codes that Require Authorization	64553, 64568
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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### Vein Disease Treatment (MP9241)

Medical Policy	<a href="#">Vein Disease Treatment</a> (MP9241)
Alternate Service Name(s)	N/A
Additional Information	N/A

### 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.*	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	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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## Virtual Care (MP9663)

Medical Policy	<a href="#">Virtual Care</a> (MP9663)
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <ul style="list-style-type: none"> <li>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</li> <li>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.</li> <li>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</li> </ul>

Patients with Medica Health Commercial Insurance	
CPT codes applicable to this policy <b>(NOTE: these codes DO NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>If a claim is submitted without a diagnosis code considered Medically Necessary per MP9663 the claim will deny.</li> <li>Denied claims will be addressed through the provider appeal process.</li> </ul>
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.

## Vitamin D Testing for Screening (MP9686)

Medical Policy	<a href="#">Vitamin D Testing for Screening (MP9686)</a>
Alternate Service Name(s)	N/A
Additional Information	<b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b>

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.*	82306, 82652, 0038U
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• Prior authorization, if submitted, will be cancelled as not covered for the service.</li> <li>• If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Services are not covered.

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### Wheelchairs, Manual and Accessories (MP9639)

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

Patients with Medica Health Commercial Insurance	
<p>Codes/services that are considered non-covered.</p> <p>*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.*</p>	<p>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.</p>
<p>Services that do not require prior authorization</p>	<p>Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached.</p> <p>Rental of medically necessary equipment while the member's own equipment is being repaired does not require prior authorization.</p>
<p>Codes/services that Require Authorization</p>	<p>Purchase of all wheelchair and scooter codes require prior authorization.</p> <p>Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of \$1,000 or more per item.</p> <p>Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization.</p>
<p>Submission Responsibilities</p>	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
<p>Submission Method</p>	<p><a href="#">Medica Health Provider Portal</a></p>

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	<a href="#">Wheelchair: Powered and Accessories MP9640</a>
Alternate Service Name(s)	N/A
Additional Information	<p>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.</p> <p>Related policies:</p> <p><a href="#">Wheelchair: Manual and Accessories MP9639</a>  <a href="#">Scooters and Accessories MP9641</a></p>

### Patients with Medica Health Commercial Insurance

Codes that Require Authorization	Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for powered wheelchair and accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Replacement of a powered wheelchair with another wheelchair or a different device requires prior authorization.
Submission Responsibilities	<ul style="list-style-type: none"> <li>Providers are responsible for submitting prior authorizations for Medica Health Commercial members with <b>HMO</b> or <b>POS (In-Network Provider)</b> plans; and</li> <li>Medica Health Commercial members with <b>PPO</b> or <b>POS (Out-of-Network Provider)</b> 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.</li> </ul>
Submission Method	<a href="#">Medica Health Provider Portal</a>

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	<a href="#">Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy (MP9626)</a>
Alternate Service Name(s)	N/A
Additional Information	<p><b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</b></p> <p>An appropriate diagnosis code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis code.</p> <p>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.</p> <p>If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p>

### Patients with Medica Health Commercial Insurance

CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	Prior authorization is not required when the service provided by an in-network provider.
Provider Responsibilities to facilitate claims payment	<ul style="list-style-type: none"> <li>• A prior authorization is <b>NOT</b> required when provided by an in-network provider under the member's plan.</li> <li>• Prior authorization, if submitted, will be cancelled as not needed for the service.</li> <li>• If a claim is submitted without a diagnosis code considered Medically Necessary per MP9626 the claim will deny.</li> <li>• Denied claims will be addressed through the provider appeal process.</li> </ul>
Submission Method	Not Applicable-Prior authorization is not required for these services