



Medicare Advantage Plans Prior Authorization List

Below is the list of services that require prior authorization. If you do not find the information you need, please contact Medica Customer Services.

Services must be provided according to the Medicare Coverage Guidelines, established by the Centers for Medicare & Medicaid Services (CMS), and are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at [MCD Search \(cms.gov\)](https://www.cms.gov/MCDSearch).

If CMS does not provide coverage guidelines for a specific service, The Health Plan will use MCG criteria or a The Health Plan Medical Policy. The Medicare Advantage Medical Policies are linked within their appropriate category below.

Search Tip: You can easily search by entering CTRL F and it will display a search box you can type in the information you wish to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

Service Requiring Prior Authorization	DHP CPT/HCPCS Codes and/or Place of Service Requiring Prior Authorization
All Non-Urgent/Emergent, Elective Hospital Admissions	Also includes Behavioral Health, Residential Treatment Centers, Acute Rehabilitation and LTAC
All Skilled Nursing Facility Admissions (SNF)	
All Non-Contracted, Non-Urgent/Emergent Outpatient Services	
Outpatient Behavioral Health Non-Residential Day Treatment Centers and Partial Hospitalization	Place of service 52 and 57 Revenue Code 0912 – BH/Partial Hospital IOP (Intensive Outpatient Program)
All Non-Emergent Patient Transportation (Ground and Air)	A0426, A0428, A0130 Medicare Advantage Medical Policy: MP9137
Transplant Services	
Outpatient Elective Radiology Procedures	Includes Computed Tomography (CT) Scan, Magnetic resonance imaging (MRI), Positron Emission Tomography (PET) Scan and Magnetic Resonance Angiogram (MRA).

	<p>For more information on the CPT codes requiring prior authorization and the prior authorization submission process, please visit the Radiology Prior Authorization page.</p>
<p>Medical Injectables Covered Under Medical Benefit</p>	<p>Medical Injectables Covered Under Medical Benefit: For information on the CPT codes requiring prior authorization please visit the Medical Injectable List page and column titled MAPD.</p>
<p>Durable Medical Equipment, Orthotics, Prosthetics</p>	<p>Includes specific codes within the following categories: Automatic External Defibrillators, Electronic Extremities, Facial Prostheses, Glucose Monitors, High Frequency Chest Wall Oscillation, Knee Orthoses, Lower Limb Prostheses, Mechanical In-Exsufflation Devices, Negative Pressure Wound Therapy Pumps, Oral Appliances, Osteogenesis Stimulators, Patient Lifts, Pneumatic Compression Devices, Pressure Reducing Support Surfaces, Respiratory Assist Devices, Seat Lift Mechanisms, Speech Generating Device, Ultraviolet Light Therapy, Custom Walkers, Wheelchairs</p> <p>Medicare Advantage Medical Policies: MP9085</p> <p>Codes Requiring Prior Authorization: E0147,E0181,E0184,E0185,E0186,E0187,E0196,E0197,E0198,E0199,E0250,E0251,E0255,E0256,E0260,E0261,E0265,E0266,E0270,E0290,E0291,E0292,E0293,E0294,E0295,E0296,E0297,E0300,E0301,E0302,E0303,E0304,E0483,E0485,E0486,E0617,E0621,E0627,E0628,E0629,E0630,E0635,E0636,E0639,E0640,E0650,E0651,E0652,E0670,E0691,E0692,E0693,E0694,E0745,E0747,E0748,E0760,E0784,E0986,E1004,E1005,E1006,E1007,E1008,E1035,E1036,E1037,E1038,E1039,E1161,E1226,E1229,E1230,E1231,E1232,E1233,E1234,E1235,E1236,E1237,E1238,E1239,E1310,E1841,E2100,E2202,E2203,E2204,E2228,E2328,E2341,E2343,E2368,E2370,E2375,E2402,E2500,E2502,E2504,E2506,E2508,E2510,E2511,E2512,E2599,E2609,E2610,E2612,E2613,E2614,E2615,E2616,E2617,E2620,E2621,E2623,E2624,E2625,K0001,K0002,K0003,K0004,K0005,K0006,K0007,K0008,K0009,K0010,K0011,K0012,K0013,K0014,K0462,K0606,K0800,K0801,K0802,K0806,K0807,K0808,K0812,K0813,K0814,K0815,K0816,K0820,K0821,K0822,K0823,K0824,K0825,K0826,K0827,K0828,K0829,K0830,K0831,K0835,K0836,K0837,K0838,K0839,K0840,K0841,K0842,K0843,K0848,K0849,K0850,K0851,K0852,K0853,K0854,K0855,K0856,K0857,K0858,K0859,K0860,K0861,K0862,K0863,K0864,K0868,K0869,K0870,K0871,K0877,K0878,K0879,K0880,K0884,K0885,K0886,K0890,K0891,K0898,K0899,K0900,K0901,K0902,L1680,L1685,L1686,L1690,L1700,L1710,L1720,L1730,L1755,L1832,L1833,L1834,L1840,L1843,L1844,L1845,L1846,L1847,L1848,L1860,L1907,L1932,L1945,L1950,L1951,L1960,L1970,L2000,L2005,L2010,L2020,L2030,L2034,L2036,L2037,L2038,L2060,L2106,L2108,L2114,L2116,L2126,L2128,L2132,L2134,L2136,L2280,L2350,L2510,L2520,L2525,L2526,L2627,L2628,L3330,L3671,L3674,L3720,L3730,L3740,L3763,L3764,L3765,L3766,L3900,L3901,L3904,L3905,L3960,L3961,L3962,L3967,L3971,L3973,L3975,L3976,L3977,L3978,L3981,L4631,L5000,L5010,L5020,L5050,L5060,L5100,L5105,L5150,L5160,L5200,L5210,L5220,L5230,L5250,L5270,L5280,L5301,L5312,L5321,L5331,L5341,L5400,L5420,L5430,L5460,L5500,L5505,L5510,L5520,L5530,L5535,L5540,L5560,L5570,L5580,L5585,L5590,L5595,L5600,L5610,L5611,L5613,L5614,L5616,L5617,L5626,L5628,L5630,L5638,L5639,L5640,L5642,L5643,L5644,L5645,L5646,L5647,L5648,L5649,L5651,L5653,L5661,L5665,L5673,L5677,L5679,L5681,L5682,L5683,L5700,L5701,L5702,L5703,L5704,L5705,L5706,L5707,L5711,L5716,L5718,L5722,L5724,L5726,L5728,L5780,L5781,L5782,L5785,L5785,L5790,L5795,L5810,L5811,L5812,L5814,L5816,L5818,L5822,L5824,L5826,L5828,L5830,L5840,L5845,L5848,L5856,L5857,L5858,L5859,L5920,</p>

	<p>L5930,L5950,L5960,L5961,L5962,L5964,L5966,L5968,L5969,L5973,L5976,L5979,L5980,L5981,L5982,L5984,L5986,L5987,L5988,L5990,L5999,L6000,L6010,L6020,L6026,L6050,L6055,L6100,L6110,L6120,L6130,L6200,L6205,L6250,L6300,L6310,L6320,L6350,L6360,L6370,L6380,L6382,L6384,L6400,L6450,L6500,L6550,L6570,L6580,L6582,L6584,L6586,L6588,L6590,L6621,L6623,L6624,L6625,L6628,L6638,L6646,L6648,L6686,L6687,L6688,L6689,L6690,L6692,L6693,L6694,L6695,L6696,L6697,L6704,L6707,L6708,L6709,L6711,L6712,L6713,L6714,L6715,L6721,L6722,L6880,L6881,L6882,L6883,L6884,L6885,L6895,L6900,L6905,L6910,L6915,L6920,L6925,L6930,L6935,L6940,L6945,L6950,L6955,L6960,L6965,L6970,L6975,L7007,L7008,L7009,L7040,L7045,L7170,L7180,L7181,L7185,L7186,L7190,L7191,L7259,L7366,L7368,L7368,L7404,L7405,L7510,L7520,L8035,L8040,L8041,L8042,L8043,L8044,L8045,L8046,L8047,L8048,L8049,L8614</p>
<p>Surgeries and Procedures Covered Under Medical Benefit (Includes Office/Outpatient Hospital/Ambulatory Surgical Center)</p>	<p>Auditory Brain Stem and Cochlear Implants: 69930, L8614</p> <p>Bariatric Surgery: 43644,43645,43647,43648,43770,43771,43772,43773,43774,43775,43843,43845,43846,43847,43848,43881,43882,43886,43887,43888</p> <p>Blepharoplasty, Blepharoptosis, Brow Lift : 15820,15821,15822,15823,67900,67901,67902,67903,67904,67906,67908,67909,67911,67912,67914,67915,67917,67921</p> <p>Breast Surgeries (Includes Breast Reduction, Mammoplasty/Gynecomastia, Breast Reconstruction (PA not required if performed as treatment for carcinoma or prophylactic): 11920,11921,11922,15777,19300,19316,19318,19324,19325,19328,19330,19340,19342,19350,19355,19357,19361,19364,19366,19367,19368,19369,19370,19371,19380,19396</p> <p>Cochlear Implantation: 69930, L8614</p> <p>Collagen Injections, Dermal Fillers, Chemical Peels, Dermabrasion, Cryotherapy, Laser Therapy: 11950,11951,11952,11954,15780,15781,15782,15783,15786,15787,15788,15789,15792,15793,15878,17340,17360,17380,96920,96921,96922</p> <p>Medicare Advantage Medical Policy: MP9022</p> <p>Excision Excessive Skin, Panniculectomy, Liposuction, Abdominoplasty: 15830,15832,15833,15834,15835,15836,15837,15838,15839,15876,15877,15878,15879</p> <p>Rhinoplasty, Septoplasty, Rhinophyma:</p>

30120,30400,30410,30420,30430,30435,30450,30460,30462,30465,30520

Knee Allografts:

15271,15272,15273,15274,27415,29867,29868

Magnetoencephalography (MEG):

95965, 95966, 95967

Oral Surgeon Delivered Services (Orthognathic Surgery) & Any Dental (Tooth or Jaw Surgeries):

D0150,D0240,D0250,D0260,D0270,D0272,D0274,D0277,D0416,D0421,D0431,D0460,D0472,D0473,D0474,D0475,
D0476,D0477,D0478,D0479,D0480,D0481,D0482,D0483,D0484,D0485,D0502,D0601,D0602,D0603,D0999,D1510,
D1515,D1520,D1525,D1550,D1999,D2970,D2999,D3460,D3999,D4260,D4263,D4264,D4268,D4270,D4273,D4277,
D4278,D4355,D4381,D5911,D5912,D5951,D5983,D5984,D5985,D5987,D6052,D6920,D7111,D7140,D7210,D7220,
D7230,D7240,D7241,D7250,D7260,D7261,D7283,D7288,D7291,D7321,D7511,D7521,D7940,D9110,D9230,D9248,
D9630,D9930,D9940,D9950,D9951,D9952,21010,21050,21060,21070,21079,21080,21081,21082,21083,21084,
21085,21086,21087,21088,21100,21110,21116,21141,21142,21143,21145,21146,21147,21150,21151,21154,21155,21
159,21160,21193,21194,21195,21196,21198,21199,21206,21208,21209,21210,21215,21240,21242,21243,21244,21
245,21246,21247,21248,21249,21255,21295,21296,21480,21485,21490

Polysomnography (Facility Based Sleep Study)

95807, 95808

Spinal Cord and Dorsal Column Stimualtion:

63650, 63663, 63664, 63685

Trigger Point/Facet Injections (Pain Management):

64490, 64493, 64633, 64635

Vagus Nerve, Spinal Cord and Dorsal Column Stimulation:

61885,61886,64553,64568,64569

Varicose Vein Treatments:

36470,36471,36473, 36474, 36475,36476,36478,36479,37700,37718,37722,37735,37760,37761,37765,37766,37780

Vertebroplasty:

22510,22511,22512,22513,22514,22515

Musculoskeletal (MSK) Surgeries and Procedures

Magellan's Musculoskeletal Care Management Program (MSK) will manage the medical necessity review for non-emergent inpatient and outpatient musculoskeletal surgeries. Authorization may be submitted using Magellan's website www.RadMD.com or the Magellan toll-free phone number at (866) 307-9729.

LUMBAR SPINE SURGERY

Lumbar Microdiscectomy:

62380, 63030, 63035

Lumbar Decompression:

63005, 63012, 63017, 63042, 63044, 63047, 63048, 63056, 63057

Lumbar Fusion – Single and Multiple Levels:

22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634

CERVICAL SPINE SURGERY

Cervical(Anterior or Posterior) Decompression with Fusion – Single and Multiple Levels:

22548, 22551, 22552, 22554, 22585, 22590, 22595, 22600, 22614

Cervical (Anterior or Posterior) Decompression without Fusion:

63001, 63015, 63020, 63035, 63040, 63043, 63045, 63048, 63050, 63051, 63075, 63076

Cervical Artificial Disc – Single and Two Levels:

22856, 22858, 22861, 22864, 0095T, 0098T

HIP SURGERY

Revision/Conversion Hip Arthroplasty:

27132, 27134, 27137, 27138

Total Hip Arthroplasty/Resurfacing:

27130 (*when performed as inpatient)

Femoroacetabular Impingement (FAI) Hip Surgery:

29914, 29915, 29916

Hip Surgery, Other (Includes synovectomy, loose body removal, diagnostic hip arthroscopy, etc.):

29860, 29861, 29862, 29863

KNEE SURGERY**Revision or Total Knee Arthroplasty:**

27438, 27447 (*when performed as inpatient), 27486, 27487, 27488

Partial-Unicompartmental Knee Arthroplasty (UKA):

27446

Knee Manipulation under Anesthesia (MUA):

27570, 29884

Knee Ligament Reconstruction/Repair:

27405, 27407, 27409, 27427, 27428, 27429, 29888, 29889

Knee Meniscectomy/Meniscal Repair/Meniscal Transplant:

27332, 27333, 27403, 29868, 29880, 29881, 29882, 29883

Knee Surgery, Other (Includes synovectomy, diagnostic knee arthroscopy, lateral release/patellar realignment, articular cartilage restoration, etc.):

27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 29866, 29867, 29870, 29873, 29874, 29875, 29876, 29877, 29879, G0289

SHOULDER SURGERY**Revision/Total/Reverse Shoulder Arthroplasty or Resurfacing:**

23472, 23473, 23474

Partial Shoulder Arthroplasty/Hemiarthroplasty:

23470

Shoulder Rotator Cuff Repair:

23410, 23412, 23420, 29827

Shoulder Labral Repair:

23450, 23455, 23460, 23462, 23465, 23466, 29806, 29807

Frozen Shoulder Repair/Adhesive Capsulitis:

29825

	<p>Shoulder Surgery, Other (Includes manipulation, decompression, tenotomy, tenodesis, synovectomy, diagnostic shoulder arthroscopy, etc.):</p>
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23120, 23125, 23130, 23405, 23415, 23430, 23700, 29805, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29828