

Dec. 31, 2021

Subject: Presbyterian Will Update its Medical Policy Manual and Prior Authorization Guide in January

Dear Provider,

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are updating the Medical Policy Manual and Prior Authorization Guide. **Effective Jan. 31, 2022**, Presbyterian will add and/or modify the following procedures in the Medical Policy Manual and Prior Authorization Guide:

List policies that will be updated. Below are examples of policy titles:

- Breast Ultrasound
- Clinical Trials Coverage for Members Enrolled in a Medicare Plan
- Electrical Bioimpedance for Cardiac Output Monitoring
- Exhaled Nitric Oxide Testing for: Diagnosis and Management of Asthma
- Gastric Electric Stimulation for Treatment of Chronic Gastroparesis
- Genetic Testing for Breast Cancer Recurrence and Predictive
- Genetic Testing for Lynch Syndrome
- Genetic Testing for Pancreatic Cyst (PathfinderTG/PancraGen)
- Implantable Cardioverter Defibrillator (ICD)
- Investigative & New Technology Assessment List (Non-Covered Services)
- Mild-Minimally Invasive Lumbar Decompression (MILD) & Percutaneous

Image-Guided Lumbar Decompression (PILD)

- Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems
- ***NEW*** Outpatient (in Facility) Observation
- Percutaneous Coronary Interventions
- Plasma Exchange: Therapeutic Apheresis
- ***NEW*** Sacral Nerve Stimulation for Urinary and Fecal Incontinence
- ***NEW*** Sleep Studies, Polysomnography, Commercial and Centennial
- Transoral Incisionless Fundoplication (TIF) for Treatment of GERD
- Vagus Nerve Stimulation for Epilepsy and Depression
- ***NEW*** Water Vapor Thermal Therapy for LUTS/BPH
- Wireless Capsule Endoscopy

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Presbyterian exists to improve the health of the patients, members, and communities we serve.

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For specific information about the updates to each of the above procedures, providers may review Presbyterian's Prior Authorization Guide & Medical Policy Manual Summary of Updates at http://docs.phs.org/cs/groups/public/documents/communication/pel_00957317.pdf.

The following resources are available to providers to verify whether a prior authorization is required:

- Medical Policy Manual: www.phs.org/providers/resources/medical-policy-manual
- myPRES Provider Portal Prior Authorization Tool: <u>www.phs.org/mypres</u>
- Prior Authorization Check Tool: <u>https://prescoverage.phs.org/ac/</u>
- Prior Authorization Guide: <u>www.phs.org/providers/authorizations</u>

Providers must submit prior authorizations requests as the resources above/on the previous page indicate.

For guidance on how to navigate the prior authorization tools on the provider portal, providers can view the myPRES Prior Authorization User Manual at <u>www.phs.org/providermanual</u>. If providers have any questions or need assistance, then they should contact their Provider Network Operations relationship executive.

As always, thank you for continuing to partner with us to improve the health and wellness of the patients, members and communities we serve.

Provider Network Operations

Hours: Monday through Friday, 8 a.m. to 5 p.m.



Phone: (505) 923-5141 Contact Guide: <u>www.phs.org/ContactGuide</u>

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