PRESBYTERIAN

# Prior Authorization Guide

## MEMBER



PRESBYTERIAN

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

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## How to Use this Guide

This guide lists the physical health, behavioral health, pharmacy, and imaging services that require a prior authorization.

Note that for pharmacy, formularies are categorized as:

- Large Group Plans, including Administrative Services Only (ASO)[1] Plans
- Health Insurance Exchange Metal Level Plans, which include Small Group and Individual Plans

Search for the service you are looking for based on your insurance plan type. If you are not sure about your insurance plan type, call the Presbyterian Customer Service Center at the number on the back of your Presbyterian member ID card.

- ASO
- Commercial[2]
- Medicaid (Turquoise Care)
- Medicare Advantage (includes all Presbyterian Senior Care (HMO) / (HMO-POS), Presbyterian UltraFlex (HMO-POS), and Presbyterian Dual Plus (HMO D-SNP plans)

## Criteria:

- For physical health and pharmacy criteria, see the Presbyterian Medical Policy Manual (MPM). Note that we rely on MCG for decisions regarding inpatient admissions. If you would like a copy of these guidelines, call the Presbyterian Customer Service Center at the number on the back of your Presbyterian member ID card.
- For a copy of the guidelines for behavior health and advanced imaging and spinal surgery service, call the Presbyterian Customer Service Center at the number on the back of your Presbyterian member ID card.

## Disclaimers:

Prior authorization approval does not guarantee payment. Coverage determinations and payment of claims depend upon eligibility, covered benefits, provider contracts, and correct coding/billing practices. Cosmetic surgery that is solely for cosmetic purposes and not for medical necessity and experimental or investigational services is not a covered benefit.

Prior authorization approval does not relieve the provider of responsibility to follow all applicable rules regarding provision of services. This Prior Authorization Guide does not indicate coverage of benefits. Coverage is determined by the member's benefit plan.

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[1] The ASO category includes administrative services only insurance plans, including the Federal Employee Health Benefit plan.

[2] The Commercial category includes fully-funded employer insurance plans for small and large groups, individual insurance plans, and insurance plans on the NM Health Insurance Exchange (beWellnm). Insurance plans managed by the Interagency Benefits Advisory Committee (IBAC) are included in this category.

## Do You Need a Prior Authorization?[3]

In addition to the services identified in the ASO, Commercial, Medicaid (Turquoise Care), and Medicare Advantage sections of this guide, all of the following services require an authorization:

- Inpatient admission
- Inpatient Hospice care except for inpatient hospice care at Presbyterian Kaseman Hospital or the Presbyterian Robert Wertheim Hospice House.
- Skilled nursing facility admission
- Home health care

A prior authorization is not required for emergency room and urgent care services. All out-of-network services require prior authorization unless your plan specifically includes out-of-network services. Prior authorization requests are reviewed against rules (medical necessity criteria) to determine approval.

Note that childbirth hospital delivery does not require prior authorization unless the stay is over 48 hours for a vaginal delivery and over 96 hours for a cesarean delivery.

## Timelines for Processing Physical Health, Behavioral Health, and Advanced Imaging & Spine Surgery Prior Authorization Requests

**Standard requests** are processed within the following timelines when all necessary and relevant documentation supporting the prior authorization is submitted:

- ASO[4]: 15 calendar days
- Commercial[5]: 7 business days
- Medicaid (Turquoise Care): 7 Calendar days
- Medicare: 7 calendar days for pre-service

**Expedited requests** are processed within the following timelines when all necessary and relevant documentation supporting the prior authorization is submitted:

- ASO: 72 hours
- Commercial: 24 hours
- Medicaid (Turquoise Care): 24 hours

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[3] If you are not sure if you need authorization, call the Presbyterian Customer Service Center at the number on the back of your Presbyterian member ID card.
[4] The ASO category includes administrative services only insurance plans, including the Federal Employee Health Benefit plan.
[5] The Commercial category includes fully-funded employer insurance plans for small and large groups, individual insurance plans, and insurance plans on the NM Health Insurance Exchange (beWellnm). Insurance plans managed by the Interagency Benefits Advisory Committee (IBAC) are included in this category.

- Medicare: 72 hours

## Timelines for Processing Pharmacy Prior Authorization Requests

**Pharmacy requests** are processed within the following timelines when all necessary and relevant documentation supporting the prior authorization is submitted:

- Expedited/urgent: 24 hours
- Standard: 72 hours
- Medicaid (Turquoise Care) Standard: 24 hours

## How Do I Know If a Prescription Needs a Prior Authorization?

Go to Pharmacy Tools & Resources - Find Your Formulary (Drug List) for the most up-to-date information about your Presbyterian pharmacy benefit. Formulary drug coverage status and additional restrictions are listed in your plan's formulary (drug list), and this information is organized in the following categories:

- Medicaid (Turquoise Care) Plans
- Large Group Plans
- Health Insurance Exchange Metal Level Plans, including Small Group and Individual Plans
- Medicare Advantage Plans

If you are not sure which category you are in, call the Pharmacy phone number on your Presbyterian member ID card. If you have further questions, call the Presbyterian Customer Service Center at the number on the back of your Presbyterian member ID card.

## How to Submit a Prior Authorization Request

Members may submit a prior authorization request by calling the Presbyterian Customer Service Center at the number on the back of your Presbyterian member ID card.

Members can check the status of a prior authorization request by calling:

- Physical Health Services: Please call the number on the back of your Presbyterian member ID card
- Behavioral Health Services: ASO, Commercial, and Medicare: 1-800-424-4661
- Behavioral Health: Medicaid (Turquoise Care): (505) 923-5200
- Pharmacy Services: Each member's Presbyterian insurance card includes the correct Pharmacy number based on plan type
- Spine Surgery Services[6]: 1-866-236-8717
- Advanced Imaging[6]: 1-888-487-0733

If prior authorization is required, your provider will generally be the one who submits the request via our online provider tool or faxes the Uniform Prior Authorization Form. Members also have the option to complete the form and fax it to

- Physical Health Services: (505) 843-3047
- Behavioral Health Services for Medicaid (Turquoise Care): (505)-843-3019
- Behavioral Health Services for ASO, Commercial and Medicare: 1-888-656-4967
- Pharmacy Services: (505) 923-5540 or 1-800-724-6953
- Spinal Surgery Services[6]: 1-800-784-6864
- Advanced Imaging[6]: 1-888-487-0733

[6] Computed tomography (CT), CT angiography (CTA), virtual colonoscopy, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), positron emission tomography (PET), scans & cardiac imaging including echocardiogram, lumbar/cervical spine surgery.

# ASO[7] Plans: Prior Authorization Required (Red Section)

- Physical Health Services
- Behavioral Health Services
- Pharmacy Services
- Advanced Imaging & Spine Surgery Services

| Physical Health Services | Important Information |
|---|---|
| **All Hospital Inpatient Admissions** | Includes the following:<br>• Acute care (medical/surgical)<br>• Observation stays greater than 24 hours<br>• Rehabilitation admission skilled nursing facilities long- term acute care<br>• Notification required within 24 hours of admission for all facilities<br>• Notification required for all facilities<br>• Hospital delivery does not require authorization unless the stay is over 48 hours for a vaginal delivery and over 96 hours for a cesarean delivery |
| **Bariatric Surgery (Weight Loss Surgery)** | Surgical procedures including lap band and adjustment. |
| **Blepharoplasty/Brow Ptosis Surgery** | |
| **Breast Reconstruction following Mastectomy** | |
| **Breast Reduction for Gynecomastia** | |
| **Chimeric Antigen Receptor T-cell Therapy** | |
| **Clinical Trial** | Routine care while undergoing a clinical trial does not require an authorization. |
| **Corneal Cross-linking** | |
| **CV: Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems** | |

[7] The ASO category includes administrative services only insurance plans, including the Federal Employee Health Benefit plan.

| Physical Health Services | Important Information |
|---|---|
| **Durable Medical Equipment (DME)** | Upgraded or Deluxe DME is not covered. A review is needed but not limited to the following items:<br>• Duplicate DME<br>• Custom / specialty wheelchairs<br>• Specialty rehabilitation equipment<br>• Specialty beds<br>• Augmentative speech device<br>• Neuromuscular stimulators<br>• Implantable neurostimulator electrode, each<br>• Continuous glucose monitoring<br>• Helmet for plagiocephaly<br>• Lift/standing devices<br>• Unlisted DME |
| **ENT: Rhinoplasty** | |
| **ENT: Tonsillectomy or tonsillectomy with adenoidectomy** | Prior authorization is not required if member is 19 years old or older. |
| **ENT: Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)** | |
| **Gender Affirming Surgical Intervention** | |
| **Genetic Testing** | |
| **GI: Wireless Capsule Endoscopy** | |
| **Hip Resurfacing Total** | |
| **Hip Replacement Total** | |
| **Gyn: Radiofrequency Ablation for Fibroids** | |
| **Hypoglossal Nerve stimulation** | |
| **Home Health Services** | |

| Physical Health Services | Important Information |
|---|---|
| **Hormone Pellet Insertion, Subcutaneous** | Reviewed by Pharmacy |
| **Hyperbaric Oxygen** | |
| **Investigative & New Technology** | |
| **Knee, Arthroscopy** | |
| **Knee Replacement Total** | |
| **Ortho: Ankle – Total Ankle Replacement Surgery (Arthroplasty)** | Service includes total ankle replacement. |
| **Lumbar Artificial Disc Replacement** | |
| **Lumbar/Cervical Spine Surgery** | |
| **Lymphedema and Lipedema Surgical Treatment** | |
| **Orthotics** | This service includes orthotics, custom fabricated orthotics, and custom fabricated ankle-foot orthosis (AFO). Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies.<br>Prior authorization is required for custom AFO services for members nine years old and older. |
| **Outpatient Observation** | |
| **Percutaneous Arteriovenous Fistula (pAVF) for Dialysis** | |
| **Plastic surgery: Panniculectomy and Abdominoplasty and Body Contouring Procedures** | |
| **Plastic Surgery: Restorative / Reconstructive / Cosmetic Surgery and Treatment** | Cosmetic surgeries, including liposuction are not covered. |
| **Prosthetics** | Prosthetics, myoelectric prosthetics, microprocessor knee, ankle. |
| **Proton Beam Irradiation** | |
| **Respite** | |

| Physical Health Services | Important Information |
|---|---|
| **Skilled Nursing Facility (SNF) Services** | |
| **Skin Substitutes (Tissue-Engineered / Bioengineered)** | |
| **Sleep Studies (In a Facility)** | |
| **Transplants: Bone marrow/stem cell transplant: Allogeneic, Autologous** | |
| **Transplants: Heart (includes ventricular assist and artificial heart devices.)** | |
| **Transplants: Heart and Lung** | |
| **Transplants: Kidney** | |
| **Transplants: Liver** | |
| **Transplants: Lung and Lobar Lung** | |
| **Transplants: Pancreas and Kidney** | |
| **Transplants: Pancreas Islet Cell** | |
| **Transplants: Procurement, Transportation** | |
| **Transplants: Small Bowel, Small Bowel/Liver** | |
| **Veins: Varicose Vein Procedures including Echo sclerotherapy** | |
| **Water Vapor Thermal Therapy for LUTS/BPH** | |
| **X-STOP Interspinous Process Decompression** | |

| Behavioral Health Services | Important Information |
|---|---|
| **Accredited Residential Treatment Center Services (per diem): Chemical Dependency** | Members may contact ASO Behavioral Health at 1-800-424-4661.<br>For additional information, go to this site: Presbyterian Health Plan of New Mexico. This is the primary Magellan Healthcare resource for behavioral health services requiring prior |
| **Accredited Residential Treatment Center Services (per diem): Psychiatric** | |

| Behavioral Health Services | Important Information |
|---|---|
| **Accredited Residential Treatment Center Services: Substance Use Disorder, In-State** | authorization.<br><br>MH/SUD: Prior Authorization is not required for Commercial plans but a notice of admission is necessary. |
| **Accredited Residential Treatment Center Services: Substance Use Disorder, Out-of-State** | |
| **Hospital Inpatient (including detoxification services on inpatient psych unit only)** | |
| | |
| **Inpatient Hospitalization in Freestanding Psychiatric Hospital** | |
| **Partial Hospitalization** | |
| **Sub-acute Residential Treatment Services** | |
| **Transcranial Magnetic Stimulation (TMS)** | |

| Pharmacy Services | Important Information |
|---|---|
| **Pharmacy** | Services include the following:<br>• Pharmacy<br>• Drugs that require prior authorization when provided and administered in the office or outpatient<br>For formulary information, go to:<br>• Pharmacy Tools & Resources - Find Your Formulary (Drug List) |

| Advanced Imaging & Spine Surgery Services | Important Information |
|---|---|
| **Computed Tomography (CT)**<br>**CT Angiography (CTA)**<br>**Virtual Colonoscopy**<br>**Magnetic Resonance Imaging (MRI)**<br>**Magnetic Resonance Angiography (MRA)**<br>**Positron Emission Tomography (PET)**<br>**Scans & Cardiac Imaging including Echocardiogram** | Members may contact Evolent Specialty Services[8] by telephone at 1-866-236-8717 for Spine Surgery Services.<br>For additional information, go to Spinal Surgery State Authorization Requirements and Clinical Criteria and scroll down to the New Mexico section.<br>Members may contact Stanson Health[8] for Advanced Imaging Services by telephone at 1-888-487-0733.<br>For additional information, go to Advanced Imaging Resources, Tools and Criteria. |
| **Lumbar/Cervical Spine Surgery** | |

[8] Evolent Specialty Services and Stanson Health are Presbyterian Health Plan, Inc./Presbyterian Insurance Company, Inc. advanced imaging and spine surgery service providers.

# Commercial Plans[9]: Prior Authorization Required (Orange Section)


- Physical Health Services
- Behavioral Health Services
- Pharmacy Services
- Advanced Imaging & Spine Services


| Physical Health Services | Important Information |
|---|---|
| **All Hospital Inpatient Admissions** | Includes the following:<br>• Acute care (medical/surgical)<br>• Observation stays greater than 24 hours<br>• Rehabilitation admission skilled nursing facilities long- term acute care<br>• Notification required within 24 hours of admission for all facilities<br>• Notification required for all facilities<br>• Hospital delivery does not require authorization unless the stay is over 48 hours for a vaginal delivery and over 96 hours for a cesarean delivery |
| **Bariatric Surgery (Weight Loss Surgery)** | Surgical procedures including lap band and adjustment. |
| **Blepharoplasty/Brow Ptosis Surgery** | |
| **Breast Reconstruction following Mastectomy** | |
| **Breast Reduction for Gynecomastia** | |
| **Chimeric Antigen Receptor T-cell Therapy** | |
| **Clinical Trial** | Routine care while undergoing a clinical trial does not require an authorization. |
| **Corneal Cross-linking** | |
| **CV: Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time** | |

[9] The Commercial category includes fully-funded employer insurance plans for small and large groups, individual insurance plans, and insurance plans on the NM Health Insurance Exchange (beWellnm). Insurance plans managed by the Interagency Benefits Advisory Committee (IBAC) are included in this category.

| Physical Health Services | Important Information |
|---|---|
| **Continuous Attended Cardiac Monitoring Systems** | |
| **Durable Medical Equipment (DME)** | Upgraded or Deluxe DME is not covered. A review is needed but not limited to the following items:<br>• Duplicate DME<br>• Custom / specialty wheelchairs<br>• Specialty rehabilitation equipment<br>• Specialty beds<br>• Augmentative speech device<br>• Neuromuscular stimulators<br>• Implantable neurostimulator electrode, each<br>• Continuous glucose monitoring<br>• Helmet for plagiocephaly<br>• Lift/standing devices<br>• Unlisted DME |
| **Dialysis** | Prior authorization is required for dialysis at non-contracted facilities within the state of New Mexico. Prior authorization is not required for dialysis while traveling. |
| **ENT: Rhinoplasty** | |
| **ENT: Tonsillectomy or tonsillectomy with adenoidectomy** | Prior authorization is not required if member is 19 years old or older. |
| **ENT: Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)** | |
| **Gender Affirming Surgical Intervention** | |
| **Genetic Testing** | |
| **GI: Wireless Capsule Endoscopy** | |
| **Hip Resurfacing Total** | |
| **Hip Replacement Total** | |

| Physical Health Services | Important Information |
|---|---|
| **Gyn: Radiofrequency Ablation for Fibroids** | |
| **Hypoglossal Nerve stimulation** | |
| **Home Health Services** | |
| **Hormone Pellet Insertion, Subcutaneous** | Reviewed by Pharmacy |
| **Investigative & New Technology** | |
| **Hyperbaric Oxygen** | |
| **Knee, Arthroscopy** | |
| **Knee Replacement Total** | |
| **Ortho: Ankle – Total Ankle Replacement Surgery (Arthroplasty)** | Service includes total ankle replacement. |
| **Lumbar Artificial Disc Replacement** | |
| **Lumbar/Cervical Spine Surgery** | |
| **Lymphedema and Lipedema Surgical Treatment** | |
| **Orthotics** | This service includes orthotics, custom fabricated orthotics, and custom fabricated ankle-foot orthosis (AFO). Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies.<br>Prior authorization is required for custom AFO services for members nine years old and older. |
| **Outpatient Observation** | |
| | |
| **Percutaneous Arteriovenous Fistula (pAVF) for Hemodialysis** | |
| | |
| **Plastic surgery: Panniculectomy and Abdominoplasty and Body Contouring Procedures** | |

| Physical Health Services | Important Information |
|---|---|
| **Plastic Surgery: Restorative / Reconstructive / Cosmetic Surgery and Treatment** | Cosmetic surgeries, including liposuction, are not covered. |
| **Prosthetics** | Prosthetics, myoelectric prosthetics, microprocessor knee, ankle. |
| **Proton Beam Irradiation** | |
| **Respite** | |
| **Skilled Nursing Facility (SNF) Services** | |
| **Skin Substitutes (Tissue-Engineered / Bioengineered)** | |
| **Sleep Studies (In a Facility)** | |
| **Transplants: Bone marrow/stem cell transplant: Allogeneic, Autologous** | |
| **Transplants: Heart (includes ventricular assist and artificial heart devices.)** | |
| **Transplants: Heart and Lung** | |
| **Transplants: Kidney** | |
| **Transplants: Liver** | |
| **Transplants: Lung and Lobar Lung** | |
| **Transplants: Pancreas and Kidney** | |
| **Transplants: Pancreas Islet Cell** | |
| **Transplants: Procurement, Transportation** | |
| **Transplants: Small Bowel, Small Bowel/Liver** | |
| **Veins: Varicose Vein Procedures including Echo sclerotherapy** | |
| **Water Vapor Thermal Therapy for LUTS/BPH** | |
| **X-STOP Interspinous Process Decompression** | |

| Behavioral Health Services | Important Information |
|---|---|
| **Accredited Residential Treatment Center Services (per diem): Chemical Dependency** | Members may contact Commercial Behavioral Health at 1-800-424-4661.<br>For additional information, go to this site: Presbyterian Health Plan of New Mexico. This is the primary Magellan Healthcare resource for behavioral health services requiring prior authorization.<br>MH/SUD: Prior Authorization is not required for Commercial plans but a notice of admission is necessary. |
| **Accredited Residential Treatment Center Services (per diem): Psychiatric** | |
| **Accredited Residential Treatment Center Services: Substance Use Disorder, In-State** | |
| **Accredited Residential Treatment Center Services: Substance Use Disorder, Out-of-State** | |
| **Applied Behavior Analysis** | |
| **Hospital Inpatient (including detoxification services on inpatient psych unit only)** | |
| **Inpatient Hospitalization in Freestanding Psychiatric Hospital** | |
| **Partial Hospitalization** | |
| **Sub-acute Residential Treatment Services** | |
| **Transcranial Magnetic Stimulation (TMS)** | |

| Pharmacy Services | Important Information |
|---|---|
| **Pharmacy** | Services include the following:<br>• Pharmacy<br>• Drugs that require prior authorization when provided and administered in the office or outpatient<br>For formulary information, go to:<br>• Pharmacy Tools & Resources - Find Your Formulary (Drug List) |

| Advanced Imaging & Spine Services | Important Information |
|---|---|
| **Computed Tomography (CT)** | Members may contact Evolent Specialty Services[10] by telephone at |

[10] Evolent Specialty Services and Stanson Health are Presbyterian Health Plan, Inc./Presbyterian Insurance Company, Inc. advanced imaging and spine surgery service providers.

| Advanced Imaging & Spine Services | Important Information |
|---|---|
| **CT Angiography (CTA)** | 1-866-236-8717 for Spine Surgery Services.<br>For additional information, go to Spinal Surgery State Authorization Requirements and Clinical Criteria and scroll down to the New Mexico section.<br>Members may contact Stanson Health[10] for Advanced Imaging Services by telephone at 1-888-487-0733.<br>For additional information, go to Advanced Imaging Resources, Tools and Criteria. |
| **Virtual Colonoscopy** | |
| **Magnetic Resonance Imaging (MRI)** | |
| **Magnetic Resonance Angiography (MRA)** | |
| **Positron Emission Tomography (PET)** | |
| **Scans & Cardiac Imaging including Echocardiogram** | |
| **Lumbar/Cervical Spine Surgery** | |

# Medicaid (Turquoise Care) Plans: Prior Authorization Required (Green Section)


- Physical Health Services
- Behavioral Health Services
- Pharmacy Services
- Advanced Imaging & Spine Services


| Physical Health Services | Important Information |
|---|---|
| **All Hospital Inpatient Admissions** | Includes the following:<br>• Acute Care (medical/surgical)<br>• Observation stays greater than 24 hours<br>• Rehabilitation Admission Skilled Nursing Facilities Long- term Acute Care<br>• Notification required within 24 hours of admission for all facilities<br>• Notification required for all facilities<br>• Hospital delivery does not require authorization unless the stay is over 48 hours for a vaginal delivery and over 96 hours for a cesarean delivery |
| **Bariatric Surgery (Weight Loss Surgery)** | Surgical procedures including lap band adjustment. |
| **Blepharoplasty/Brow Ptosis Surgery** | |
| **Breast Reconstruction following Mastectomy** | |
| **Breast Reduction for Gynecomastia** | |
| **Chimeric Antigen Receptor T-cell Therapy** | |
| **Corneal Cross-linking** | |
| **CV: Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems** | |
| **Durable Medical Equipment (DME)** | Upgraded or Deluxe DME is not covered. A review is needed but not limited to the following items:<br>• Duplicate DME |

| Physical Health Services | Important Information |
|---|---|
| | • Custom / specialty wheelchairs<br>• Specialty rehabilitation equipment<br>• Specialty beds<br>• Augmentative speech device<br>• Neuromuscular stimulators<br>• Implantable neurostimulator electrode, each<br>• Continuous glucose monitoring<br>• Helmet for plagiocephaly<br>• Lift/standing devices<br>• Unlisted DME |
| **Diapers** | Not covered for Medicaid (Turquoise Care) Alternate Benefit Plans. |
| **ENT: Rhinoplasty** | |
| **ENT: Tonsillectomy or tonsillectomy with adenoidectomy.** | Prior authorization is not required if member is 19 years old or older. |
| **ENT: Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)** | |
| **Gender Affirming Surgical Intervention** | |
| **Genetic Testing** | |
| **GI: Wireless Capsule Endoscopy** | |
| **Hip Resurfacing Total** | |
| **Hip Replacement Total** | |
| **Gyn: Radiofrequency Ablation for Fibroids** | |
| **Hypoglossal Nerve stimulation** | |
| **Home Health Services** | Home Health Care Agencies:<br>• Prior authorization is not required for Presbyterian-owned home health care. |

| Physical Health Services | Important Information |
|---|---|
| | • Medicaid (Turquoise Care) Alternate Benefit Plan has limitations. Please see the Covered Benefits in the Presbyterian Turquoise Care Member Handbook. |
| **Hormone Pellet Implantation, Subcutaneous** | Reviewed by Pharmacy |
| **Hyperbaric Oxygen** | |
| **Investigative & New Technology** | |
| **Knee, Arthroscopy** | |
| **Knee Replacement Total** | |
| **Ortho – Ankle: Total Ankle Replacement Surgery (Arthroplasty)** | Service includes total ankle replacement. |
| **Lumbar Artificial Disc Replacement** | |
| **Lumbar/Cervical Spine Surgery** | |
| **Lymphedema and Lipedema Surgical Treatment** | |
| **Orthotics** | This service includes orthotics, custom fabricated orthotics, and custom fabricated ankle-foot orthosis (AFO). Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies. Prior authorization is required for custom AFO services for members nine years old and older. |
| **Outpatient Observation** | |
| **Percutaneous Arteriovenous Fistula (pAVF) for Hemodialysis** | |
| **Plastic surgery: Panniculectomy and Abdominoplasty and Body Contouring Procedures** | |
| **Plastic Surgery: Restorative / Reconstructive / Cosmetic Surgery and Treatment** | Cosmetic surgeries, including liposuction are not covered. |
| **Prosthetics** | Prosthetics, myoelectric prosthetics, microprocessor knee, ankle. Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies. |

| Physical Health Services | Important Information |
|---|---|
| **Proton Beam Irradiation** | |
| **Respite** | |
| **Skilled Nursing Facility (SNF) Services** | |
| **Skin Substitute (Tissue-Engineered / Bioengineered)** | |
| **Sleep Study (In Facility)** | |
| **Transplants: Bone marrow/stem cell transplant: Allogeneic, Autologous** | |
| **Transplants: Heart (includes ventricular assist and artificial heart devices)** | |
| **Transplants: Heart and Lung** | |
| **Transplants: Kidney** | |
| **Transplants: Liver** | |
| **Transplants: Lung and Lobar Lung** | |
| **Transplants: Pancreas and Kidney** | |
| **Transplants: Pancreas Islet Cell** | |
| **Transplants: Procurement, Transportation** | |
| **Transplants: Small Bowel, Small Bowel/Liver** | |
| **Veins: Varicose Vein Procedures including Echo sclerotherapy** | |
| **Water Vapor Thermal Therapy for LUTS/BPH** | |
| **X-STOP Interspinous Process Decompression** | |

| Behavioral Health Services | Important Information |
|---|---|
| **Accredited Residential Treatment Center Services (per diem): Chemical Dependency** | Members may contact Medicaid (Turquoise Care) Behavioral Health at |

| Behavioral Health Services | Important Information |
|---|---|
| **Accredited Residential Treatment Center Services (per diem): Psychiatric** | (505) 923-5677.<br>For additional information, go to this site: Presbyterian Health Plan of New Mexico. This is the primary Magellan Healthcare resource for behavioral health services requiring prior authorization.<br><br>AART: Residential treatment centers that provide 24/7 care for mental health or substance use needs<br>Applied Behavior Analysis: A therapy often used for children with autism or who are on the autism spectrum<br>Partial Hospitalization: Intensive daytime services where you return to your place of residence at night<br>Sub-acute Residential Treatment Services: A structured program where you live at the facility but do not require hospital-level care<br>Treatment Foster Care 1 and 2: Specialized foster homes that provide behavioral health treatment<br>Waiting Placement Days: Hospital stay while waiting for placement in treatment |
| **Accredited Residential Treatment Center Services: Substance Use Disorder, In-State** | |
| **Accredited Residential Treatment Center Services: Substance Use Disorder, Out-of-State** | |
| **Applied Behavior Analysis** | |
| **Hospital Inpatient (including detoxification services on inpatient psych unit only)** | |
| **Inpatient Hospitalization in Freestanding Psychiatric Hospital** | |
| **Non-Accredited Residential Treatment Centers and Group Homes** | |
| **Partial Hospitalization** | |
| **Sub-acute Residential Treatment Services** | |
| **Treatment Foster Care I** | |
| **Treatment Foster Care II** | |
| **Waiting Placement Days** | |

| Pharmacy Services | Important Information |
|---|---|
| **Pharmacy** | Services include the following:<br>• Pharmacy<br>• Drugs that require an authorization when provided and administered in the office or outpatient<br>For formulary information, go to:<br>• Pharmacy Tools & Resources - Find Your Formulary (Drug List)<br><br>Note: A drug Formulary, or preferred drug list, is a continually updated list of medications and related products supported by current evidence-based medicine, judgment of physicians, pharmacists and |

| Pharmacy Services | Important Information |
|---|---|
| | other experts in the diagnosis and treatment of disease and preservation of health. |

| Advanced Imaging & Spine Services | Important Information |
|---|---|
| **Computed Tomography (CT)**<br>**CT Angiography (CTA)**<br>**Virtual Colonoscopy**<br>**Magnetic Resonance Imaging (MRI)**<br>**Magnetic Resonance Angiography (MRA)**<br>**Positron Emission Tomography (PET)**<br>**Scans and Cardiac Imaging including Echo** | Members may contact Evolent Specialty Services[11] by telephone at 1-866-236-8717 for Spine Surgery Services.<br>For additional information, go to Spinal Surgery State Authorization Requirements and Clinical Criteria and scroll down to the New Mexico section.<br>Members may contact Stanson Health[11] for Advanced Imaging Services by telephone at 1-888-487-0733.<br>For additional information, go to Advanced Imaging Resources, Tools and Criteria. |
| **Lumbar/Cervical Spine Surgery** | |

**Note**: For further clarification or information on the services listed above, please contact Presbyterian's Customer Service Center at 1-888-977-2333.

[11] Evolent Specialty Services and Stanson Health are Presbyterian Health Plan, Inc./Presbyterian Insurance Company, Inc. advanced imaging and spine surgery service providers.

# Medicare Advantage Plans: Prior Authorization Required (Blue Section)


- Physical Health Services
- Behavioral Health Services
- Pharmacy Services
- Advanced Imaging & Spine Services


| Physical Health Services | Important Information |
|---|---|
| **All Hospital Inpatient Admissions** | Includes the following:<br>• Acute care (medical/surgical)<br>• Observation stays greater than 24 hours<br>• Rehabilitation admission skilled nursing facilities long- term acute care<br>• Notification required within 24 hours of admission for all facilities<br>• Notification required for all facilities<br>• Hospital delivery does not require authorization unless the stay is over 48 hours for a vaginal delivery and over 96 hours for a cesarean delivery |
| **Bariatric Surgery (Weight Loss Surgery)** | Surgical procedures including lap band and adjustment. |
| **Blepharoplasty/Brow Ptosis Surgery** | |
| **Breast Reconstruction following Mastectomy** | |
| **Breast Reduction for Gynecomastia** | |
| **Chimeric Antigen Receptor T-cell Therapy** | |
| **Clinical Trial** | Routine care while undergoing a clinical trial does not require an authorization. |
| **Corneal Cross-linking** | |
| **CV: Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems** | |
| **Durable Medical Equipment (DME)** | Upgraded or Deluxe DME is not covered. A review is needed but not |

| Physical Health Services | Important Information |
|---|---|
| | limited to the following items:<br>• Duplicate DME<br>• Custom / specialty wheelchairs<br>• Specialty rehabilitation equipment<br>• Specialty beds<br>• Augmentative speech device<br>• Neuromuscular stimulators<br>• Implantable neurostimulator electrode, each<br>• Continuous glucose monitoring<br>• Helmet for plagiocephaly<br>• Lift/standing devices<br>• Unlisted DME |
| **ENT: Rhinoplasty** | |
| **ENT: Tonsillectomy or tonsillectomy with adenoidectomy** | Prior authorization is not required if member is 19 years old or older. |
| **ENT: Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)** | |
| **Gender Affirming Surgical Intervention** | |
| **Genetic Testing** | |
| **GI: Wireless Capsule Endoscopy** | |
| **Hip Resurfacing Total** | |
| **Hip Replacement Total** | |
| **Gyn: Radiofrequency Ablation for Fibroids** | |
| **Hypoglossal Nerve stimulation** | |
| **Home Health Services** | |
| **Hormone Pellet Insertion, Subcutaneous** | Reviewed by Pharmacy |

| Physical Health Services | Important Information |
|---|---|
| **Investigative & New Technology** | |
| **Hyperbaric Oxygen** | |
| **Knee, Arthroscopy** | |
| **Knee Replacement Total** | |
| **Ortho: Ankle – Total Ankle Replacement Surgery (Arthroplasty)** | Service includes total ankle replacement. |
| **Lumbar Artificial Disc Replacement** | |
| **Lumbar/Cervical Spine Surgery** | |
| **Lymphedema and Lipedema Surgical Treatment** | |
| **Orthotics** | This service includes orthotics, custom fabricated orthotics, and custom fabricated ankle-foot orthosis (AFO). Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies.<br>Prior authorization is required for custom AFO services for members nine years old and older. |
| **Outpatient Observation** | |
| **Percutaneous Arteriovenous Fistula (pAVF) for Hemodialysis** | |
| **Plastic surgery: Panniculectomy and Abdominoplasty and Body Contouring Procedures** | |
| **Plastic Surgery: Restorative / Reconstructive / Cosmetic Surgery and Treatment** | Cosmetic surgeries, including liposuction are not covered. |
| **Prosthetics** | Prosthetics, myoelectric prosthetics, microprocessor knee, ankle. |
| **Proton Beam Irradiation** | |
| **Respite** | |
| **Skilled Nursing Facility (SNF) Services** | |

| Physical Health Services | Important Information |
|---|---|
| **Skin Substitutes (Tissue-Engineered / Bioengineered)** | |
| **Sleep Studies (In a Facility)** | |
| **Transplants: Bone marrow/stem cell transplant: Allogeneic, Autologous** | |
| **Transplants: Heart (includes ventricular assist and artificial heart devices.)** | |
| **Transplants: Heart and Lung** | |
| **Transplants: Kidney** | |
| **Transplants: Liver** | |
| **Transplants: Lung and Lobar Lung** | |
| **Transplants: Pancreas and Kidney** | |
| **Transplants: Pancreas Islet Cell** | |
| **Transplants: Procurement, Transportation** | |
| **Transplants: Small Bowel, Small Bowel/Liver** | |
| **Veins: Varicose Vein Procedures including Echo sclerotherapy** | |
| **Water Vapor Thermal Therapy for LUTS/BPH** | |
| **X-STOP Interspinous Process Decompression** | |

| Behavioral Health Services | Important Information |
|---|---|
| **Hospital Inpatient (including detoxification services on inpatient psych unit only)** | Members may contact Medicare Behavioral Health at 1-800-424-4661.<br>For additional information, go to this site: Presbyterian Health Plan of New Mexico. This is the primary Magellan Healthcare resource for behavioral health services requiring prior authorization. |
| **Inpatient Hospitalization in Freestanding Psychiatric Hospital** | |
| **Partial Hospitalization** | |
| **Sub-acute Residential Treatment Services** | |

| Behavioral Health Services | Important Information |
|---|---|
| **Transcranial Magnetic Stimulation (TMS)** | |

| Pharmacy Services | Important Information |
|---|---|
| **Pharmacy** | Services include the following:<br>• Pharmacy<br>• Drugs that require prior authorization when provided and administered in the office or outpatient<br>For formulary information, go to:<br>• Pharmacy Tools & Resources - Find Your Formulary (Drug List) |

| Advanced Imaging & Spine Services | Important Information |
|---|---|
| **Computed Tomography (CT)**<br>**CT Angiography (CTA)**<br>**Virtual Colonoscopy**<br>**Magnetic Resonance Imaging (MRI)**<br>**Magnetic Resonance Angiography (MRA)**<br>**Positron Emission Tomography (PET)**<br>**Scans & Cardiac Imaging including Echocardiogram** | Members may contact Evolent Specialty Services[12] by telephone at 1-866-236-8717 for Spine Surgery Services.<br>For additional information, go to Spinal Surgery State Authorization Requirements and Clinical Criteria and scroll down to the New Mexico section.<br>Members may contact Stanson Health[12] for Advanced Imaging Services by telephone at 1-888-487-0733.<br>For additional information, go to Advanced Imaging Resources, Tools and Criteria. |
| **Lumbar/Cervical Spine Surgery** | |

Such services are funded in part with the State of New Mexico

Based on a Model of Care review, Presbyterian Dual Plus (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2028.

Presbyterian exists to ensure all of the patients, members and communities we serve can achieve their best health.

[12] Evolent Specialty Services and Stanson Health are Presbyterian Health Plan, Inc./Presbyterian Insurance Company, Inc. advanced imaging and spine surgery service providers.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-855-592-7737 (TTY:711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.

For more information, visit **https://www.phs.org/nondiscrimination**.