

Sept. 28, 2023

Subject: Presbyterian Will Update its Medical Policy Manual and Prior Authorization Guide on Nov. 1

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are updating the Medical Policy Manual and Prior Authorization Guide. **Effective Nov. 1, 2023**, Presbyterian will add and/or modify the following procedures in the Medical Policy Manual and Prior Authorization Guide:

- Acupuncture for Chronic Lower Back Pain, (Dry Needling)
- Application and Use of Tissue-Engineered-Bioengineered Skin Substitutes
- Chimeric Antigen Receptor (CAR) T Cell Therapy
- COVID-19 Testing
- Durable Medical Equipment: Rehabilitation and Mobility Devices
- Facet Interventions for Pain Management
- Genetic and Genomic Testing
- Genetic Testing: Colorectal Cancer (CRC) Screening

- Genetic Testing for Cutaneous Melanoma for Medicare
- Genetic Testing for Prostate Cancer
- Investigative & New Technology Assessment List (Non-Covered Services)
- Mobile Cardiac Outpatient TelemetryTM (MCOTTM) and Real-time Continuous Attended Cardiac Monitoring Systems
- Multi-biomarker (Vectra[™] DA) test for Rheumatoid Arthritis
- Thoracic Spinal Surgeries

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 https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=PEL_00957317.

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>

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www.phs.org

• Prior Authorization Guide: <u>www.phs.org/providers/authorizations</u>

Providers must submit prior authorization requests as the resources above indicate.

For guidance on how to navigate the prior authorization tools on the provider portal, providers can view the myPRES Prior Authorization 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) 923-5757 or 1-888-923-5757 (toll-free) Contact Guide: www.phs.org/ContactGuide

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