

Health Plan, Inc.

March 21, 2024

Subject: Presbyterian Will Update its Medical Policy Manual and Prior Authorization Guide May 1, 2024

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are updating the Medical Policy Manual and Prior Authorization Guide. **Effective May 1, 2024**, Presbyterian will add and/or modify the following procedures in the Medical Policy Manual and Prior Authorization Guide:

- Application and Use of Tissue-Engineered/Bioengineered Skin Substitutes
- Autism Spectrum Disorders: Diagnosis and Treatment
- Blepharoplasty Ptosis Surgery
- Breast Surgical Procedures
- Capsule Endoscopy
- Cancer Clinical Trials Routine Patient Care Costs- Coverage for Medicaid
- Clinical Trials Coverage for Routine Patient Care Costs for Medicare
- *New Policy* Clinical Trials, Routine Patient Care Costs for Commercial
- Durable Medical Equipment, Miscellaneous
- Durable Medical Equipment: Orthotics and Prosthetics
- Durable Medical Equipment: Positive Airway Pressure (PAP) and Oral Appliances for Treatment of Obstructive Sleep Apnea

- Durable Medical Equipment: Rehabilitation and Mobility Devices
- Durable Medical Equipment, Respiratory Devices
- Gastric Electric Stimulation for Treatment of Chronic Gastroparesis
- Genetic and Genomic Testing
- Genetic Testing for Breast Cancer Recurrence and Predictive
- Hypoglossal Nerve Stimulator
- Pharmacogenomics Testing, Behavioral Health for Medicare
- Prophylactic, Risk Reduction Surgery
- Restorative, Reconstructive, Cosmetic Surgery and Treatment
- Sleep Studies, Attended (In-Laboratory)
 Full-Channel Polysomnography
- *New Policy* Specialized Specimen Procedures
- Tonsillectomy
- Vagus Nerve Stimulation for Epilepsy and Depression

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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 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: www.phs.org/mypres
- **Prior Authorization Check Tool**: https://prescoverage.phs.org/ac/
- **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 www.phs.org/providermanual. 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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