

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 Employee Health Plan 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 Employee Health Plan Customer Care Center at 833-942-2159.

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
<a href="#">Allogenic Pancreatic Islet Cell Transplantation</a>	N/A	MP9756
<a href="#">Amino Acid-Based Elemental Formulas</a>	Elecare, Neocate, Nutramigen AA	MP9355
<a href="#">Annulus Fibrosis Repair Devices</a>	N/A	MP9688
<a href="#">Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood)</a>	N/A	MP9713
<a href="#">Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing</a>	N/A	MP9689
<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
<a href="#">Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA)</a>	N/A	MP9690
<a href="#">Birthing Centers (Free-Standing)</a>	N/A	MP9666
<a href="#">Blepharoplasty, Blepharoptosis Repair, and Brow Lift</a>	Eyelid Surgery	MP9664
<a href="#">Bone Anchored Hearing Aid</a>	BAHA	MP9018
<a href="#">Bone, Cartilage Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications</a>	N/A	MP9545
<a href="#">Bone Growth (Osteogenesis) Stimulators (BGS)</a>	BGS	MP9076
<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
<a href="#">Breast-Specific Gamma Imaging Scintimammography, and Molecular Breast Imaging</a>	N/A	MP9692

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<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
<a href="#">Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based</a>	N/A	MP9631
<a href="#">CLEAR Institute Scoliosis Treatment Protocols</a>	N/A	MP9695
<a href="#">Clinical Trials (Clinical Trial Participation)</a>	Non-Cancer-Related Clinical Trials	MP9447
<a href="#">Cognitive Rehabilitation/ Remediation</a>	N/A	MP9561
<a href="#">Collagen Cross Links Tests as Markers of Bone Turnover</a>	N/A	MP9677
<a href="#">Computerized Dynamic Posturography</a>	N/A	MP9696
<a href="#">Confocal Laser Endomicroscopy for Barrett’s Esophagus</a>	N/A	MP9697
<a href="#">Corneal Cross-Linking (CXL)</a>	CXL	MP9470
<a href="#">Cranial Electrotherapy Stimulation (CES)</a>	N/A	MP9698
<a href="#">Cranial Orthotic Devices for Plagiocephaly</a>	N/A	N/A
<a href="#">Craniosacral Therapy</a>	N/A	MP9699
<a href="#">CT Scan</a>	CAT Scan, Computerized Tomography, Computerized Tomography Angiography, CTA	N/A
<a href="#">Cytotoxic Testing for Allergy Diagnosis</a>	N/A	MP9678
<a href="#">Day Treatment – Behavioral Health</a>	N/A	MP9557
<a href="#">Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis</a>	N/A	MP9568
<a href="#">Dietitian Services</a>	N/A	MP9661
<a href="#">Drug Eluting Stent, Bioabsorbable</a>	Sinus stent	MP9700
<a href="#">Durable Medical Equipment</a>	Non-Covered DME, BP cuff	MP9347
<a href="#">Elastography</a>	N/A	MP9562
<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

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<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 Dilation 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="#">Eustachian Tube Balloon Dysfunction (Acclarent AERA)</a>	N/A	MP9604
<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
<a href="#">Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Indications and Soft Tissue Injuries</a>	N/A	MP9706
<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, Adults (Sleep Study)</a>	PSG, in-lab sleep	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
<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

The complete medical policy library is available on [Medica Employee Health Plan Medical Management](#).

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<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>	BiPAP	MP9658
<a href="#">Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</a>	N/A	MP9239
<a href="#">Hospice Services</a>	N/A	MP9299
<a href="#">Hyperbaric Oxygen Therapy and Topical Oxygen</a>	HBO, HBO Therapy	MP9055
<a href="#">Inhaled Nitric Oxide Therapy</a>	N/A	MP9654
<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
<a href="#">Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea</a>	N/A	MP9636
<a href="#">Inpatient (Hospital) Level of Care</a>	N/A	MP9671
<a href="#">Inpatient Rehabilitation (Acute Rehabilitation)</a>	N/A	MP9668
<a href="#">Intense Pulsed Light Treatment for Dry Eye Disease</a>	N/A	MP9709
<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
<a href="#">In Vitro Chemosensitivity and Chemoresistance Assays</a>	N/A	MP9760
<a href="#">Iris Prosthesis (Artificial Iris Devices – [e.g. CustomFlex™])</a>	N/A	MP9715
<a href="#">Irreversible Electroporation (NanoKnife® System)</a>	N/A	MP9714
<a href="#">Kidney Transplantation</a>	N/A	MP9675

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<a href="#">Knee Surgery, Inpatient and Outpatient</a>	N/A	N/A
<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>	N/A	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	MP9630
<a href="#">Male Gynecomastia Surgery</a>	N/A	MP9581
<a href="#">Mechanical Circulatory Support Devices</a>	pVAD	MP9528
<a href="#">Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities</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
<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/ Biofeedback for Behavioral and Substance Use Disorders</a>	N/A	MP9579

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<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</a>	ECT	MP9570
<a href="#">Outpatient Enteral Therapy</a>	Tube Feedings	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 Tibial Nerve Stimulation</a>	N/A	MP9563
<a href="#">Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty</a>	N/A	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
<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>	RT-MCOT	MP9621
<a href="#">Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM)</a>	RPM, RTM	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

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<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="#">Sleep Studies: Home Sleep Studies</a>	Home Sleep Studies	MP9132
<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
<a href="#">Testing for Neutralizing Antibodies to Interferon Beta in the Management of Multiple Sclerosis</a>	N/A	MP9684
<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)</a>	Ambulance, Ground Ambulance, Stretcher Van	MP9137

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Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
<a href="#">Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</a>	BiPAP, CPAP, OSA	MP9239
<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
Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea	UPPP, U3P	MP9775
<a href="#">Vagus Nerve Stimulation (VNS), Implantable</a>	VNS	MP9232
<a href="#">Vein Disease Treatment</a>	N/A	MP9241
<a href="#">Vertebroplasty (Kyphoplasty)</a>	Kyphoplasty	MP9429
<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 or Prevea360 Provider Portal

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

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

Fax Number	(608) 252-0843
Mailing Address	Medica Employee Health Plan ATTN: Utilization Management P.O. Box 56099 Madison, WI 53705

**NOTE:** Any prior authorization submitted as ‘Medically Urgent’ that does not meet the definition of medically urgent 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 Plan ASO or Prevea360 Health Plan provider network are considered for approval with a non-contracted provider.

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### Musculoskeletal (MSK) Care Management Program

Medica Employee Health Plan works with NIA Healthcare for review and authorization of our Medica Health [Musculoskeletal \(MSK\) Care Management Program](#) or Prevea360 Health Plan [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 program incorporates the following key components:

- Applicable to the Medica Employee Health Plan.
- 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 are not a Medica Health or Prevea360 Health Plan network provider may require two authorizations. The initial authorization will need to be obtained for the use of the non-network provider via the 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. Please see the applicable CPT code list on the Medica Health [Musculoskeletal \(MSK\) Care Management Program](#) or the Prevea360 Health Plan [Musculoskeletal \(MSK\) Care Management Program](#) pages.

#### 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	Medica Health <a href="#">Abdominoplasty/Panniculectomy</a> (MP9646)	Prevea360 Health Plan <a href="#">Abdominoplasty/Panniculectomy</a> (MP9646)
Alternate Service Name(s)	N/A	
Additional Information	Medica Health: <a href="#">Plastic and Reconstructive Surgery</a> MP9022	Prevea360 Health Plan <a href="#">Plastic and Reconstructive Surgery</a> MP9022

Patients with Medica Employee Health Plan

Codes that Require Authorization	15830, 15839, 15847
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the applicable Provider Portal or by calling Customer Service at 833-942-2159.</b>	

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.

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

Medical Policy	Medica Health <a href="#">Access Techniques for Lumbar Interbody Fusion</a> (MP9652)	Prevea360 Health Plan <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. 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 Employee Health Plan

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 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	Medica Health <a href="#">Actigraphy</a> (MP9559)	Prevea360 Health Plan <a href="#">Actigraphy</a> (MP9559)
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 Employee Health Plan

CPT codes applicable to this service (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>

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.

### Air Ambulance, Non Emergent (MP9632)

Medical Policy	Medica Health <a href="#">Air Ambulance, Non Emergent</a> (MP9632)	Prevea360 Health Plan <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 Employee Health Plan	
Codes that Require Authorization	A0140, A0430, A0431, A0435, A0436, S9960, S9961
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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**Allogenic Pancreatic Islet Cell Transplantation MP9756**

Medical Policy	Medica <a href="#">Allogenic Pancreatic Islet Cell Transplantation MP9756</a>	Prevea360 Health Plan <a href="#">Allogenic Pancreatic Islet Cell Transplantation MP9756</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 Employee Health**

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.

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.

### Amino Acid-Based Elemental Formulas (MP9355)

Medical Policy	Medica Health <a href="#">Amino Acid-Based Elemental Formulas</a> (MP9355)	Prevea360 Health Plan <a href="#">Amino Acid-Based Elemental Formulas</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. 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.</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 be authorized prior to the service.</b></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:            Medica: <a href="#">Outpatient Enteral Therapy MP9069</a>            Prevea360 Health Plan: <a href="#">Outpatient Enteral Therapy (MP9069)</a></p>	

### Patients with Medica Employee Health Plan

CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	B4153, B4161
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>
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.

### Annulus Fibrosis Repair Devices (MP9688)

Medical Policy	<a href="#">Annulus Fibrosis Repair Devices (MP9688)</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 Employee Health

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.

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

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

Medical Policy	Medica Health <a href="#">Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood) (MP9713)</a>	Prevea360 Health Plan <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 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 Employee Health Plan.*	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-Services are not covered.

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

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

Medical Policy	Medica Health <a href="#">Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing (MP9689)</a>	Prevea360 Health Plan <a href="#">Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing (MP9689)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u></b></li> </ul>	

**Patients with Medica 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 Employee Health Plan.*	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-Services are not covered.

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

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

Medical Policy	Medica Health <a href="#">Bariatric Surgery and Weight Management Procedures (MP9319)</a>	Prevea360 Health Plan <a href="#">Bariatric Surgery and Weight Management Procedures (MP9319)</a>
Alternate Service Name(s)	N/A	
Additional Information	Bariatric Surgery and Weight Management Procedures are a covered service when (1) the patient meets criteria for MP9319 <b>and</b> when (2) Bariatric Surgery and Weight Management Procedures are a covered benefit of the patient's specific plan type.	

### Patients with Medica 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 Employee Health Plan.*	43290, 43291, 0312T
Codes that Require Authorization	43644, 43645, only requires a prior authorization if related to bariatric surgery or when performed for weight management, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43846, 43847, 43848, 43860, 43865, 43886, 43887, 43888
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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### Biochemical Biomarker Panel for Assess Hepatitis-Associated Liver Disease (MP9674)

Medical Policy	Medica Health <a href="#">Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease MP9674</a>	Prevea360 Health Plan <a href="#">Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease MP9674</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 MP9674, 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 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 Employee Health Plan.*	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 MP9674 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	Medica Health <a href="#">Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA)</a> (MP9690)	Prevea360 Health Plan <a href="#">Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA)</a> (MP9690)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

### Patients with Medica 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 Employee Health Plan.*	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-Services are not covered.

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**Birthing Centers (Free-Standing) MP9666**

Medical Policy	Medica Health <a href="#">Birthing Centers (Free-Standing)</a> (MP9666)	Prevea360 Health Plan <a href="#">Birthing Centers (Free-Standing)</a> (MP9666)
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 MP9666, 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 Employee Health Plan**

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 MP9666 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 Anchored Hearing Aid (MP9018)**

Medical Policy	Medica Health <a href="#">Bone Anchored Hearing Aid</a> (MP9018)	Prevea360 Health Plan <a href="#">Bone Anchored Hearing Aid</a> (MP9018)
Alternate Service Name(s)	BAHA, BAHS	
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 <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 MP9018, 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 be authorized prior</b> to the service.            An appropriate diagnosis code must appear on the claim.</p>	

**Patients with Medica Employee Health Plan**

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 per MP9018 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, Cartilage Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications (MP9545)

Medical Policy	Medica Health <a href="#">Bone, Cartilage Ligament Graft Substitutes, and Blood Derived Products for Orthopedic Applications</a> (MP9545)	Prevea360 Health Plan <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>            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 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.            Refer to the policy for covered products and products considered to be experimental and investigational.</p>	

### Patients with Medica 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 Employee Health Plan.*	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

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

Medical Policy	Medica Health <a href="#">Bone Growth (Osteogenesis) Stimulators (BGS)</a> (MP9076)	Prevea360 Health Plan <a href="#">Bone Growth (Osteogenesis) Stimulators (BGS)</a> (MP9076)
Alternate Service Name(s)	BGS	
Additional Information	N/A	

Patients with Medica Employee Health Plan	
Codes that Require Authorization	20974, 20975, 20979, E0747, E0748, E0749, E0760
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation</a> (MP9611)	Prevea360 Health Plan <a href="#">Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation</a> (MP9611)
Alternate Service Name(s)	N/A	
Additional Information	See Member Certificate or Summary Plan Description regarding services available for coverage.	

### Patients with Medica Employee Health Plan

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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</p>	

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### Breast Ductal Lavage (MP9691)

Medical Policy	Medica Health <a href="#">Breast Ductal Lavage</a> (MP9691)	Prevea360 Health Plan <a href="#">Breast Ductal Lavage</a> (MP9691)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

### Patients with Medica 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 Employee Health Plan.*	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-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.

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

Medical Policy	Medica Health <a href="#">Breast Implant Removal, Revision, or Reimplantation MP9580</a>	Prevea360 Health Plan <a href="#">Breast Implant Removal, Revision, or Reimplantation MP9580</a>
Alternate Service Name(s)	N/A	
Additional Information	None	
Related Medical Policies:	Medica Health <a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</a> <a href="#">Gender Affirmation Procedures MP9642</a> <a href="#">Male Gynecomastia Surgery MP9581</a>	Prevea360 Health Plan <a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</a> <a href="#">Gender Affirmation Procedures MP9642</a> <a href="#">Male Gynecomastia Surgery MP9581</a>

### Patients with Medica Employee Health Plan

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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Breast-Specific Gamma Imaging Scintimammography and Molecular Breast Imaging</a> (MP9692)	Prevea360 Health Plan <a href="#">Breast-Specific Gamma Imaging Scintimammography and Molecular Breast Imaging</a> (MP9692)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

### Patients with Medica 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 Employee Health Plan.*	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-Services are not covered.

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

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

Medical Policy	Medica Health <a href="#">Bronchial Thermoplasty for Treatment of Asthma (MP9693)</a>	Prevea360 Health Plan <a href="#">Bronchial Thermoplasty for Treatment of Asthma (MP9693)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

### Patients with Medica Employee Health Plan

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.

**Cala Trio Therapy for Essential Tremor MP9757**

Medical Policy	Medica <a href="#">Cala Trio Therapy for Essential Tremor MP9757</a>	Prevea360 Health Plan <a href="#">Cala Trio Therapy for Essential Tremor (MP9757)</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 Employee Health**

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.

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.

Cardiac Event Monitors and Procedures (MP9540)

Medical Policy	Medica Health <a href="#">Cardiac Event Monitors and Procedures</a> (MP9540)	Prevea360 Health Plan <a href="#">Cardiac Event Monitors and Procedures</a> (MP9540)
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.            If a claim is submitted that does not meet the medical necessity indicated in MP9540, 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>	

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 MP9540 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.

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

Medical Policy	Medica Health <a href="#">Carotid Intima-Media Thickness Measurement (MP9694)</a>	Prevea360 Health Plan <a href="#">Carotid Intima-Media Thickness Measurement (MP9694)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

**Patients with Medica 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 Employee Health Plan.*	93895
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 MP9694 the claim will deny.</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.

Cell Therapy for the Treatment of Cardiac Disease (MP9578)

Medical Policy	Medica Health <a href="#">Cell Therapy for the Treatment of Cardiac Disease</a> (MP9578)	Prevea360 Health Plan <a href="#">Cell Therapy for the Treatment of Cardiac Disease</a> (MP9578)
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 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 Employee Health Plan.*	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>• 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.

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	Medica Health <a href="#">Musculoskeletal Program information</a>	Prevea360 Health Plan <a href="#">Musculoskeletal Program Information</a>

Patients with Medica Employee Health Plan	
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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	<a href="#">NIA Healthcare</a> or by phone at (866) 307-9729
<p><b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

### Chemiluminescent Testing (ViziLite) for Oral Cancer Screening (MP9569)

Medical Policy	Medica Health <a href="#">Chemiluminescent Testing (ViziLite) for Oral Cancer Screening (MP9569)</a>	Prevea360 Health Plan <a href="#">Chemiluminescent Testing (ViziLite) for Oral Cancer Screening (MP9569)</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. If a claim is submitted that does not meet the medical necessity indicated in MP9569, 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>	

### 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 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

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

**Chemoembolization for Hepatic Tumors (MP9462)**

Medical Policy	Medica Health <a href="#">Chemoembolization for Hepatic Tumors (MP9462)</a>	Prevea360 Health Plan <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>            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 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 Employee Health Plan	
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 MP9462 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.

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

Medical Policy	Medica Health <a href="#">Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based (MP9631)</a>	Prevea360 Health Plan <a href="#">Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser Ablation, Office-Based (MP9631)</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 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 Employee Health Plan	
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

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

CLEAR Institute Scoliosis Treatment Protocols (MP9695)

Medical Policy	Medica Health <a href="#">CLEAR Institute Scoliosis Treatment Protocols (MP9695)</a>	Prevea360 Health Plan <a href="#">CLEAR Institute Scoliosis Treatment Protocols (MP9695)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

Patients with Medica 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 Employee Health Plan.*	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-Services are not covered.

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

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

Medical Policy	Medica Health <a href="#">Clinical Trials (Clinical Trial Participation)</a> (MP9447)	Prevea360 Health Plan <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 Employee Health Plan will cover routine or standard patient care related to clinical trials for life-threatening diseases. A life-threatening illness is an illness or condition that more likely than not will end a person's life within six (6) months.</li> </ul>	

Patients with Medica Employee Health Plan	
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

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

**Cognitive Rehabilitation/ Remediation (MP9561)**

Medical Policy	Medica Health <a href="#">Cognitive Rehabilitation/ Remediation (MP9561)</a>	Prevea360 Health Plan <a href="#">Cognitive Rehabilitation/ Remediation (MP9561)</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>                  If a claim is submitted that does not meet the medical necessity indicated in MP9561, 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 be authorized prior</b> to the service.</p>	

**Patients with Medica Employee Health Plan**

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 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

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.

Collagen Cross Links Tests as Markers of Bone Turnover MP9677

Medical Policy	Medica Health <a href="#">Collagen Cross Links as Markers of Bone Turnover (MP9677)</a>	Prevea360 Health Plan <a href="#">Collagen Cross Links as Markers of Bone Turnover (MP9677)</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 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.*	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.

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.

### Computerized Dynamic Posturography (MP9696)

Medical Policy	Medica: <a href="#">Computerized Dynamic Posturography (MP9696)</a>	Prevea360 Health Plan: <a href="#">Computerized Dynamic Posturography (MP9696)</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 Employee Health

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.

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.

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

Medical Policy	Medica: <a href="#">Confocal Laser Endomicroscopy for Barrett's Esophagus MP9697</a>	Prevea360 Health Plan <a href="#">Confocal Laser Endomicroscopy for Barrett's Esophagus MP9697</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 Employee Health

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.

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

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

Medical Policy	Medica Health <a href="#">Corneal Cross-Linking (CXL)</a> (MP9470)	Prevea360 Health Plan <a href="#">Corneal Cross-Linking (CXL)</a> (MP9470)
Alternate Service Name(s)	CXL	
Additional Information	N/A	

### Patients with Medica Employee Health Plan

Codes that Require Authorization	Prior authorization not required.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

**Cranial Electrotherapy Stimulation (CES) (MP9698)**

Medical Policy	Medica Health <a href="#">Cranial Electrotherapy Stimulations (CES)</a> (MP9698)	Prevea360 Health Plan <a href="#">Cranial Electrotherapy Stimulation (CES)</a> (MP9698)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

**Patients with Medica Employee Health Plan**

<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 Employee Health Plan.*</p>	<p>E0732, A4596, E1399</p>
<p>Provider Responsibilities to facilitate claims payment</p>	<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>
<p>Submission Method</p>	<p>Not Applicable-Services are not covered.</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.

Cranial Orthotic Devices for Plagiocephaly

Medical Policy	Medica Health Medical policy retired effective 07/01/2023	Prevea360 Health Plan 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. 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 be authorized prior</b> to the service.</p>	

Patients with Medica Employee Health Plan	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	
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.

**Craniosacral Therapy (MP9699)**

Medical Policy	Medica Health <a href="#">Craniosacral Therapy</a> (MP9699)	Prevea360 Health Plan <a href="#">Craniosacral Therapy</a> (MP9699)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

Patients with Medica 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 Employee Health Plan.*	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-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.

### CT Scan

Medical Policy	Medica Health N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page for additional information	Prevea360 Health Plan N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Prevea360.com for additional information
Alternate Service Name(s)	CAT Scan, Computerized Tomography, Computerized Tomography Angiography, CTA	
Additional Information	N/A	

Patients with Medica Employee Health Plan	
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
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

### Cytotoxic Testing for Allergy Diagnosis MP9678

Medical Policy	Medica Health <a href="#">Cytotoxic Testing for Allergy Diagnosis MP9677</a>	Prevea360 Health Plan <a href="#">Cytotoxic Testing for Allergy Diagnosis (MP9678)</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 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.*	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.

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

**Day Treatment – Behavioral Health MP9557**

Medical Policy	Medica Health <a href="#">Day Treatment – Behavioral Health</a> (MP9557)	Prevea360 Health Plan <a href="#">Day Treatment – Behavioral Health</a> (MP9557)
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 MP9557, 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>	

Patients with Medica Employee Health Plan	
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 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	Medica Health <a href="#">Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis (MP9568)</a>	Prevea360 Health Plan <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 that does not meet the medical necessity indicated in MP9568, the claim will be denied.	

**Patients with Medica Employee Health Plan**

CPT codes applicable to this policy	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

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

Dietitian Services (MP9661)

Medical Policy	Medica Health <a href="#">Dietitian Services</a> (MP9661)	Prevea360 Health Plan <a href="#">Dietitian Services</a> (MP9661)
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 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 Employee Health Plan

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	Medica Health <a href="#">Drug Eluting Stents, Bioabsorbable</a> (MP9700)	Prevea360 Health Plan <a href="#">Drug Eluting Stents, Bioabsorbable</a> (MP9700)
Alternate Service Name(s)	Sinus stents	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

Patients with Medica 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 Employee Health Plan.*	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-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.

### Durable Medical Equipment (MP9347)

Medical Policy	Medica Health <a href="#">Durable Medical Equipment (MP9347)</a>	Prevea360 Health Plan <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)	<b>Non-Covered Services/Procedure:</b> <a href="#">MP9415 Non Covered Procedures and Services</a> <b>Prosthesis:</b> <a href="#">Limb Prosthesis MP9103</a> <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>	<b>Non-Covered Services/Procedure:</b> <a href="#">MP9415 Non Covered Procedures and Services</a> <b>Prosthesis:</b> <a href="#">Limb Prosthesis MP9103</a> <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>
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. 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>	

Continues on next page

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

### Durable Medical Equipment (MP9347)

Patients with Medica Employee Health Plan	
<p><b>Non-covered service codes</b>                      applicable to this policy (NOTE: these codes <b>do NOT</b> require a prior authorization.) *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Medica Employee Health Plan.*</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, C1825, 97605, 97606, 97608, A6560, 0275T, 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 provider has been identified as ‘Non-Covered’.</b></p>
<p><b>Covered service codes applicable to this policy</b> (Note: these codes <b>do NOT</b> require a prior authorization)</p>	<p><b>A4670, A6550, E2402, 99473, 99474</b>  <b>NOTE: Please review MP9347 to determine the criteria required for claims coverage of this service.</b></p>
<p><b>*PLEASE NOTE:</b> Miscellaneous service Codes that <b>MAY</b> be non-covered OR addressed in a more specific policy (Note: these codes do NOT require a prior authorization)</p>	<p><b>E1399 and K0108</b>                      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>
<p><b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

Elastography (MP9562)

Medical Policy	Medica Health <a href="#">Elastography (MP9562)</a>	Prevea360 Health Plan <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>          If a claim is submitted that does not meet the medical necessity indicated in MP9562, 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>Related Policies:          Medica  <a href="#">Laboratory Testing MP9539</a>  <a href="#">Genetic Testing for Gastroenterologic Disorders MP9593</a></p> <p>Prevea360 Health Plan  <a href="#">Laboratory Testing MP9539</a>  <a href="#">Genetic Testing for Gastroenterologic Disorders MP9593</a></p>	

Patients with Medica Employee Health Plan	
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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	Medica Health <a href="#">Electric Cell-Signaling Treatment (e.g., neoGEO® System, Sanexas Intl.) (MP9701)</a>	Prevea360 Health Plan <a href="#">Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.) (MP9701)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

### Patients with Medica 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 Employee Health Plan.*	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-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.

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

Medical Policy	Medica Health <a href="#">Electric Tumor Treatment Field (Optune)</a> (MP9474)	Prevea360 Health Plan <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></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 MP9474, 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 be authorized prior</b> to the service.</p> <p>This service must be ordered by an oncology specialist.</p>	

### Patients with Medica 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 Employee Health Plan.*	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 per MP9474 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.

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.

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

Medical Policy	Medica Health <a href="#">Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds</a> (MP9702)	Prevea360 Health Plan <a href="#">Electric or Electromagnetic Stimulation for Healing of Chronic Wounds</a> (MP9702)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

**Patients with Medica 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 Employee Health Plan.*	E0761, E0769, E1399, G0281, G0282, G0295, G0329
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.

Electromagnetic Navigation Bronchoscopy (MP9634)

Medical Policy	Medica Health <a href="#">Electromagnetic Navigation Bronchoscopy</a> (MP9634)	Prevea360 Health Plan <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 Employee Health Plan	
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

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 Balloon Sinuplasty Ostial Dilation Chronic Sinusitis (MP9667)**

Medical Policy	Medica Health <a href="#">Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis (MP9667)</a>	Prevea360 Health Plan <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 must 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 must be authorized prior to the service.</li> </ul> <p>Related Policy:            Medica: <a href="#">Drug Eluting Stents, Bioabsorbable MP9700</a>            Prevea360 Health Plan: <a href="#">Drug Eluting Stents, Bioabsorbable MP9700</a></p>	

Patients with Medica Employee Health Plan	
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 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	Medica <a href="#">Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) MP9703</a>	Prevea360 Health Plan <a href="#">Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) MP9703</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 Employee Health**

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.

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

**Endoscopic Radiofrequency Ablation for Barrett’s Esophagus (MP9628)**

Medical Policy	Medica Health <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus (MP9628)</a>	Prevea360 Health Plan <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus (MP9628)</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>            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 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 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 Employee Health Plan.*	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

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

Enhanced External Counterpulsation (EECP) (MP9620)

Medical Policy	Medica Health <a href="#">Enhanced External Counterpulsation (EECP)</a> (MP9620)	Prevea360 Health Plan <a href="#">Enhanced External Counterpulsation (EECP)</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>            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 MP9620, 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 <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 MP9620 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.

Epidural Lysis of Adhesions (MP9704)

Medical Policy	Medica Health <a href="#">Epidural Lysis of Adhesions</a> (MP9704)	Prevea360 Health Plan <a href="#">Epidural Lysis of Adhesions</a> (MP9704)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

Patients with Medica 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 Employee Health Plan.*	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-Services are not covered.

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

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

Medical Policy	Medica Health <a href="#">Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) (MP9362)</a>	Prevea360 Health Plan <a href="#">Epidural Steroid Injection (ESI) and Selective Nerve Root Block (SNRB) (MP9362)</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 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 Employee Health Plan	
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

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

Eustachian Tube Balloon Dysfunction (Acclarent AERA) (MP9604)

Medical Policy	Medica Health <a href="#">Eustachian Tube Balloon Dysfunction (Acclarent AERA) (MP9604)</a>	Prevea360 Health Plan <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 be authorized prior</b> to the service.</p>	

Patients with Medica Employee Health Plan

CPT codes applicable to this service (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>

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.

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

Medical Policy	Medica Health <a href="#">Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement (MP9560)</a>	Prevea360 Health Plan <a href="#">Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement (MP9560)</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 Employee Health Plan	
CPT codes applicable to this service (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>

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	Medica Health <a href="#">Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence</a> (MP9705)	Prevea360 Health Plan <a href="#">Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence</a> (MP9705)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

**Patients with Medica 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 Employee Health Plan.*	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-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.

**Extracorporeal Photophoresis (Photochemotherapy) (MP9558)**

Medical Policy	Medica Health <a href="#">Extracorporeal Photophoresis (Photochemotherapy) (MP9558)</a>	Prevea360 Health Plan <a href="#">Extracorporeal Photophoresis (Photochemotherapy) (MP9558)</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 be authorized prior</b> to the service.</p> <p>Related Policy:  Medica  <a href="#">Therapeutic Apheresis: Plasmapheresis, Plasma Exchange</a> MP9627  Prevea360 Health Plan  <a href="#">Therapeutic Apheresis: Plasmapheresis, Plasma Exchange</a> MP9627</p>	

Patients with Medica Employee Health Plan	
CPT codes applicable to this service <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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>

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	Medica Health <a href="#">Extracorporeal Shock Wave Therapy (ESWt) for Musculoskeletal Indications and Soft Tissue Injuries (MP9706)</a>	Prevea360 Health Plan <a href="#">Electrocorporeal Shock Wave Therapy (ESWt) for Musculoskeletal Indications and Soft Tissue Injuries (MP9706)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

Patients with Medica 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 Employee Health Plan.*	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-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.

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

Medical Policy	Medica Health <a href="#">Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor (ABLE) Training (MP9566)</a>	Prevea360 Health Plan <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></p> <p>If a claim is submitted that does not meet the medical necessity indicated in MP9566, the claim will be denied. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p><b>Related Policy:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                     Medica  <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a> </td> <td style="width: 50%; border: none;">                     Prevea360 Health Plan  <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a> </td> </tr> </table>		Medica <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a>	Prevea360 Health Plan <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a>
Medica <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a>	Prevea360 Health Plan <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a>			

### Patients with Medica 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 Employee Health Plan.*	E0770, E0764
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 MP9566 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.

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

Medical Policy	Medica Health <a href="#">Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet-Mediated Joint Pain (MP9448)</a>	Prevea360 Health Plan <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 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 Employee Health Plan.*	0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Codes that Require Authorization	64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

Fecal Calprotectin Testing (MP9665)

Medical Policy	Medica Health <a href="#">Fecal Calprotectin Testing (MP9665)</a>	Prevea360 Health Plan <a href="#">Fecal Calprotectin Testing (MP9665)</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 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 Employee Health Plan

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 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	Medica Health <a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</a>	Prevea360 Health Plan <a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</a>
Alternate Service Name(s)	N/A	
Additional Information	N/A	
Related Medical Policies	Medica Health <a href="#">Breast Implant Removal, Revision, or Reimplantation MP9580</a> <a href="#">Gender Affirmation Procedures MP9642</a> <a href="#">Male Gynecomastia Surgery MP9581</a>	Prevea360 Health Plan <a href="#">Breast Implant Removal, Revision, or Reimplantation MP9580</a> <a href="#">Gender Affirmation Procedures MP9642</a> <a href="#">Male Gynecomastia Surgery MP9581</a>

### Patients with Medica Employee Health Plan

Codes that Require Authorization	19318
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica <a href="#">Female External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit) MP9759</a>	Prevea360 Health Plan <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 Employee Health

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	Medica: <a href="#">Food Allergy/Intolerance Testing (in vitro) (MP9679)</a>	Prevea360 Health Plan <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>	
Related Policies:	Medica: <a href="#">Salivary Hormone Tests MP9683</a> <a href="#">Cytotoxic Testing for Allergy Diagnosis MP9677</a>	Prevea360 Health Plan <a href="#">Salivary Hormone Tests MP9683</a> <a href="#">Cytotoxic Testing for Allergy Diagnosis MP9678</a>

### Patients with Medica 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.*	86001
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 MP9679 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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### Foot Care (MP9656)

Medical Policy	Medica Health <a href="#">Foot Care</a> (MP9656)	Prevea360 Health Plan <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 and procedure code <b>must</b> appear on the claim; claims will deny in the absence of an appropriate diagnosis and procedure 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 Employee Health Plan

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 Therapy, Functional Lower Limb Activity-Based Locomotor Exercise Training (MP9566)**

Medical Policy	Medica Health <a href="#">Functional Electrical Stimulation Therapy, Functional Lower Limb Activity-Based Locomotor Exercise Training (MP9566)</a>	Prevea360 Health Plan <a href="#">Functional Electrical Stimulation Therapy, Functional Lower Limb Activity-Based Locomotor Exercise Training (MP9566)</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. If a claim is submitted that does not meet the medical necessity indicated in MP9566, 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>	

**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 MP9566 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.

## Gastric Electrical Stimulation (GES) (MP9463)

Medical Policy	Medica Health <a href="#">Gastric Electrical Stimulation (GES)</a> (MP9463)	Prevea360 Health Plan <a href="#">Gastric Electrical Stimulation (GES)</a> (MP9463)
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 <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 MP9463, 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>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 Employee Health Plan	
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 per MP9463 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	Medica Health <a href="#">Gastrointestinal Monitoring System (SmartPill®) (MP9707)</a>	Prevea360 Health Plan <a href="#">Gastrointestinal Monitoring System (SmartPill®) (MP9707)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul> Related Policy: Medica: <a href="#">Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy MP9626</a> Prevea360 Health Plan: <a href="#">Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy MP9626</a>	

**Patients with Medica 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 Employee Health Plan.*	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-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.

### Gender Affirmation Procedures (MP9642)

Medical Policy	Medica Health <a href="#">Gender Affirmation Procedures (MP9642)</a>	Prevea360 Health Plan <a href="#">Gender Affirmation Procedures (MP9642)</a>
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 services eligible for coverage</li> </ul>	
Related Medical Policies	Medica Health <a href="#">Abdominoplasty/Panniculectomy MP9646</a> <a href="#">Rhinoplasty Procedure with or without Septoplasty MP9648.</a> <a href="#">Plastic and Reconstructive Surgery MP9022</a> <a href="#">Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)</a>	Prevea360 Health Plan <a href="#">Abdominoplasty/Panniculectomy MP9646</a> <a href="#">Rhinoplasty Procedure with or without Septoplasty MP9648.</a> <a href="#">Plastic and Reconstructive Surgery MP9022</a> <a href="#">Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)</a>

### Patients with Medica Employee Health Plan

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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p><b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

**General Anesthesia for Dental Services (MP9271)**

Medical Policy	Medica Health <a href="#">General Anesthesia for Dental Services</a> (MP9271)
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 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 Employee Health Plan**

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 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.

**Genetic Testing: General Approach to Genetic Testing (MP9610)**

<p>Medical Policy</p>	<p>Medica Health  <a href="#">Genetic Testing: General Approach to Genetic Testing (MP9610)</a>                  The complete list of genetic testing medical policies is available on the <a href="#">Genetic Testing: General Approach to Genetic Testing</a> policy.                  Additional information regarding genetic testing can be found on the <a href="#">Genetic Testing page</a> found on <a href="#">MedicaHealth.com</a>.</p>	<p>Prevea360 Health Plan  <a href="#">Genetic Testing: General Approach to Genetic Testing (MP9610)</a>                  The complete list of genetic testing medical policies is available on the <a href="#">Genetic Testing: General Approach to Genetic Testing</a> policy.                  Additional information regarding genetic testing can be found on the <a href="#">Genetic Testing page</a> found on <a href="#">Prevea360.com</a>.</p>
<p>Alternate Service Name(s)</p>	<p>N/A</p>	
<p>Additional Information</p>	<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 <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 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 style="text-align: center;"><b>Patients with Medica Employee Health Plan</b></p>	
<p>CPT codes applicable to this policy  <b>(NOTE: these codes do NOT require a prior authorization.)</b></p>	<p>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.</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>• 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>
<p>Submission Method</p>	<p>Not Applicable-Prior authorization is not required for these services</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.

### Hair Analysis in the Clinical Setting (MP9680)

Medical Policy	Medica Health <a href="#">Hair Analysis in the Clinical Setting MP9680</a>	Prevea360 Health Plan <a href="#">Hair Analysis in the Clinical Setting (MP9680)</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 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.*	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	Medica Health <a href="#">Hearing Aids</a> (MP9445)	Prevea360 Health Plan <a href="#">Hearing Aids</a> (MP9445)
Alternate Service Name(s)	Non-Bone Anchored Hearing Aids	
Additional Information	Related Policy: Medica: <a href="#">Bone Anchored Hearing Aids</a> (MP9018) Prevea360 Health Plan: <a href="#">Bone Anchored Hearing Aid</a> (MP9018)	

### Patients with Medica 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 Employee Health Plan.*	V5266
CPT codes applicable to this policy <b>(NOTE: these codes MAY NOT require a prior authorization. Please review ASO note below)</b>	V5030, V5040, V5050, V5060, V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5298
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> .  <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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	Medica Health <a href="#">Heart/Lung Transplantation</a> (MP9612)	Prevea360 Health Plan <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, the member must meet criteria for each organ. Please refer to applicable medical policy.	

**Patients with Medica Employee Health Plan**

Codes that Require Authorization	33930, 33933, 33935. Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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 Transplantation (Adult and Pediatric) (MP9613)

Medical Policy	Medica Health <a href="#">Heart Transplantation (Adult and Pediatric)</a> (MP9613)	Prevea360 Health Plan <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, the member must meet criteria for each organ. Please refer to applicable medical policy.	

### Patients with Medica Employee Health Plan

Codes that Require Authorization	33940, 33944, 33945. Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">High Frequency Chest Compression (Vest System)</a> (MP9235)	Prevea360 Health Plan <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 Employee Health Plan

Codes that Require Authorization	E0483, A7025, A7026
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) (MP9708)</a>	Prevea360 Health Plan <a href="#">High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) (MP9708)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul> Related Policy: Medica: <a href="#">Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) MP9361</a> Prevea360 Health Plan: <a href="#">Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) MP9361</a>	

### Patients with Medica 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 Employee Health Plan.*	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-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.

## Hip Surgery, Inpatient and Outpatient

Medical Policy	<a href="#">NIA Clinical Guidelines for MSK Surgeries</a>	
Alternate Service Name(s)	N/A	
Additional Information	Medica Health <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>	Prevea360 Health Plan <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 Employee Health Plan	
Codes that Require Authorization	27130* (*when performed as inpatient), 27132, 27134, 27137, 27138, 29860, 29861, 29862, 29863, 29914, 29915, 29916, S2118
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	<a href="#">NIA Healthcare</a> or by phone at (866) 307-9729
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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

## Home Health Care

Medical Policy	<a href="#">Home Health Care</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, 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 Employee Health Plan	
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

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

### Home 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>  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 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 Employee Health Plan.*	S9500, S9810
CPT codes applicable to this service <b>(NOTE: these codes do NOT require a prior authorization.)</b>	99601, 99602, G0068, G0069, G0070
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>

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

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

Medical Policy	Medica Health <a href="#">Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA)</a> (MP9658)	Prevea360 Health Plan <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. 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>	
	Medica Health <a href="#">Facility-Based Polysomnography, Adults (Sleep Study) MP9676</a> <a href="#">Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea (OSA) MP9673</a>	Prevea360 Health Plan <a href="#">Facility-Based Polysomnography, Adults (Sleep Study) MP9676</a> <a href="#">Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea (OSA) MP9673</a>

### Patients with Medica 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 Employee Health Plan.*	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

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

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

Medical Policy	Medica Health <a href="#">Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239</a>	Prevea360 Health Plan <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 policies:</p> <p>Medica Health  <a href="#">Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery MP9585</a></p> <p>Prevea360 Health Plan  <a href="#">Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery MP9585</a></p>	

### Patients with Medica 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 Employee Health Plan.*	0424T, 0425T, 0426T, 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 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

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

### Hospice Services (Inpatient and Outpatient) (MP9299)

Medical Policy	Medica Health <a href="#">Hospice Services (Inpatient and Outpatient)</a> (MP9299)	Prevea360 Health Plan <a href="#">Hospice Services (Inpatient and Outpatient)</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 Employee Health Plan

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. Q5001, Q5002 Q5003 Q5004 Q5005 Q5006 Q5007 Q5008 Q5010 G0182 G9473 G9474 G9475 G9476 G9477 G9478 G9479 G0337 S0255
Provider Responsibilities to facilitate claims payment	<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



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

Implantable Deep Brain Stimulation (DBS) (MP9331)

Medical Policy	Medica Health <a href="#">Implantable Deep Brain Stimulation (DBS)</a> (MP9331)	Prevea360 Health Plan <a href="#">Implantable Deep Brain Stimulation (DBS)</a> (MP9331)
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:            Medica: <a href="#">Responsive Cortical Stimulation MP9496</a>            Prevea360 Health Plan: <a href="#">Responsive Cortical Stimulation (MP9496)</a></p>	

Patients with Medica Employee Health Plan	
CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	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	Medica <a href="#">Implantable Peripheral Nerve Stimulator for the Treatment of Pain MP9769</a>	Prevea360 Health Plan <a href="#">Implantable Peripheral Nerve Stimulator for 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 Employee Health**

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.

**Inhaled Nitric Oxide Therapy (MP9654)**

Medical Policy	Medica Health <a href="#">Inhaled Nitric Oxide Therapy</a> (MP9654)	Prevea360 Health Plan <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>            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 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 Employee Health Plan**

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

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

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

Medical Policy	Medica Health <a href="#">Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea</a> (MP9636)	Prevea360 Health Plan <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 Employee Health Plan**

Codes that Require Authorization	64568, 64582
Codes that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Medica Employee Health Plan.*	41521
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Intense Pulsed Light Treatment for Dry Eye Disease (MP9709)</a>	Prevea360 Health Plan <a href="#">Intense Pulsed Light Treatment for Dry Eye Disease (MP9709)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

**Patients with Medica 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 Employee Health Plan.*	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-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.

**Intensive Outpatient – Behavioral Health (MP9556)**

Medical Policy	Medica Health <a href="#">Intensive Outpatient – Behavioral Health</a> (MP9556)	Prevea360 Health Plan <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 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 must 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 Employee Health Plan**

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	Medica Health <a href="#">Interferential Current Stimulation (MP9710)</a>	Prevea360 Health Plan <a href="#">Interferential Current Stimulation (MP9710)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

### Patients with Medica 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 Employee Health Plan.*	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-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.

### Intestinal Transplantation (MP9618)

Medical Policy	Medica Health <a href="#">Intestinal Transplantation</a> (MP9618)	Prevea360 Health Plan <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 Employee Health Plan

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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.	
Submission Method	Dean ASO and Prevea360 <a href="#">contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking here.</a> <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>	
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

### Intermittent Pneumatic Compression Devices (MP9119)

Medical Policy	Medica Health <a href="#">Intermittent Pneumatic Compression Devices (MP9119)</a>	Prevea360 Health Plan <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 Employee Health Plan	
CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676
Provider Responsibilities to facilitate claims payment	<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	Medica Health <a href="#">Intradiscal Electrothermal (IDET) (MP9711)</a>	Prevea360 Health Plan <a href="#">Intradiscal Electrothermal (IDET) (MP9711)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

**Patients with Medica 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 Employee Health Plan.*	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-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.

**Intraoperative Neurophysiological Monitoring (IONM) (MP9577)**

Medical Policy	Medica Health <a href="#">Intraoperative Neurophysiological Monitoring (IONM) (MP9577)</a>	Prevea360 Health Plan <a href="#">Intraoperative Neurophysiological Monitoring (IONM) (MP9577)</a>
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>            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 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 Employee Health Plan**

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 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	Medica <a href="#">Intravascular Shockwave Lithotripsy for the Treatment of Coronary Artery Disease MP9770</a>	Prevea360 Health Plan <a href="#">Intravascular Shockwave Lithotripsy for the Treatment of Coronary Artery Disease MP9770</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 EmployeeHealth**

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.

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.

### In Vitro Chemosensitivity and Chemoresistance Assays MP9760

Medical Policy	Medica <a href="#">In Vitro Chemosensitivity and Chemoresistance Assays MP9760</a>	Prevea360 Health Plan <a href="#">In Vitro Chemosensitivity and Chemoresistance Assays (MP9760)</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 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.

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.

Iris Prosthesis (Artificial Iris Devices – [e.g. CustomFlex™]) (MP9715)

Medical Policy	Medica Health <a href="#">Iris Prosthesis (Artificial Iris Devices – [e.g. CustomFlex™])</a> (MP9715)	Prevea360 Health Plan <a href="#">Iris Prosthesis (Artificial Iris Devices – [e.g. CustomFlex™])</a> (MP9715)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

Patients with Medica 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 Employee Health Plan.*	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-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.

**Irreversible Electroporation (NanoKnife® System) (MP9714)**

Medical Policy	Medica Health <a href="#">Irreversible Electroporation (NanoKnife® System) (MP9714)</a>	Prevea360 Health Plan <a href="#">Irreversible Electroporation (NanoKnife® System) (MP9714)</a>
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

**Patients with Medica 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 Employee Health Plan.*	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-Services are not covered.



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Knee Surgery, Inpatient and Outpatient

Medical Policy	<a href="#">NIA Clinical Guidelines for MSK Surgeries</a>	
Alternate Service Name(s)	N/A	
Additional Information	Medica Health <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>	Prevea360 Health Plan <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 Employee Health Plan	
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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	<a href="#">NIA Healthcare</a> or by phone at (866) 307-9729
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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	Medica Health <a href="#">Laboratory Testing</a> (MP9539)	Prevea360 Health Plan <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>            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 MP9539, 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 MP9539 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	Medica Health <a href="#">Laser Treatments for Choroidal Neovascularization (CNV) Associated with Macular Degeneration (MP9565)</a>	Prevea360 Health Plan <a href="#">Laser Treatments for Choroidal Neovascularization (CNV) Associated with Macular Degeneration (MP9565)</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. If a claim is submitted that does not meet the medical necessity indicated in MP9565, 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>	

**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 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	Medica Health <a href="#">Light Treatment and Laser Therapies for Benign Dermatologic Conditions</a> (MP9057)	Prevea360 Health Plan <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>            If a claim is submitted that does not meet the medical necessity indicated in MP9057, 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 be authorized prior to the service.</b></p> <p>Medica Employee Health Plan covers the purchase of one (1) system per enrollee per lifetime. The enrollee is responsible for the cost of repairs or replacement lights.</p>	

Patients with Medica Employee Health Plan	
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 MP9057 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	<p>Medica:  <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>	<p>Prevea360 Health Plan:  <a href="#">Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk for Coronary Heart Disease or Ischemic Stroke (PLAC® Test). MP9687</a></p>
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>Medica:  <a href="#">Lipoprotein Subclass Testing for Screening, Evaluation, and Monitoring of Cardiovascular Disease MP9681</a></p> <p>Prevea360 Health Plan:  <a href="#">Lipoprotein Subclass Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease (MP9681)</a></p>	

Patients with Medica Employee Health Plan

<p>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 Employee Health Plan.*</p>	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	Medica: <a href="#">Lipoprotein Subclass Testing for Screening, Evaluation, and Monitoring of Cardiovascular Disease MP9681</a>	Prevea360 Health Plan: <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><u>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</u></b></p> <p>Medica:  <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> <p>Prevea360 Health Plan:  <a href="#">Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk for Coronary Heart Disease or Ischemic Stroke (PLAC® Test). MP9687</a></p>	

**Patients with Medica 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 Employee Health Plan.*	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	Medica Health <a href="#">Liposuction for the Treatment of Lymphedema or Lipedema</a> (MP9650)	Prevea360 Health Plan <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>            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 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 Employee Health Plan

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	Medica Health <a href="#">Liver Transplantation</a> (MP9614)	Prevea360 Health Plan <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 Employee Health Plan

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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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### Long Term Acute Care Hospital (LTACH) (MP9669)

Medical Policy	Medica Health <a href="#">Long Term Acute Care Hospital (LTACH)</a> (MP9669)	Prevea360 Health Plan <a href="#">Long Term Acute Care Hospital (LTACH)</a> (MP9669)
Alternate Service Name(s)	N/A	
Additional Information	None	

### Patients with Medica Employee Health Plan

Codes that Require Authorization	Prior authorization (PA) required for admission and continued stay.	
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Medica Health providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.	
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> .	
	<a href="#">Dean Health Plan Provider Portal</a>	<a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.		

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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	Medica Health <a href="#">Musculoskeletal Program information</a>	Prevea360 Health Plan <a href="#">Musculoskeletal Program information</a>

Patients with Medica Employee Health Plan	
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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	<a href="#">NIA Healthcare</a> or by phone at (866) 307-9729
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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### Lung Transplantation (MP9615)

Medical Policy	Medica Health <a href="#">Lung Transplantation</a> (MP9615)	Prevea360 Health Plan <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	

### Patients with Medica Employee Health Plan

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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.	
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>	
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System) (MP9471)</a>	Prevea360 Health Plan <a href="#">Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease (LINX Reflux Management System) (MP9471)</a>
Alternate Service Name(s)	N/A	
Additional Information	N/A	

Patients with Medica Employee Health Plan	
Codes that Require Authorization	43284
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

### Magnetoencephalography and Magnetic Source Imaging (MP9630)

Medical Policy	Medica Health <a href="#">Magnetoencephalography and Magnetic Source Imaging (MP9630)</a>	Prevea360 Health Plan <a href="#">Magnetoencephalography and Magnetic Source Imaging (MP9630)</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>            An appropriate diagnosis code must appear on the claim; claims will deny in the absence of an appropriate diagnosis code.            If a claim is submitted without a diagnosis code considered Medically Necessary per MP9630, the claim will deny unless coverage is mandated by state/federal laws.</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 must be authorized prior 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 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	Medica Health <a href="#">Male Gynecomastia Surgery MP9581</a>	Prevea360 Health Plan <a href="#">Male Gynecomastia Surgery MP9581</a>
Alternate Service Name(s)	N/A	
Additional Information	N/A	
Related Medical Policies:	Medica Health <a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</a> <a href="#">Breast Implant Removal, Revision, or Reimplantation MP9580</a> <a href="#">Gender Affirmation Procedures MP9642</a>	Prevea360 Health Plan <a href="#">Female Breast Reduction Surgery – Reduction Mammoplasty MP9582</a> <a href="#">Breast Implant Removal, Revision, or Reimplantation MP9580</a> <a href="#">Gender Affirmation Procedures MP9642</a>

### Patients with Medica Employee Health Plan

Codes that Require Authorization	19300
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

**Mechanical Circulatory Support Devices (MP9528)**

Medical Policy	Medica Health <a href="#">Mechanical Circulatory Support Devices</a> (MP9528)	Prevea360 Health Plan <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>            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 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:            Medica  <a href="#">Heart Transplantation (Adult and Pediatric)</a> MP9613  <a href="#">Heart/Lung Transplantation</a> MP9612            Prevea360 Health Plan  <a href="#">Heart Transplantation (Adult and Pediatric)</a> MP9613  <a href="#">Heart/Lung Transplantation</a> MP9612</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 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	Medica Health <a href="#">Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities</a> (MP9659)	Prevea360 Health Plan <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 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 Employee Health Plan.*	E0935, E0936, E1800, E1801, E1802, E1803, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1820, E1821, E1825, E1830, E1831, E1840, E1841, L4396
Provider Responsibilities to facilitate claims payment	Denied claims will be addressed through the provider appeal process.
Submission Method	Not Applicable

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	Medica Health <a href="#">Mechanized Spinal Decompression Traction Tables for Low Back Pain (MP9644)</a>	Prevea360 Health Plan <a href="#">Mechanized Spinal Decompression Traction Tables for Low Back Pain (MP9644)</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 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 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 Employee Health Plan.*	E0941
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 MP9644 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.

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

Medical Policy	Medica Health <a href="#">Microprocessor Controlled Knee Prostheses, with or without Polycentric 3D Dimensional Endoskeletal Hip Joint System</a> (MP9638)	Prevea360 Health Plan <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: Medica Health <a href="#">Limb Prosthesis MP9103</a> Prevea360 Health Plan <a href="#">Limb Prosthesis MP9103</a>	

Patients with Medica Employee Health Plan	
Codes that Require Authorization	L5856, L5857, L5858, L5859, L5930, L5961
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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	Medica <a href="#">mild® Procedure (mild® Device Kit) MP9761</a>	Prevea360 Health Plan <a href="#">mild® Procedure (mild® Device Kit) MP9761</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 Employee Health

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	Medica Health <a href="#">Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation</a> (MP9467)	Prevea360 Health Plan <a href="#">Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation</a> (MP9467)
Alternate Service Name(s)	N/A	
Additional Information	<p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. 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 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 Employee Health Plan	
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 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	Medica Health N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Medica Health.com for additional information	Prevea360 Health Plan N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Prevea360.com for additional information
Alternate Service Name(s)	Magnetic Resonance Angiography, Magnetic Resonance Imaging	
Additional Information	N/A	

Patients with Medica Employee Health Plan	
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, 0724T
Submission Responsibilities	<ul style="list-style-type: none"> <li>EHP EPO members – contracted Dean ASO and Medica Health providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.</li> </ul>
Submission Method	<a href="#">National Imaging Associates (NIA)</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

**Multichannel Intraluminal Esophageal Impedance with pH Monitoring (MP9567)**

Medical Policy	Medica Health <a href="#">Multichannel Intraluminal Esophageal Impedance with pH Monitoring (MP9567)</a>	Prevea360 Health Plan <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>            If a claim is submitted that does not meet the medical necessity indicated in MP9567, 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>Related Policy:            Medica: <a href="#">Gastrointestinal Monitoring System (Smart Pill) MP9707</a>            Related Policy:            Prevea360 Health Plan: <a href="#">Gastrointestinal Monitoring System (Smart Pill) MP9707</a></p>	

**Patients with Medica Employee Health Plan**

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 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	Medica Health <a href="#">Myoelectric Upper Limb Prosthetics and Orthotics (MP9637)</a>	Prevea360 Health Plan <a href="#">Myoelectric Upper Limb Prosthetics and Orthotics (MP9637)</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 MP9637, the claim will deny unless coverage is mandated by state/federal laws. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider <b>must</b> be authorized <b>prior</b> to the service.</p> <p>Related policies:            Medica Health  <a href="#">Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional Endoskeletal Hip Joint System MP9638</a>  <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a>            Prevea360 Health Plan  <a href="#">Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional Endoskeletal Hip Joint System MP9638</a>  <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)</a></p>	

Patients with Medica 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 Employee Health Plan.*	L6026, L6715, L6880, L6882, L8701, L8702
CPT codes applicable to this policy <b>(NOTE: these codes do NOT require a prior authorization.)</b>	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 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	Medica <a href="#">Nasal Implant, Absorbable for Treatment of Nasal Valve Collapse MP9773</a>	Prevea360 Health Plan <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 Employee Health

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	Medica Health <a href="#">Nebulized Intranasal Antibiotics/Antifungals for Sinusitis</a> (MP9712)	Prevea360 Health Plan <a href="#">Nebulized Intranasal Antibiotic/Antifungals for Sinusitis</a> (MP9712)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

### Patients with Medica 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 Employee Health Plan.*	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-Services are not covered.

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

**Neurofeedback/ Biofeedback for Behavioral and Substance Use Disorders (MP9579)**

Medical Policy	Medica Health <a href="#">Neurofeedback/ Biofeedback for Behavioral and Substance Use Disorders</a> (MP9579)	Prevea360 Health Plan <a href="#">Neurofeedback/ Biofeedback for Behavioral and Substance Use Disorders</a> (MP9579)
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 Employee Health Plan	
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>• 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.

Neuropsychological Testing (MP9493)

Medical Policy	Medica Health <a href="#">Neuropsychological Testing</a> (MP9493)	Prevea360 Health Plan <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>            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.            This service must be performed by a licensed physician, psychologist, or mental health professional.</p>	

Patients with Medica Employee Health Plan

CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	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	Medica Health <a href="#">Non-Covered Medical Procedures and Services (MP9415)</a>	Prevea360 Health Plan <a href="#">Non-Covered Medical Procedures and Services (MP9415)</a>
Alternate Service Name(s)	N/A	
Additional Information	N/A	

### Patients with Medica Employee Health Plan

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 Employee Plan.*</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 Responsibilities	<ul style="list-style-type: none"> <li>EHP EPO members – contracted Dean ASO and Medica Health providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.</li> </ul>
Submission Method	Not Applicable-Services are not covered.
<p><b>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</b></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.

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

Medical Policy	Medica <a href="#">Non-invasive Measurement of Left Ventricular End Diastolic Pressure MP9767</a>	Prevea360 Health Plan <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 Employee Health**

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.

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

### Nuclear Stress Testing

Medical Policy	Medica Health N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Medica Health.com for additional information	Prevea360 Health Plan N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Prevea360.com for additional information
Alternate Service Name(s)	ETT, Exercise Tolerance Test	
Additional Information	N/A	

Patients with Medica Employee Health Plan	
Codes that Require Authorization	78451, 78452, 78453, 78454, 78481, 78483
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Medica Health providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	<a href="#">National Imaging Associates (NIA)</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

### Occupational Therapy (OT)

Medical Policy	Medica Health N/A – Refer to the <a href="#">Physical Therapy/Occupational Therapy Prior Authorization</a> page on Medica Health.com for additional information	Prevea360 Health Plan N/A – Refer to the <a href="#">Physical Therapy/Occupational Therapy Prior Authorization</a> page on Prevea360.com for additional information
Alternate Service Name(s)	OT	
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, 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>	

Patients with Medica Employee Health Plan	
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
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 Employee Health Plan.*	

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

### Orthognathic Surgery (MP9651)

Medical Policy	Medica Health <a href="#">Orthognathic Surgery</a> (MP9651)	Prevea360 Health Plan <a href="#">Orthognathic Surgery</a> (MP9651)
Alternate Service Name(s)	N/A	
Additional Information	For coverage related to the treatment of temporomandibular disease (TMD) refer to the member’s Certificate or Summary Plan Description (SPD).	

### Patients with Medica Employee Health Plan

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	EHP EPO members – contracted Dean ASO and Medica Health providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

### Otoplasty (MP9647)

Medical Policy	Medica Health <a href="#">Otoplasty</a> (MP9647)	Prevea360 Health Plan <a href="#">Otoplasty</a> (MP9647)
Alternate Service Name(s)	N/A	
Additional Information	Medica Health For additional information see <a href="#">Plastic and Reconstructive Surgery MP9022</a> Prevea360 Health Plan For additional information see <a href="#">Plastic and Reconstructive Surgery MP9022</a>	

### Patients with Medica Employee Health Plan

Codes that Require Authorization	69300 (Effective 10/01/2023)
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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 and Inpatient Electroconvulsive Therapy MP9570

Medical Policy	Medica Health <a href="#">Outpatient and Inpatient Electroconvulsive Therapy</a> (MP9570)	Prevea360 Health Plan <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>	

Patients with Medica Employee Health Plan	
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	Medica Health <a href="#">Outpatient Enteral Therapy</a> (MP9069)	Prevea360 Health Plan <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-Based Elemental Formulas</a> (MP9355)	

Patients with Medica Employee Health Plan	
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 Employee Health Plan.*	B4105
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Pancreas-Kidney (SPK, PAK) Transplantation</a> (MP9617)	Prevea360 Health Plan <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 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 Employee Health Plan.*	0585T, 0586T
Codes that Require Authorization	S2065 Prior authorization is needed for evaluation and actual transplant.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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

**Pancreas Transplantation (Pancreas Alone) (MP9616)**

Medical Policy	Medica Health <a href="#">Pancreas Transplantation (Pancreas Alone)</a> (MP9616)	Prevea360 Health Plan <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 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 Employee 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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Partial Hospitalization Program (PHP) – Behavioral Health (MP9555)</a>	Prevea360 Health Plan <a href="#">Partial Hospitalization Program (PHP) – Behavioral Health (MP9555)</a>
Alternate Service Name(s)	PHP	
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 MP9555, 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> <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 Employee Health Plan	
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	Medica Health <a href="#">Pelvic Vein Embolization (MP9572)</a>	Prevea360 Health Plan <a href="#">Pelvic Vein Embolization (MP9572)</a>
Alternate Service Name(s)	N/A	
Additional Information	If a claim is submitted, the claim will be denied.	

Patients with Medica Employee Health Plan	
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	Medica Health <a href="#">Percutaneous Left Atrial Appendage (LAA) Closure Therapy (MP9499)</a>	Prevea360 Health Plan <a href="#">Percutaneous Left Atrial Appendage (LAA) Closure Therapy (MP9499)</a>
Alternate Service Name(s)	LAA	
Additional Information	N/A	

### Patients with Medica Employee Health Plan

Codes that Require Authorization	Prior authorization is not required.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</p>	

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### Percutaneous Tibial Nerve Stimulation (MP9563)

Medical Policy	Medica Health <a href="#">Percutaneous Tibial Nerve Stimulation (MP9563)</a>	Prevea360 Health Plan <a href="#">Percutaneous Tibial Nerve Stimulation (MP9563)</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. If a claim is submitted that does not meet the medical necessity indicated in MP9563, 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>	

### 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	Medica Health <a href="#">Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty (MP9429)</a>	Prevea360 Health Plan <a href="#">Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty (MP9429)</a>
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 Employee Health Plan	
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	Medica Health N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Medica Health.com for additional information	Prevea360 Health Plan N/A – Refer to the <a href="#">Radiology Prior Authorization</a> page on Prevea360.com for additional information
Alternate Service Name(s)	Positron Emission Tomography	
Additional Information	N/A	

Patients with Medica Employee Health Plan	
Codes that Require Authorization	78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	<a href="#">National Imaging Associates (NIA)</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</p>	

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

Medical Policy	Medica Health <a href="#">Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications (MP9660)</a>	Prevea360 Health Plan <a href="#">Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications (MP9660)</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>            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 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:            Medica: <a href="#">Laser Treatments for Choroidal Neovascularization Associated with Macular Degeneration MP9565</a>            Prevea360 Health Plan: <a href="#">Laser Treatments for Choroidal Neovascularization Associated with Macular Degeneration MP9565</a></p>	

Patients with Medica Employee Health Plan	
CPT codes applicable to this policy (NOTE: these codes do <b>NOT</b> 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 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	Medica Health N/A – Refer to the <a href="#">Physical Therapy/Occupational Therapy Prior Authorization</a> page on Medica Health.com for additional information	Prevea360 Health Plan N/A – Refer to the <a href="#">Physical Therapy/Occupational Therapy Prior Authorization</a> page on Prevea360.com for additional information
Alternate Service Name(s)	PT	
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, 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>	

### 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 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
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 Employee Health Plan.*	

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	Medica Health <a href="#">Plastic and Reconstructive Surgery (MP9022)</a>	Prevea360 Health Plan <a href="#">Plastic and Reconstructive Surgery (MP9022)</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 MP9022, 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 be authorized prior to the service.</b></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>	
Related Medical Policies:	<p>Medica Health</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>	<p>Prevea360 Health Plan</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>

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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.

**Plastic and Reconstructive Surgery (MP9022) (continued)**

Patients with Medica Employee Health Plan	
<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 Employee Health Plan.*</p>	<p>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</p>
<p>CPT codes applicable to this policy  <b>(NOTE: these codes do NOT require a prior authorization.)</b></p>	<p>15832, 15833, 15834, 15835, 15836, 15837, 15838</p> <p>Prior authorization is not required when the service provided by an in-network provider.</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>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>
<p>Submission Method</p>	<p>Not Applicable-Prior authorization is not required for these services</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.

**Powered Robotic Lower-Limb Exoskeleton Devices (MP9645)**

Medical Policy	Medica Health <a href="#">Powered Robotic Lower-Limb Exoskeleton Devices</a> (MP9645)	Prevea360 Health Plan <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. 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 be authorized prior</b> to the service.</p>	

**Patients with Medica 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 Employee Health Plan.*	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	Medica Health <a href="#">Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) (MP9622)</a>	Prevea360 Health Plan <a href="#">Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) (MP9622)</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 MP9622, 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 <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 MP9622 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	Medica <a href="#">Radioembolization for Hepatic Tumors MP9774</a>	Prevea360 Health Plan <a href="#">Radioembolization of Hepatic Tumors MP9774</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 Employee Health**

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	Medica Health <a href="#">Radiofrequency Ablation of Uterine Fibroids (MP9657)</a>	Prevea360 Health Plan <a href="#">Radiofrequency Ablation of Uterine Fibroids (MP9657)</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>            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 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 Employee Health Plan	
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

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

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

Medical Policy	Medica Health <a href="#">Real-Time Mobile Cardiac Outpatient Telemetry</a> (MP9621)	Prevea360 Health Plan <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 Employee Health Plan

Codes that Require Authorization	93228, 93229
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>

Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.

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.

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

Medical Policy	Medica <a href="#">Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) MP9716</a>	Prevea360 Health Plan <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.</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 Employee Health	
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

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

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

Medical Policy	Medica Health <a href="#">Repairs/Replacement of Durable Medical Equipment/Supplies (MP9106)</a>	Prevea360 Health Plan <a href="#">Repairs/Replacement of Durable Medical Equipment/Supplies (MP9106)</a>
Alternate Service Name(s)	DME Repairs/Replacement	
Additional Information	Replacement of equipment/supplies due to loss is not a covered benefit.	
Related Medical Policies:	Medica Health <a href="#">Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239</a> <a href="#">Wheelchair: Manual and Accessories MP9639</a> <a href="#">Wheelchair: Powered and Accessories MP9640</a> <a href="#">Scooters and Accessories MP9641</a>	Prevea360 Health Plan <a href="#">Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239</a> <a href="#">Wheelchair: Manual and Accessories MP9639</a> <a href="#">Wheelchair: Powered and Accessories MP9640</a> <a href="#">Scooters and Accessories MP9641</a>

### Patients with Medica 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 Employee Health Plan.*	A4233, A4234, A4235, A4236, A1366, A4634, A4638, A4639, A8004 L7367, L7368, L7902, V5336
Codes that Require Authorization	K0672, L4010, L4020, L4030, L4130, L8514, L8681, L8684, L8689, L8691
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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

**Residential Treatment – Behavioral Health (MP9554)**

Medical Policy	Medica Health <a href="#">Residential Treatment – Behavioral Health</a> (MP9554)	Prevea360 Health Plan <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 Employee Health Plan	
Codes that Require Authorization	Prior authorization is required for residential treatment. See medical policy for criteria.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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

**Responsive Cortical Stimulation (MP9496)**

Medical Policy	Medica Health <a href="#">Responsive Cortical Stimulation</a> (MP9496)	Prevea360 Health Plan <a href="#">Responsive Cortical Stimulation</a> (MP9496)
Alternate Service Name(s)	RNS	
Additional Information	N/A	

Patients with Medica Employee Health Plan	
Codes that Require Authorization	Prior authorization is not required.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Rhinoplasty Procedure with or without Septoplasty</a> (MP9648)	Prevea360 Health Plan <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.                  Refer to the Member Certificate or Summary Plan Description (SPD) for coverage. Cosmetic surgery is generally an exclusion of the Member Certificate or Summary Plan Description (SPD).                  If two or more procedures (one cosmetic and one reconstructive) are performed during the same operative session, the surgeon must delineate the cosmetic and reconstructive components associated with the procedure.</p>	

Patients with Medica Employee Health Plan	
Codes that Require Authorization	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30460, 30465, 30468
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

### Sacral Nerve Stimulation (MP9624)

Medical Policy	Medica Health <a href="#">Sacral Nerve Stimulation</a> (MP9624)	Prevea360 Health Plan <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>            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 MP9624, 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 MP9624 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	Medica Health <a href="#">Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive</a> (MP9643)	Prevea360 Health Plan <a href="#">Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive</a> (MP9643)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• Prior authorization is not required when the SI joint fusion, open or minimally invasive, is emergent in nature.</li> </ul>	

### Patients with Medica Employee Health Plan

Codes that Require Authorization	27279, 27280, 0775T, 0809T
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

Salivary Estriol Test for Preterm Labor MP9682

Medical Policy	Medica: <a href="#">Salivary Estriol Test for Preterm Labor MP9682</a>	Prevea360 Health Plan <a href="#">Salivary Estriol Test for Preterm Labor (MP9682)</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 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.*	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.

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.

Salivary Hormone Tests MP9683

Medical Policy	Medica: <a href="#">Salivary Hormone Tests MP9683</a>	Prevea360 Health Plan <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 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.*	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	Medica Health <a href="#">Scanning Laser Technologies for Retina and Optic Nerve Imaging (MP9629)</a>	Prevea360 Health Plan <a href="#">Scanning Laser Technologies for Retina and Optic Nerve Imaging (MP9629)</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 if submitted.</b>                  If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.</p>	

Patients with Medica 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 Employee Health Plan.*	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>

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	Medica Health <a href="#">Scar Revision</a> (MP9649)	Prevea360 Health Plan <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 Employee Health Plan

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	Medica Health <a href="#">Scooters and Accessories MP9641</a>	Prevea360 Health Plan <a href="#">Scooters and Accessories MP9641</a>
Alternate Service Name(s)	N/A	
Additional Information	Refer to the Member Certificate or Summary Plan Description for coverage information. Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization. Rental of medically necessary equipment while the member's own equipment is being repaired does not require prior authorization. A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage.	
Related Policies:	Medica Health <a href="#">Wheelchair: Manual and Accessories MP9639</a> <a href="#">Wheelchair: Powered and Accessories MP9640</a>	Prevea360 Health Plan <a href="#">Wheelchair: Manual and Accessories MP9639</a> <a href="#">Wheelchair: Powered and Accessories MP9640</a>

### Patients with Medica Employee Health Plan

Codes that Require Authorization	<b>Prior authorization required for purchase:</b> E1230, K0008, K0801, K0802, K0806, K0807, K0808, K0812
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Plan <a href="#">Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy</a> (MP9684)	Prevea360 Health Plan <a href="#">Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy</a> (MP9684)
Alternate Service Name(s)	N/A	
Additional Information	<ul style="list-style-type: none"> <li>• <b>A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.</b></li> </ul>	

### Patients with Medica 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 Employee 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-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.

**Services Related to Dental Care (MP9271)**

Medical Policy	Medica Health <a href="#">Services Related to Dental Care</a> (MP9271)	Prevea360 Health Plan <a href="#">Services Related to Dental Care</a> (MP9271)
Alternate Service Name(s)	N/A	
Additional Information	Services Related to Dental Care are a covered service when (1) the patient meets criteria for MP9271 <b>and</b> when (2) Services Related to Dental Care are a covered benefit of the patient’s specific plan type.	

**Patients with Medica Employee Health Plan**

Codes that Require Authorization	Review MP9271 to determine which codes require prior authorization.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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	Medica Health <a href="#">Shoes and Shoe Modifications (Custom Molded/Corrective/Therapeutic)</a> (MP9061)	Prevea360 Health Plan <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 Employee Health Plan	
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	Medica Health <a href="#">Musculoskeletal Program information</a>	Prevea360 Health Plan <a href="#">Musculoskeletal Program information</a>

### Patients with Medica Employee Health Plan

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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	<a href="#">NIA Healthcare</a> or by phone at 866-307-9729
<p><b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) (MP9633)</a>	Prevea360 Health Plan <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>A Prior Authorization will <b>NOT</b> be processed for these requests and will be cancelled as not required if submitted.            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 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 Employee Health Plan	
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	Medica Health <a href="#">Skilled Nursing Facility</a> (MP9670)	Prevea360 Health Plan <a href="#">Skilled Nursing Facility</a> (MP9670)
Alternate Service Name(s)	Nursing Home, SNF, Swing Bed	
Additional Information	N/A	

Patients with Medica Employee Health Plan	
Codes that Require Authorization	Review MP9670 to determine which codes require prior authorization. Prior authorization required for admission and continued stay.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care</a> (MP9655)	Prevea360 Health Plan <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 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 Employee Health Plan.*	Q4100, Q4113, Q4114, Q4115, Q4117, Q4118, Q4123, Q4126, Q4127, Q4128, Q4133, Q4135, Q4136, Q4137, Q4138, Q4139, Q4142, Q4143, Q4145, Q4146, Q4153, Q4157, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4169, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4184, Q4185, Q4189, Q4190, Q4191, Q4192, Q4195, Q4196, Q4197, Q4181, Q4183, Q4193, Q4198, Q4201, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4217, Q4218, Q4219, Q4220, Q4222, Q4226, Q4227, Q4229, Q4230, Q4231 Q4232 Q4233, Q4234, Q4235, Q4236 Q4237 Q4238, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4250 Q4252 Q4253 Q4255, Q4166 Q4170 Q4188 Q4195, Q4196, Q4197, Q4215 Q4245 Q4247 Q4251 C9250 C9352, C9353, C9361, C9364, Q4137 Q4227 Q4242 Q4276, Q4277, Q4278, Q4281, Q4282, Q4283, Q4284, C1762, C1763, C1781 C9250, C9354 C9355 C9356 C9358 C9360 C9361, C9364, C9399, A4649
CPT codes applicable to this policy <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.

### Sleep Studies: Unattended (Home) Sleep Studies and Attended Nocturnal Polysomnography, Multiple Sleep Latency Testing and Maintenance of Wakefulness Testing (MP9132)

Medical Policy	<p>Medical policy is retired effective 1/1/2024.          Medica Health  <a href="#">Sleep Studies: Unattended (Home) Sleep Studies and Attended Nocturnal Polysomnography, Multiple Sleep Latency Testing and Maintenance of Wakefulness Testing</a> MP9132</p>	<p>Medical policy is retired effective 1/1/2024.          Prevea360 Health Plan  <a href="#">Sleep Studies: Unattended (Home) Sleep Studies and Attended Nocturnal Polysomnography Tests, Multiple Sleep Latency Testing and Maintenance of Wakefulness Testing</a> (MP9132)</p>
Alternate Service Name(s)	HST	
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 does not meet the medical necessity indicated in MP9132, 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 be authorized prior</b> to the service.          This applies to home sleep studies only. In-lab studies require prior authorization, see <a href="#">entry for in-lab sleep studies</a> for information.</p>	

#### Patients with Medica Employee Health Plan

CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	95800, 95801, 95806, G0398, G0399, G0400
Provider Responsibilities to facilitate claims payment	<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 MP9132 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	Medical policy is retired effective 1/1/2024.	Medical policy is retired effective 1/1/2024.
Alternate Service Name(s)	ST	
Additional Information	<p>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. If a claim is submitted that doesn’t meet the medical necessity indicated in MP9171, the claim will be denied.</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 Employee Health Plan Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD).</p>	

Patients with Medica Employee Health Plan	
CPT codes applicable to this policy (NOTE: these codes do NOT require a prior authorization.)	92507, 92508, 92521, 92522, 92523, 92523, 92524, 92526, 92550, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92558, 92559, 92560, 92561, 92562, 92563, 92564, 92565, 92566, 92567, 92568, 92569, 92570, 92571, 92572, 92573, 92574, 92575, 92576, 92577, 92578, 92579, 92580, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92588, 92589, 92590, 92591, 92592, 92593, 92594, 92595, 92596, 92597, 92610, 92611, 92612, 92613, 92614, 92615, 92616, 92617, 92618
Provider Responsibilities to facilitate claims payment	<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	Medica <a href="#">Sphenopalatine Ganglion Block for the Treatment of Headache MP9764</a>	Prevea360 Health Plan <a href="#">Sphenopalatine Ganglion Block for the Treatment of Headache MP9764</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.*	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	Medica Health <a href="#">Spinal Cord and Dorsal Root Ganglion Stimulation for Treatment of Pain</a> (MP9430)	Prevea360 Health Plan <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 Employee Health Plan	
Codes that Require Authorization	63650, 63655, 63663, 63664, 63685, 63688, L8689
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) (MP9361)</a>	Prevea360 Health Plan <a href="#">Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) (MP9361)</a>
Alternate Service Name(s)	N/A	
Additional Information	N/A	

Patients with Medica 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 Employee Health Plan.*	0421T, 55880, 0619T C2586 when billed with diagnosis code N400 or N401
Codes that Require Authorization	N/A
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Technology Assisted Surgical Techniques (Robotic Surgery) (MP9546)</a>	Prevea360 Health Plan <a href="#">Technology Assisted Surgical Techniques (Robotic Surgery) (MP9546)</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 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 Employee Health Plan	
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 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	Medica Health <a href="#">Telehealth</a> (MP9662)	Prevea360 Health Plan <a href="#">Telehealth</a> (MP9662)
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 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 Employee Health Plan	
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	Medica: <a href="#">Testing for Neutralizing Antibodies to Interferon Beta in the Management of Multiple Sclerosis MP9685</a>	Prevea360 Health Plan <a href="#">Testing for Neutralizing Antibodies to Interferon Beta in Management of Multiple Sclerosis (MP9685)</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 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.*	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	Medica Health <a href="#">Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange (MP9627)</a>	Prevea360 Health Plan <a href="#">Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange (MP9627)</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 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:            Medica: <a href="#">Extracorporeal Photophoresis (Photochemotherapy) (MP9558)</a>            Prevea360 Health Plan: <a href="#">Extracorporeal Photophoresis (Photochemotherapy) (MP9558)</a></p>	

### Patients with Medica Employee Health Plan

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 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	Medica Health <a href="#">Total Ankle Replacement</a> (MP9363)	Prevea360 Health Plan <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>            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 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.            This service is restricted to orthopedic surgeons or podiatry.</p>	

Patients with Medica Employee Health Plan	
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	Medica Health <a href="#">Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550)</a>	Prevea360 Health Plan <a href="#">Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) Ambulatory Level of Care (MP9550)</a>
Alternate Service Name(s)	THA, TKA	
Additional Information	<b>Medica Health</b> <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> .	<b>Prevea360 Health Plan</b> <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 Employee Health Plan	
Codes that Require Authorization	<p><b>Knee</b></p> <ul style="list-style-type: none"> <li>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>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 is required.</b></li> </ul>
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	<a href="#">NIA Healthcare</a> or by phone at 866-307-9729.
<p><b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</p>	

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### Traction for Cervical and Pain

Medical Policy	Medica Health Medical policy retired effective 07/01/2023	Prevea360 Health Plan 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 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 Employee Health Plan.*	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

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

### Transcatheter Closure of Cardiac Defects (MP9625)

Medical Policy	Medica Health <a href="#">Transcatheter Closure of Cardiac Defects</a> (MP9625)	Prevea360 Health Plan <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>            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 MP9625, 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 MP9625 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.

**Transcatheter Heart Valve Replacement and Repair Procedure (MP9623)**

Medical Policy	Medica Health <a href="#">Transcatheter Heart Valve Replacement and Repair Procedure (MP9623)</a>	Prevea360 Health Plan <a href="#">Transcatheter Heart Valve Replacement and Repair Procedure (MP9623)</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>            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 MP9623, 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**

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 Employee Health Plan.*	0569T
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 MP9623 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	Medica Health <a href="#">Transcranial Magnetic Stimulation</a> (MP9526)	Prevea360 Health Plan <a href="#">Transcranial Magnetic Stimulation</a> (MP9526)
Alternate Service Name(s)	TMS	
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 MP9526, 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>	

Patients with Medica Employee Health Plan	
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 MP9526 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.

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

Medical Policy	Medica Health <a href="#">Transport of Members (Ambulance) Ground and Water (MP9137)</a>	Prevea360 Health Plan <a href="#">Transport of Members (Ambulance) Ground and Water (MP9137)</a>
Alternate Service Name(s)	Water Ambulance, Ambulance, Ground Ambulance, Stretcher Van	
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 MP9137, 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; planned ground ambulance with transport requires prior authorization refer to the medical policy for additional information.</li> <li>Please refer <i>Medica Health</i> <a href="#">Air Ambulance, Non Emergent (MP9632)</a> / <i>Prevea360 Health Plan</i> <a href="#">Air Ambulance, Non Emergent (MP9632)</a> for additional information regarding prior authorization</li> </ul>	

**Patients with Medica Employee Health Plan**

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 MP9137 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	Medica Health <a href="#">Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery MP9585</a>	Prevea360 Health Plan <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 policies: Medica Health <a href="#">Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239</a> Prevea360 Health Plan <a href="#">Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239</a>	

### Patients with Medica 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 Employee Health Plan.*	21193, 21195, 21198, 41512, S2080
Codes that Require Authorization	21196, 21199, 30400, 30410, 30420, 30430, 30435, 30450, 42145, 64582
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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### Trigger Point Dry Needling (MP9672)

Medical Policy	Medica Health <a href="#">Trigger Point Dry Needling</a> (MP9672)	Prevea360 Health Plan <a href="#">Trigger Point Dry Needling</a> (MP9672)
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 MP9672, 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 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 Employee Health Plan.*	20560 20561
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 MP9672 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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### Urethral Bulking Agents for Urinary Incontinence (MP9475)

Medical Policy	Medica Health <a href="#">Urethral Bulking Agents for Urinary Incontinence</a> (MP9475)	Prevea360 Health Plan <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 Employee Health Plan	
Codes that Require Authorization	N/A
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</p>	



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

Medical Policy	Medica <a href="#">Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea MP9775</a>	Prevea360 Health Plan <a href="#">Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome MP9775</a>
Alternate Service Name(s)	N/A	
Additional Information	N/A	

Patients with Medica Employee Health	
Codes that Require Authorization	S2080
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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

Medical Policy	Medica Health <a href="#">Vagus Nerve Stimulation (VNS), Implantable</a> (MP9232)	Prevea360 Health Plan <a href="#">Vagus Nerve Stimulation (VNS), Implantable</a> (MP9232)
Alternate Service Name(s)	VNS	
Additional Information	Revision or replacement does not require prior authorization.	

Patients with Medica 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 Employee Health Plan.*	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, K1020
Codes that Require Authorization	64553 , 64568
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<b>Note:</b> For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.	

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### Vein Disease Treatment (MP9241)

Medical Policy	Medica Health <a href="#">Vein Disease Treatment</a> (MP9241)	Prevea360 Health Plan <a href="#">Vein Disease Treatment</a> (MP9241)
Alternate Service Name(s)	N/A	
Additional Information	N/A	

### Patients with Medica 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 Employee Health Plan.*	36468
Codes that Require Authorization	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</p>	

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## Virtual Care (MP9663)

Medical Policy	Medica Health <a href="#">Virtual Care (MP9663)</a>	Prevea360 Health Plan <a href="#">Virtual Care (MP9663)</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 must 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 must be authorized prior to the service.</li> </ul>	

Patients with Medica Employee Health Plan	
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	Medica: <a href="#">Vitamin D Testing for Screening (MP9686)</a>	Prevea360 Health Plan <a href="#">Vitamin D Testing for Screening (MP9686)</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 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.*	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.

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, Manual and Accessories (MP9639)

Medical Policy	Medica Health <a href="#">Wheelchair: Manual and Accessories MP9639</a>	Prevea360 Health Plan <a href="#">Wheelchair: Manual and Accessories MP9639</a>
Alternate Service Name(s)	N/A	
Additional Information	Refer to the Member Certificate or Summary Plan Description for coverage information. Purchase of all wheelchair and scooter codes require prior authorization.	
Related Policies:	Medica Health <a href="#">Wheelchair: Powered and Accessories MP9640</a> <a href="#">Scooters and Accessories MP9641</a>	Prevea360 Health Plan <a href="#">Wheelchair: Powered and Accessories MP9640</a> <a href="#">Scooters and Accessories MP9641</a>

### Patients with Medica Employee Health Plan

Codes/services that are considered non-covered. *This list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member’s policy of health coverage with Medica Employee Health Plan.*	A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage.
Codes/services that Require Authorization	Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization.
Services that do not require prior authorization	Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Rental of medically necessary equipment while the member’s own equipment is being repaired does not require prior authorization.
Submission Responsibilities	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <span style="margin-left: 100px;"><a href="#">Prevea360 Provider Portal</a></span>

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.

Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling Customer Service at 833-942-2159.

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### Wheelchairs, Powered and Accessories (MP9640)

Medical Policy	Medica Health <a href="#">Wheelchair: Powered and Accessories MP9640</a>	Prevea360 Health Plan <a href="#">Wheelchair: Powered and Accessories MP9640</a>
Alternate Service Name(s)	N/A	
Additional Information	Refer to the Member Certificate or Summary Plan Description for coverage information. Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of \$1,000 or more per item. Rental does not require prior authorization, and is allowed for 12 months or until 100% of purchase price has been reached. Replacement of a wheelchair or scooter with another wheelchair or a different device requires prior authorization. Rental of medically necessary equipment while the member’s own equipment is being repaired does not require prior authorization. A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage.	
Related Policies:	Medica Health <a href="#">Wheelchair: Manual and Accessories MP9639</a> <a href="#">Scooters and Accessories MP9641</a>	Prevea360 Health Plan <a href="#">Wheelchair: Manual and Accessories MP9639</a> <a href="#">Scooters and Accessories MP9641</a>

### Patients with Medica Employee Health Plan

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	EHP EPO members – contracted Dean ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.	
Submission Method	Dean ASO and Prevea360 contracted providers should submit via the applicable provider portal. All other providers – Prior Authorization Forms may be accessed by clicking <a href="#">here</a> . <a href="#">Dean Health Plan Provider Portal</a> <a href="#">Prevea360 Provider Portal</a>	
<p>Note: For EHP plan members, prior authorization and plan coverage of any medical or drug intervention discussed in the EHP Master Service List (MSL) is subject to the requirements outlined in the member’s Summary Plan Description (SPD). You can access the member’s SPD through the Provider Portal or by calling Customer Service at 833-942-2159.</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.

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

Medical Policy	Medica Health <a href="#">Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy (MP9626)</a>	Prevea360 Health Plan <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>A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.</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 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 Employee Health Plan	
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 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