A PRESBYTERIAN Prior Authorization Guide



Table of Contents

Do You Need a Prior Authorization?	3
Timelines for Processing Physical Health, Behavioral Health, and Advanced Imaging & Spine Surgery Requests	
Timelines for Processing Pharmacy Prior Authorization Requests	4
How Do I Know If a Prescription Needs a Prior Authorization?	4
How to Submit a Prior Authorization Request	
ASO Plans: Prior Authorization Required (Red Section)	
Physical Health Services	
Behavioral Health Services	
Pharmacy Services	11
Advanced Imaging & Spine Surgery Services	11
Commercial Plans: Prior Authorization Required (Orange Section)	12
Physical Health Services	12
Behavioral Health Services	16
Pharmacy Services	16
Advanced Imaging & Spine Services	17
Medicaid (Turquoise Care) Plans: Prior Authorization Required (Green Section)	18
Physical Health Services	18
Behavioral Health Services	22
Pharmacy Services	23
Advanced Imaging & Spine Services	23
Medicare Advantage Plans: Prior Authorization Required (Blue Section)	24
Physical Health Services	24
Behavioral Health Services	27
Pharmacy Services	28
Advanced Imaging & Spine Services	28

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
- Commercial²
- 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 <u>Presbyterian Medical Policy Manual (MPM)</u>. 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.

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

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:

• ASO⁴: 15 calendar days

Commercial⁵: 7 business days

Medicaid (Turquoise Care): 7 business days

Medicare: 14 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

Medicare: 72 hours

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.

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 <u>Pharmacy Tools & Resources - Find Your Formulary (Drug List)</u> 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 Services⁶: 1-866-236-8717
- Advanced Imaging⁶: 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 Services⁶: 1-800-784-6864
- Advanced Imaging⁶: 1-888-487-0733

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.

ASO⁷ 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:
	Acute care (medical/surgical)
	Observation stays greater than 24 hours
	Rehabilitation admission skilled nursing facilities long- term acute care
	Notification required within 24 hours of admission for all facilities
	Notification required for all facilities
	 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:
	Duplicate DME
	Custom / specialty wheelchairs
	Specialty rehabilitation equipment
	Specialty beds
	Augmentative speech device
	Neuromuscular stimulators
	Implantable neurostimulator electrode, each
	Continuous glucose monitoring
	Helmet for plagiocephaly
	Lift/standing devices
	Unlisted DME
	Electromagnetic field therapy
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)	
Gastric Electric Stimulation for Treatment of Chronic Gastroparesis	
Gender Affirming Surgical Intervention	
Genetic Testing	
GI: Wireless Capsule Endoscopy	
Hip Resurfacing Total	
Hip Replacement Total	
Gyn: Hysterectomy	

Physical Health Services	Important Information
Hypoglossal Nerve stimulation	
Home Health Services	
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.
	Prior authorization is required for custom AFO services for members nine years old and older.
Outpatient Observation	
Pain: Epidural Corticosteroid Injections for Back Pain	Service includes epidurals for outpatient (non-pregnancy).
Percutaneous Arteriovenous Fistula (pAVF) for Dialysis	
Peripheral Nerve Stimulation for Occipital Neuralgia	
Plastic surgery: Panniculectomy and Abdominoplasty and Body Contouring Procedures	
Plastic Surgery: Restorative / Reconstructive / Cosmetic Surgery and Treatment	Cosmetic surgeries, including liposuction are not covered.

Physical Health Services	Important Information
Prosthetics	Prosthetics, myoelectric prosthetics, microprocessor knee, ankle.
Proton Beam Irradiation	
Respite	
Sacral Nerve Stimulation for Urinary and Fecal Incontinence	
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	
Accredited Residential Treatment Center Services (per diem): Psychiatric	
Accredited Residential Treatment Center Services: Substance Use Disorder, In-State	Members may contact ASO Behavioral Health at 1-800-424-4661.
Accredited Residential Treatment Center Services: Substance Use Disorder, Out-of-State	For additional information, go to this site: Presbyterian Health Plan of New Mexico. This is the primary Magellan Healthcare resource for
Hospital Inpatient (including detoxification services on inpatient psych unit only)	behavioral health services requiring prior authorization.
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:
	Pharmacy
	Drugs that require prior authorization when provided and administered in the office or outpatient
	For formulary information, go to:
	Pharmacy Tools & Resources - Find Your Formulary (Drug List)

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

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

Commercial Plans⁹: 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:
	Acute care (medical/surgical)
	Observation stays greater than 24 hours
	Rehabilitation admission skilled nursing facilities long- term acute care
	Notification required within 24 hours of admission for all facilities
	Notification required for all facilities
	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:
	Duplicate DME
	Custom / specialty wheelchairs
	Specialty rehabilitation equipment
	Specialty beds
	Augmentative speech device
	Neuromuscular stimulators
	Implantable neurostimulator electrode, each
	Continuous glucose monitoring
	Helmet for plagiocephaly
	Lift/standing devices
	Unlisted DME
	Electromagnetic field therapy
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)	
Gastric Electric Stimulation for Treatment of Chronic Gastroparesis	
Gender Affirming Surgical Intervention	
Genetic Testing	
GI: Wireless Capsule Endoscopy	

Physical Health Services	Important Information
Hip Resurfacing Total	
Hip Replacement Total	
Gyn: Hysterectomy	
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.
	Prior authorization is required for custom AFO services for members nine years old and older.
Outpatient Observation	
Pain: Epidural Corticosteroid Injections for Back Pain	Service includes epidurals for outpatient (non-pregnancy).
Percutaneous Arteriovenous Fistula (pAVF) for Hemodialysis	
Peripheral Nerve Stimulation for Occipital Neuralgia	

Physical Health Services	Important Information
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	
Sacral Nerve Stimulation for Urinary and Fecal Incontinence	
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	

Physical Health Services	Important Information
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	
Accredited Residential Treatment Center Services (per diem): Psychiatric	
Accredited Residential Treatment Center Services: Substance Use Disorder, In-State	Members may contact Commercial Behavioral Health at 1-800-424-
Accredited Residential Treatment Center Services: Substance Use Disorder, Out-of-State	4661.
Applied Behavior Analysis	For additional information, go to this site: Presbyterian Health Plan of New Mexico. This is the primary Magellan Healthcare resource for
Hospital Inpatient (including detoxification services on inpatient psych unit only)	behavioral health services requiring prior authorization.
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:
	Pharmacy
	Drugs that require prior authorization when provided and administered in the office or outpatient
	For formulary information, go to:
	Pharmacy Tools & Resources - Find Your Formulary (Drug List)

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

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

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:
	Acute Care (medical/surgical)
	Observation stays greater than 24 hours
	Rehabilitation Admission Skilled Nursing Facilities Long- term Acute Care
	Notification required within 24 hours of admission for all facilities
	Notification required for all facilities
	 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	
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 limited to the following items:

Physical Health Services	Important Information
	Duplicate DME
	Custom / specialty wheelchairs
	Specialty rehabilitation equipment
	Specialty beds
	Augmentative speech device
	Neuromuscular stimulators
	Implantable neurostimulator electrode, each
	Continuous glucose monitoring
	Helmet for plagiocephaly
	Lift/standing devices
	Unlisted DME
	Electromagnetic field therapy
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)	
Gastric Electric Stimulation for Treatment of Chronic Gastroparesis	
Gender Affirming Surgical Intervention	
Genetic Testing	
GI: Wireless Capsule Endoscopy	
Hip Resurfacing Total	
Hip Replacement Total	
Gyn: Hysterectomy	
Hypoglossal Nerve stimulation	

Physical Health Services	Important Information
Home Health Services	Home Health Care Agencies:
	 Prior authorization is not required for Presbyterian-owned home health care.
	 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	
Pain: Epidural Corticosteroid Injections for Back Pain	Service includes epidurals for outpatient (non-pregnancy).
Percutaneous Arteriovenous Fistula (pAVF) for Hemodialysis	
Peripheral Nerve Stimulation for Occipital Neuralgia	
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. Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies.
Proton Beam Irradiation	
Respite	
Sacral Nerve Stimulation for Urinary and Fecal Incontinence	
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	

Physical Health Services	Important Information
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	
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	Mamphaga may souther Madissid (Turgusias Cara) Debayiagal Haelth at
Applied Behavior Analysis	Members may contact Medicaid (Turquoise Care) Behavioral Health at (505) 923-5677.
Hospital Inpatient (including detoxification services on inpatient psych unit only)	For additional information, go to this site: Presbyterian Health Plan of New Mexico. This is the primary Magellan Healthcare resource for
Inpatient Hospitalization in Freestanding Psychiatric Hospital	behavioral health services requiring prior authorization.
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:
	Pharmacy
	Drugs that require an authorization when provided and administered in the office or outpatient
	For formulary information, go to:
	Pharmacy Tools & Resources - Find Your Formulary (Drug List)

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

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:
	Acute care (medical/surgical)
	Observation stays greater than 24 hours
	Rehabilitation admission skilled nursing facilities long- term acute care
	Notification required within 24 hours of admission for all facilities
	Notification required for all facilities
	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 limited to the following items:

Physical Health Services	Important Information
	Duplicate DME
	Custom / specialty wheelchairs
	Specialty rehabilitation equipment
	Specialty beds
	Augmentative speech device
	Neuromuscular stimulators
	Implantable neurostimulator electrode, each
	Continuous glucose monitoring
	Helmet for plagiocephaly
	Lift/standing devices
	Unlisted DME
	Electromagnetic field therapy
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)	
Gastric Electric Stimulation for Treatment of Chronic Gastroparesis	
Gender Affirming Surgical Intervention	
Genetic Testing	
GI: Wireless Capsule Endoscopy	
Hip Resurfacing Total	
Hip Replacement Total	
Gyn: Hysterectomy	
Hypoglossal Nerve stimulation	
Home Health Services	

Physical Health Services	Important Information
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.
	Prior authorization is required for custom AFO services for members nine years old and older.
Outpatient Observation	
Pain: Epidural Corticosteroid Injections for Back Pain	Service includes epidurals for outpatient (non-pregnancy).
Percutaneous Arteriovenous Fistula (pAVF) for Hemodialysis	
Peripheral Nerve Stimulation for Occipital Neuralgia	
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	

Physical Health Services	Important Information
Respite	
Sacral Nerve Stimulation for Urinary and Fecal Incontinence	
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
Hospital Inpatient (including detoxification services on inpatient psych unit only)	Members may contact Medicare Behavioral Health at 1-800-424-4661.

Behavioral Health Services	Important Information
Inpatient Hospitalization in Freestanding Psychiatric Hospital	For additional information, go to this site: Presbyterian Health Plan of New Mexico. This is the primary Magellan Healthcare resource for
Partial Hospitalization	behavioral health services requiring prior authorization.
Sub-acute Residential Treatment Services	
Transcranial Magnetic Stimulation (TMS)	

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

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

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

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.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

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.