



# **PRESBYTERIAN**

## **Prior Authorization Guide**

**PROVIDER**



## **Table of Contents**

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|   |           |
|---|-----------|
| <b>Presbyterian’s Online Prior Authorization Tools .....</b>  | <b>3</b>  |
| <b>Do You Need a Prior Authorization? .....</b>   | <b>4</b>  |
| <b>Submission of Prior Authorization (PA) Requests .....</b>  | <b>4</b>  |
| <b>PA Request Contact Information .....</b>   | <b>5</b>  |
| <b>Medicare, ASO &amp; Commercial Plan Physical Services (Red Section) .....</b>                    | <b>7</b>  |
| <b>Medicaid Turquoise Care Services &amp; Alternative Benefit Plan Services (Blue Section).....</b> | <b>24</b> |
| <b>Behavioral Health Services (Orange Section) .....</b>  | <b>42</b> |

## **How to Use This Guide**

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This guide provides information about prior authorization tools and resources. Before you continue, please consider using our online prior authorization tools on the PROVIDERConnect Provider Portal to determine if you need a prior authorization, to complete a request and to track the status of your request. The online tools serve as a one-stop shop for all your prior authorization needs. More information about the online prior authorization tools is on page one.

If you choose to use this guide, please visit page two to determine if you need a prior authorization and review the “how to submit a request” section. Then, you will search for the service you are inquiring about based on product line. Please do not search for a specific code.

### **Criteria:**

[Presbyterian Medical Policy Manual \(MPM\)](#)

[The Centers for Medicare & Medicaid Services \(CMS\) Cigna Durable Medical Equipment Medicare Administrative Contractor Criteria](#)

### **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 (not for medical necessity) and experimental or investigational services are not covered benefits.

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

## Presbyterian's Online Prior Authorization Tools

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Presbyterian has online prior authorization tools that allow providers to search for prior authorization requirements, make requests, and track requests and references. The tools contain the most up-to-date information and serve as a one-stop shop that streamlines the prior authorization process for providers.

### Tools and Features:



**Current PA Information**



**Online Requests**



**Track Requests**



**Expanded Search Criteria**



**Submission History**



**Frequently Asked Questions**



### Provider Portal:

Providers can access these tools by:

- Logging into their myPRES account
- Selecting “PROVIDERConnect Provider Portal” from the Menu of Services
- Clicking the “Authorizations” tab
- Clicking the “Submit an Electronic Authorization Request” button

If providers don't have an account, they can register at [www.phs.org/mypres](http://www.phs.org/mypres).

### myPRES Prior Authorization User Manual:

Presbyterian developed a user manual to help you navigate online prior authorization tools. You can view/download the manual [here](#).

## Do You Need a Prior Authorization?

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Providers have the option to submit prior authorization requests online, by phone or via fax. The prior authorization form may be found [here](#). See the next page for contact information.

All of the following services require a prior authorization, in addition to those listed in the tables below:

- Inpatient admission
- 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 emergent and urgent services, medically necessary ambulance services, I/T/Us, and family planning services for out-of-network services. All other out-of-network services require a prior authorization. Service requests are reviewed against medical necessity criteria to determine approval.

Note that 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.

## Submission of Prior Authorization Requests

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Providers have the option to submit prior authorization requests online, by phone or via fax. See the next page for contact information. The timeframes for prior authorization request processing are below:

**Standard requests** are processed according to the following regulatory timeliness requirements when all necessary and relevant documentation supporting the prior authorization request is submitted:

- Commercial, Individual, Exchange: seven business days
- ASO, FEHB Plans: 15 calendar days
- Medicaid: seven business days; 24 hours for Pharmacy
- Medicare: 14 calendar days for pre-service

**Expedited requests** are processed according to the following regulatory timeliness requirements when all necessary and relevant documentation supporting the prior authorization request is submitted:

- Commercial, Individual, Exchange: 24 hours
- ASO, FEHB Plans: 72 hours
- Medicaid: 24 hours
- Medicare: 72 hours

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

For the most up-to-date formulary drug information access your Presbyterian Pharmacy Benefit information [here](#). Formulary drug coverage status and additional restrictions are listed in your plan's formulary (drug list).

## Prior Authorization Request Contact Information

**For after-hours review**, please contact (505) 923-5757 or 1-888-923-5757, option 9, followed by option 3 for pharmacy, option 4 for medical prior authorization and option 5 for behavioral health.

| Department   | Online   | Telephone  | Fax   |
|--|--|--|---|
| <b>UM staff are available from 8 a.m. to 5 p.m., Monday through Friday.</b><br><b>After hours, an on-call UM nurse is available evenings, weekends, and holidays</b> |  |  |   |
| <b>Physical Health Services</b>  | <ul style="list-style-type: none"> <li>• <a href="#">Presbyterian Log In</a></li> </ul>  | <ul style="list-style-type: none"> <li>• (505) 923-5757, option 4 followed by option 1</li> <li>• 1-888-923-5757, option 4 followed by option 1</li> </ul> | <ul style="list-style-type: none"> <li>• Inpatient Services: (505) 843-3107</li> <li>• Outpatient Services: (505) 843-3047</li> <li>• Long-Term Care: (505) 843-3195</li> <li>• University of New Mexico: (505) 843-3108</li> <li>• Home Health Care: (505) 559-1150</li> </ul> |
| <b>Pharmacy Services</b>   | <ul style="list-style-type: none"> <li>• <a href="#">Presbyterian Log In</a></li> <li>• <a href="#">Formularies for Providers</a></li> <li>• <a href="#">Clinical Criteria Document for Commercial Large Group Non-Metal Level Health Insurance Plans</a></li> <li>• <a href="#">Clinical Criteria Document for Individual and Family/Employer Metal Level Health Insurance Plans</a></li> <li>• <a href="#">Specialty Pharmaceuticals and Medical Drugs List</a></li> </ul> | <ul style="list-style-type: none"> <li>• (505) 923-5757, option 3</li> <li>• 1-888-923-5757, option 3</li> </ul>   | <ul style="list-style-type: none"> <li>• (505) 923-5540</li> <li>• 1-800-724-6953</li> </ul>  |

| Department  | Online   | Telephone  | Fax   |
|---|--|--|---|
| <p><b>UM staff are available from 8 a.m. to 5 p.m., Monday through Friday.</b><br/> <b>After hours, an on-call UM nurse is available evenings, weekends, and holidays</b></p> |  |  |   |
| <b>Behavioral Health Services</b>   | <ul style="list-style-type: none"> <li>• <a href="#">Medicare/Commercial</a></li> <li>• <a href="#">Turquoise Care Medicaid</a></li> </ul>   | <ul style="list-style-type: none"> <li>• 1-800-424-4661</li> <li>• (505) 923-5757, option 4, followed by 2</li> <li>• 1-888-923-5757, option 2, followed by 2</li> </ul> | <ul style="list-style-type: none"> <li>• 1-888-656-4967</li> <li>• (505) 843-3019</li> </ul>                      |
| <b>Advanced Imaging &amp; Spine Surgery Services<sup>1</sup></b>  | <ul style="list-style-type: none"> <li>• <a href="#">Evolent RadMD Authorization Tracking</a></li> <li>• <a href="#">Evolent Specialty Services Medical Necessity Criteria: RadMD.com</a></li> </ul> | <ul style="list-style-type: none"> <li>• 1-866-236-8717</li> </ul>   | <ul style="list-style-type: none"> <li>• 1-800-784-6864</li> </ul>  |
| <b>OptumCare (Medicare delegated members only)</b>  | <ul style="list-style-type: none"> <li>• <a href="#">Home   Optum Pro Portal</a></li> <li>• Access instructions: <a href="#">Accessing Optum Pro</a></li> </ul>                                      | <ul style="list-style-type: none"> <li>• Inpatient (505) 232-1600</li> <li>• Prior Auth 1-800-620-6768</li> </ul>  | <ul style="list-style-type: none"> <li>• Inpatient (505) 232-1387</li> <li>• Prior Auth (505) 232-1386</li> </ul> |

<sup>1</sup> Includes computed tomography (CT), CT angiography (CTA), virtual colonoscopy, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), positron emission tomography (PET), scans and cardiac imaging including echocardiogram

## Medicare, ASO & Commercial Plan Physical Services (Red Section)

| Services  | Important Information   | MPM Reference  | Codes   |
|---|---|--|---|
| <b>All Hospital Inpatient Admissions</b>          | <p>Includes the following:</p> <ul style="list-style-type: none"> <li>• Acute care (medical/surgical)</li> <li>• Observation stays greater than 24 hours</li> <li>• Rehabilitation admission skilled nursing facilities long- term acute care</li> <li>• Notification required within 24 hours of admission for all facilities</li> <li>• Notification required for all facilities</li> <li>• 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</li> </ul> |  | All codes   |
| <b>Bariatric Surgery (Weight Loss Surgery)</b>    | <p>Surgical procedures including lap band adjustment.</p> <p>*Non-covered codes for Medicare only</p>   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 2.81</a></li> <li>• <a href="#">MPM 2.82</a></li> <li>• <a href="#">MPM 40.0</a></li> </ul> | 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842*, 43843*, 43845, 43846, 43847, 43848, 43886, 43887, 43888 |
| <b>Blepharoplasty/Brow Ptosis Surgery</b>         |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 2.7</a></li> </ul>  | 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67912,                                     |
| <b>Breast Reconstruction Following Mastectomy</b> |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 27</a></li> </ul>   | 15271, 15272, 15273, 15274, Q4145   |

| Services  | Important Information  | MPM Reference  | Codes  |
|---|--|--|--|
| <b>Breast Reduction for Gynecomastia</b>  |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 27</a></li> </ul>                                     | 19300  |
| <b>Chimeric Antigen Receptor T-Cell Therapy</b>   |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 32</a></li> </ul>                                     | J3490, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, 0537T, 0538T, 0539T, 0540T     |
| <b>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</b> | <p>See Evolent Specialty Services <a href="#">RADMD   Our Solutions</a>.</p> <p>For advanced imaging ordering, contact Evolent Specialty Services at <a href="#">Welcome to RadMD.com   RADMD</a> or <a href="#">RadMD.com Login</a></p> <p>or by telephone at 1-866-236-8717.</p> |  | See <a href="#">Presbyterian Utilization Review Matrix</a> for advanced imaging codes. |
| <b>Clinical Trial</b>   |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 3.7</a></li> <li>• <a href="#">MPM 3.8</a></li> </ul> | S9988, S9990, S9991  |
| <b>Corneal Cross-Linking</b>  |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 28.0</a></li> </ul>                                   | 0402T  |
| <b>CV: Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems</b>  |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 13.2</a></li> </ul>                                   | 93228, 93229   |



|   |  |   |  |
|---|--|---|--|
| <p><b>Durable Medical Equipment (DME)</b></p> | <p>Note that upgraded or deluxe DME is not covered. A review is needed but not limited to the following items:</p> <ul style="list-style-type: none"> <li>• Duplicate DME</li> <li>• Custom / specialty wheelchairs</li> <li>• Specialty rehabilitation equipment</li> <li>• Specialty beds</li> <li>• Augmentative speech device</li> <li>• Neuromuscular stimulators</li> <li>• Implantable neurostimulator electrode, each</li> <li>• Continuous glucose monitoring</li> <li>• Helmet for plagiocephaly</li> <li>• Lift/standing devices</li> <li>• Unlisted DME</li> <li>• Electromagnetic field therapy</li> <li>• Codes E0470, E0471 and E0601 only need a PA for age 18 and above.</li> </ul> | <p>Presbyterian follows:</p> <ul style="list-style-type: none"> <li>• Celerian Group Company (CGS) administrative DME Medicare Administrative Contractor (MAC) Jurisdiction C Guideline</li> <li>• Presbyterian Medical Policies: <ul style="list-style-type: none"> <li>• <a href="#">MPM 4.2</a></li> <li>• <a href="#">MPM 4.3</a></li> <li>• <a href="#">MPM 4.5</a></li> <li>• <a href="#">MPM 15.2</a></li> <li>• <a href="#">MPM 34.0</a></li> <li>• <a href="#">MPM 48.0</a></li> <li>• <a href="#">MPM 49.1</a></li> </ul> </li> </ul> | <p>E0118, E0194, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, E0260, E0261, E0294, E0295, E0300, E0301, E0302, E0303, E0304, E0329, E0470, E0471, E0483, E0601, E0604, E0627, E0629, E0630, E0635, E0636, E0639, E0640, E0641, E0642, E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0676, E0705, E0731, E0744, E0745, E0747, E0748, E0760, E0764, E0765, E0766, E0770, E0936, E0950, E0951, E0952, E0953, E0954, E0955, E0956, E0957, E0958, E0959, E0960, E0961, E0966, E0967, E0971, E0973, E0974, E0978, E0981, E0982, E0983, E0984, E0985, E0986, E0988, E0990, E0992, E0995, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1014, E1015, E1016, E1017, E1018, E1020, E1028, E1029, E1030, E1035, E1036, E1038, E1039, E1225, E1226, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E2201, E2202, E2203, E2204, E2205, E2206, E2207, E2208, E2209, E2210, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224,</p> |
|---|--|---|--|

| Services | Important Information | MPM Reference | Codes  |
|----------|-----------------------|---------------|--|
|          |                       |               | E2225, E2226, E2227, E2228,<br>E2231, E2291, E2292, E2293,<br>E2294, E2295, E2298, E2310,<br>E2311, E2312, E2313, E2321,<br>E2322, E2323, E2324, E2325,<br>E2326, E2327, E2328, E2329,<br>E2330, E2331, E2351, E2368,<br>E2369, E2370, E2373, E2374,<br>E2375, E2376, E2377, E2378,<br>E2381, E2382, E2383, E2384,<br>E2385, E2386, E2387, E2388,<br>E2389, E2390, E2391, E2392,<br>E2394, E2395, E2396, E2398,<br>E2510, E2512, E2599, E2601,<br>E2602, E2603, E2604, E2605,<br>E2606, E2607, E2608, E2609,<br>E2610, E2611, E2612, E2613,<br>E2614, E2615, E2616, E2617,<br>E2619, E2620, E2621, E2622,<br>E2623, E2624, E2625, E8000,<br>E8001, E8002, K0005, K0006,<br>K0007, K0008, K0009, K0010,<br>K0011, K0012, K0013, K0014,<br>K0015, K0016, K0017, K0018,<br>K0019, K0020, K0021, K0022,<br>K0023, K0024, K0025, K0026,<br>K0027, K0028, K0029, K0030,<br>K0037, K0038, K0039, K0040,<br>K0041, K0042, K0043, K0044,<br>K0045, K0046, K0047, K0050,<br>K0051, K0052, K0053, K0056,<br>K0059, K0061, K0064, K0065,<br>K0066, K0067, K0068, K0069,<br>K0070, K0071, K0072, K0073,<br>K0074, K0075, K0076, K0077,<br>K0078, K0081, K0090, K0091, |

| Services   | Important Information  | MPM Reference  | Codes   |
|--|--|--|---|
|  |  |  | K0092, K0093, K0094, K0095, K0096, K0097, K0098, K0099, K0102, K0104, K0105, K0108, K0195, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899. S1030, S1031, A4555, A9276, A9277, A9278, E1399 |
| <b>ENT: Rhinoplasty</b>  |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 18.5</a></li> </ul> | 30400, 30410, 30420, 30430, 30435, 30450  |
| <b>ENT: Tonsillectomy or tonsillectomy with adenoidectomy</b>              | A prior authorization is not required if member is 18 years of age or older. | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.0</a></li> </ul> | 42820, 42821, 42825, 42826  |
| <b>ENT: Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)</b>             |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 2.12</a></li> </ul> | 31295, 31296, 31297, 31298, 69705, 69706  |
| <b>Gastric Electric Stimulation for Treatment of Chronic Gastroparesis</b> |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 7.2</a></li> </ul>  | 43647, 43648, 43881, 43882, 64590, 64595<br><br>(For urinary/fecal incontinence, see <a href="#">MPM 51.0</a> )   |

| Services                                      | Important Information  | MPM Reference  | Codes  |
|---|--|--|--|
| <b>Gender Affirming Surgical Intervention</b> |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 7.3</a></li> <li>• <a href="#">MPM 7.31</a></li> </ul>  | 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175, 31899, 17999   |
| <b>Genetic Testing</b>                        | <p>*Codes 81374 and 0017U do not require an authorization when ordered by a rheumatologist.</p> <p>*Codes 81206, 81207, 81208, 81219, 81225, 81240, 81241, 81256, 81270, 81279, 81338, 81339, 0016U, 0017U and 0027U do not require a prior authorization when ordered by a hematologist or oncologist.</p> <p>*Code 81335 does not require an authorization when ordered by a rheumatologist or gastroenterologist.</p> | <ul style="list-style-type: none"> <li>• <a href="#">MPM 7.1</a></li> <li>• <a href="#">MPM 7.12</a></li> <li>• <a href="#">MPM 7.13</a></li> <li>• <a href="#">MPM 7.4</a></li> <li>• <a href="#">MPM 7.5</a></li> <li>• <a href="#">MPM 7.6</a></li> <li>• <a href="#">MPM 7.7</a></li> <li>• <a href="#">MPM 7.8</a></li> <li>• <a href="#">MPM 7.9</a></li> <li>• <a href="#">MPM 20.15</a></li> <li>• <a href="#">MPM 29.0</a></li> <li>• <a href="#">MPM 30.0</a></li> <li>• <a href="#">MPM 33.0</a></li> <li>• <a href="#">MPM 39</a></li> <li>• <a href="#">MPM 39.1</a></li> <li>• <a href="#">MPM 54.0</a></li> </ul> | S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3865, S3866, S3870 81120, 81121, 81170, 81175, 81176, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81187, 81200, 81201, 81202, 81203, 81205, 81206*, 81207*, 81208*, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219*, 81225*, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240*, 81241*, 81242, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256*, 81258, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270*, 81271, 81272, 81273, 81275, 81276, 81279*, 81283, 81287, 81288, 81290, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81306, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81323, |

| Services | Important Information | MPM Reference | Codes   |
|----------|-----------------------|---------------|---|
|          |                       |               | 81324, 81325, 81326, 81328,<br>81330, 81331, 81332, 81334,<br>81335, 81338*, 81339*, 81340,<br>81341, 81342, 81346, 81349,<br>81350, 81355, 81362, 81363,<br>81364, 81370, 81371, 81372,<br>81373, 81374*, 81375, 81378,<br>81379, 81380, 81381, 81400,<br>81401, 81402, 81403, 81404,<br>81405, 81406, 81407, 81410,<br>81411, 81412, 81413, 81414,<br>81415, 81416, 81417, 81418,<br>81427, 81430, 81431, 81432,<br>81433, 81434, 81435, 81436,<br>81437, 81438, 81439, 81440,<br>81441, 81442, 81443, 81445,<br>81448, 81449, 81450, 81451,<br>81455, 81456, 81457, 81458,<br>81459, 81460, 81462, 81463,<br>81464, 81465, 81479, 81493,<br>81504, 81506, 81507, 81512,<br>81517, 81525, 81540, 81541,<br>81542, 81551, 81552, 81595,<br>81599, 84999, 86152, 86153,<br>87999, 0004M, 0011M, 0005U,<br>0016U*, 0017U, 0022U, 0026U,<br>0027U*, 0029U, 0030U, 0031U,<br>0032U, 0033U, 0034U, 0036U,<br>0037U, 0040U, 0047U, 0070U,<br>0071U, 0072U, 0073U, 0074U,<br>0075U, 0076U, 0090U, 0101U,<br>0102U, 0103U, 0111U, 0121U,<br>0122U, 0129U, 0130U, 0138U,<br>0169U, 0171U, 0172U, 0193U, |

| Services                     | Important Information | MPM Reference  | Codes   |
|------------------------------|-----------------------|--|---|
|                              |                       |  | 0218U, 0238U, 0239U, 0242U, 0244U, 0246U, 0250U, 0252U, 0254U, 0260U, 0262U, 0268U, 0269U, 0270U, 0271U, 0272U, 0274U, 0276U, 0277U, 0286U, 0287U, 0291U, 0292U, 0293U, 0295U, 0297U, 0298U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0318U, 0319U, 0326U, 0327U, 0329U, 0332U, 0333U, 0334U, 0335U, 0336U, 0337U, 0338U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0356U, 0364U, 0368U, 0379U, 0380U, 0388U, 0391U, 0392U, 0395U, 0396U, 0398U, 0400U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0422U, 0423U, 0425U, 0426U, 0428U, 0434U, 0437U, 0438U, 0440U, 0444U, 0448U, 0449U |
| <b>GI: Capsule Endoscopy</b> |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 24.0</a></li> </ul>                                       | 91111, 91110, 91113   |
| <b>Hip Resurfacing Total</b> |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.9</a></li> </ul>                                       | 27299, S2118  |
| <b>Hip Replacement Total</b> |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.14</a></li> <li>• <a href="#">MPM 20.13</a></li> </ul> | 27130, 27132, 27134   |
| <b>Gyn: Hysterectomy</b>     |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 8.9</a></li> </ul>  | 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554,   |

| Services                             | Important Information  | MPM Reference  | Codes  |
|--------------------------------------|--|--|--|
|                                      |  |  | 58570, 58571, 58572, 58573,<br>58575, 58674<br><br>(For prophylactic surgery, see <a href="#">MPM 16.10</a> )  |
| <b>Hypoglossal Nerve stimulation</b> |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 46.0</a></li> </ul> | 64582, 64583, 64584  |
| <b>Home Health Services</b>          | Home Health Care Agencies. A prior authorization is not required for Presbyterian-owned home healthcare. |  | T1001: Nursing assessment/evaluation<br><br>99509: Personal care: consumer directed<br><br>G0299 & G0300: Skilled nursing visits in home (revenue code 4028)<br><br>G0151: Physical therapy visits in home (revenue code A185)<br><br>G0152: Occupational therapy visits in home (revenue code A187)<br><br>G0153: Speech therapy visits in home (revenue code A189)<br><br>G0155: Master social work visits in home (revenue code 4081)<br><br>G0156: Home health aide visits in home (revenue code 4082)<br><br>Revenue codes: 0421, 0431, 0441, 0550, 0551, 0561, 0570, |

| Services   | Important Information  | MPM Reference  | Codes   |
|--|--|--|---|
|  |  |  | 0571, 0580, 0581, 0590  |
| <b>Hormone Pellet Insertion, Subcutaneous</b>                        | Reviewed by Pharmacy.  |  | 11980 (reviewed by Pharmacy, along with J3490, S0189)   |
| <b>Hospice</b>   | Presbyterian Medicare plans receive hospice through Original Medicare.<br>A prior authorization is not required for members who reside in a long-term care nursing facility (revenue codes 0658 and 0659). |  | All codes   |
| <b>Hyperbaric Oxygen</b>   |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 8.6</a></li> </ul>  | 99183, G0277  |
| <b>Investigative &amp; New Technology</b>                            |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 36.0</a></li> </ul>                                       | 64640   |
| <b>Knee, Arthroscopy</b>   |  | <ul style="list-style-type: none"> <li>• <a href="#">MCG S-705</a></li> </ul>                                      | 29870   |
| <b>Knee Replacement Total</b>  |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.14</a></li> <li>• <a href="#">MPM 20.13</a></li> </ul> | 27447, 27486, 27487   |
| <b>Ortho – Ankle: Total Ankle Replacement Surgery (Arthroplasty)</b> | Service includes total ankle replacement.  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.10</a></li> </ul>                                      | 27700, 27702, 27703, 27704  |
| <b>Lumbar Artificial Disc Replacement</b>                            |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 56.0</a></li> </ul>                                       | 22865 (All Plans)<br>22857, 22862 (Commercial Plans Only)   |
| <b>Lumbar/Cervical Spine</b>   | For lumbar / cervical spine surgeries, please contact Evolent Specialty Services at 1-866-236-8717 or<br><a href="#">Welcome to RadMD.com   RADMD</a><br>or<br><a href="#">RadMD.com Login</a>             | See Evolent Specialty Services<br><a href="#">RADMD   Our Solutions</a>  | 22533, 22548, 22551, 22552, 22554, 22558, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22633, 22634, 22856, 22858, 22864, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, |



| Services   | Important Information  | MPM Reference  | Codes  |
|--|--|--|--|
|  |  |  | 63047, 63050, 63051, 63052, 63053, 63056, 63075, 63076, 63081, 63082, 63300, 63304, 63308, 0095T, 0098T, 22861   |
| Lymphedema and Lipedema                                    |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 62.0</a></li> </ul> | 15756, 15832, 15833, 15836, 15837, 15839, 15878, 15879, 37799, 38308, 38589, 38999, 49906  |
| Orthotics  | <p>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.</p> <p>A prior authorization is required for custom AFO services for members nine years of age and older.</p> | <ul style="list-style-type: none"> <li>• <a href="#">MPM 4.6</a></li> </ul>  | <p>L1834, L1840, L1844, L1846, L1860</p> <p><b>AFOs:</b><br/> L1904, L1907, L1940, L1960, L1970, L1980, L1990, L2000, L2005, L2006, L2020 L2030, L2034, L2036, L2038, L4631</p>              |
| Outpatient Observation                                     |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 50.0</a></li> </ul> | G0378, G0379   |
| Pain: Epidural Corticosteroid Injections for Back Pain     | Service includes epidurals for outpatient (non-pregnancy).   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 5.9</a></li> </ul>  | 62282, 62321, 62322, 62323, 64479, 64480, 64483, 64484   |
| Percutaneous Arteriovenous Fistula (pAVE) for Hemodialysis |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 55.0</a></li> </ul> | 36836, 36837   |
| Peripheral Nerve Stimulation for Occipital Neuralgia       |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 53.0</a></li> </ul> | 64555, 64575, 64590  |
| Pharmacy   | <p>Services include the following:</p> <ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Drugs that require prior authorization when provided</li> </ul>  |  | <p>Providers can access codes for specialty medications in any of the following ways:</p> <ul style="list-style-type: none"> <li>• Go to <a href="#">Formularies</a>, scroll down</li> </ul> |

| Services  | Important Information   | MPM Reference  | Codes   |
|---|---|--|---|
|   | <p>and administered in the office or outpatient</p> <p>See the providers' <a href="#">Formularies</a> website for medications requiring a prior authorization</p> |  | <p>and click on "Supplement Formulary Information," then select "Specialty Pharmaceutical/ Medical Drugs List."</p> <ul style="list-style-type: none"> <li>Go to <a href="http://www.phs.org">www.phs.org</a>, select "For Providers", select "Formularies," open appropriate product plan's formulary menu, scroll down and click on "Supplement Formulary Information," then select "Specialty Pharmaceutical/ Medical Drugs List."</li> </ul> <p>Contact the Pharmacy Department at 1-888-923-5757, option 3, then option 2. Physicians only contact: (505) 923-5500</p> |
| <p><b>Plastic Surgery: Panniculectomy and Abdominoplasty and Body Contouring Procedures</b></p> |   | <ul style="list-style-type: none"> <li><a href="#">MPM 16.5</a></li> </ul> | <p>15830, 15832, 15833, 15834, 15835, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17999 (body contouring procedure)</p>   |
| <p><b>Plastic Surgery: Restorative / Reconstructive / Cosmetic Surgery and Treatment</b></p>    | <p>*Cosmetic surgeries, including liposuction, are not covered.</p>   | <ul style="list-style-type: none"> <li><a href="#">MPM 18.5</a></li> </ul> | <p>11950, 11951, 11952, 11954, 15786, 15787, 15819, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 40500, 65760, 65765, 65767, 69090, 0479T, 0480T</p>  |

| Services   | Important Information   | MPM Reference   | Codes   |
|--|---|---|---|
| <b>Prosthetics</b>   | Prosthetics, myoelectric prosthetics, microprocessor knee, ankle.<br>Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies. | <ul style="list-style-type: none"> <li>• <a href="#">MPM 4.6</a></li> </ul>   | L5848, L5856, L5858, L5973, L5999, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7499, L8702, Q4051, S8450, S8451, S8452, L2861, K1014, K1022 |
| <b>Proton Beam Irradiation</b>                                     |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 16.14</a></li> </ul> | 77520, 77522, 77523, 77525, S8030, 0664 (APC), 0667 (APC)   |
| <b>Respite</b>   |   |   | S9125, H0046  |
| <b>Sacral Nerve Stimulation for Urinary and Fecal Incontinence</b> |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 51.0</a></li> </ul>  | 64590, 64595<br><br>(For chronic gastroparesis use <a href="#">MPM 7.2</a> )  |
| <b>Skilled Nursing Facility (SNF) Services</b>                     |   |   | All codes   |
| <b>Skin Substitutes (Tissue-Engineered / Bioengineered)</b>        |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 35.0</a></li> </ul>  | 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2024, A4100, A6010, C1718, C1762, C1763, C1768, C1781, C1832, C5271, C5272,   |

| Services | Important Information | MPM Reference | Codes  |
|----------|-----------------------|---------------|--|
|          |                       |               | C5273, C5274, C5275, C5276,<br>C5277, C5278, C9352, C9353,<br>C9654, C9355, C9356, C9358,<br>C9360, C9361, C9363, C9364,<br>C9399, J3590, Q4100, Q4101,<br>Q4102, Q4103, Q4104, Q4105,<br>Q4106, Q4107, Q4108, Q4110,<br>Q4111, Q4112, Q4113, Q4114,<br>Q4115, Q4116, Q4117, Q4118,<br>Q4121, Q4122, Q4123, Q4124,<br>Q4125, Q4127, Q4128, Q4130,<br>Q4132, Q4133, Q4134, Q4135,<br>Q4136, Q4137, Q4138, Q4139,<br>Q4140, Q4141, Q4142, Q4143,<br>Q4145, Q4146, Q4147, Q4148,<br>Q4149, Q4150, Q4151, Q4152,<br>Q4153, Q4154, Q4155, Q4156,<br>Q4157, Q4158, Q4159, Q4160,<br>Q4161, Q4162, Q4163, Q4164,<br>Q4165, Q4166, Q4167, Q4168,<br>Q4169, Q4170, Q4171, Q4173,<br>Q4174, Q4175, Q4176, Q4177,<br>Q4178, Q4179, Q4180, Q4181,<br>Q4182, Q4183, Q4184, Q4185,<br>Q4186, Q4187, Q4188, Q4189,<br>Q4190, Q4191, Q4192, Q4193,<br>Q4194, Q4195, Q4196, Q4197,<br>Q4198, Q4199, Q4200, Q4201,<br>Q4202, Q4203, Q4204, Q4205,<br>Q4206, Q4208, Q4209, Q4211,<br>Q4212, Q4213, Q4214, Q4215,<br>Q4216, Q4217, Q4218, Q4219,<br>Q4220, Q4221, Q4222, Q4224,<br>Q4225, Q4226, Q4227, Q4229, |

| Services   | Important Information                                    | MPM Reference  | Codes   |
|--|--|--|---|
|  |  |  | Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333 |
| <b>Sleep Studies</b>   | For age 17 and under, no prior authorization is required | <ul style="list-style-type: none"> <li>• <a href="#">MPM 49.0</a></li> </ul> | 95782, 95783, 95805, 95807, 95808, 95810, 95811   |
| <b>Transplants: Bone marrow/stem cell transplant: Allogeneic, Autologous</b> |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.3</a></li> </ul> | 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, S2150   |

| Services  | Important Information | MPM Reference  | Codes  |
|---|-----------------------|--|--|
| <b>Transplants: Heart (includes ventricular assist and artificial heart devices.)</b> |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 33927, 33928, 33929, 33940, 33944, 33945, S2152                                    |
| <b>Transplants: Heart and Lung</b>  |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 33930, 33933, 33935  |
| <b>Transplants: Kidney</b>  |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380 |
| <b>Transplants: Liver</b>   |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 47399, S2152 |
| <b>Transplants: Lung and Lobar Lung</b>   |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 32850, 32851, 32852, 32853, 32854, 32855, 32856, S2060, S2061                      |
| <b>Transplants: Pancreas and Kidney</b>   |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 48160, 48550, 48551, 48552, 48554, 48556, S2065                                    |
| <b>Transplants: Pancreas Islet Cell</b>   |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | S2102, 0584T, 0585T, 0586T   |
| <b>Transplants: Procurement, Transportation</b>                                       |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | S2152  |
| <b>Transplants: Small Bowel, Small Bowel/Liver</b>                                    |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, S2053, S2054, S2055        |

| Services  | Important Information | MPM Reference  | Codes  |
|---|-----------------------|--|--|
| <b>Veins: Varicose Vein Procedures including Echo sclerotherapy</b> |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 22.1</a></li> </ul> | 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, S2202 |
| <b>Water Vapor Thermal Therapy for LUTS/BPH</b>                     |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 52.0</a></li> </ul> | 53854  |
| <b>XSTOP Interspinous Process Decompression</b>                     |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 36.0</a></li> </ul> | 22869, 22870   |

## Medicaid Turquoise Care Services & Alternative Benefit Plan Services (Blue Section)

| Services                                       | Important Information  | MPM Reference  | Codes   |
|--|--|--|---|
| <b>All Hospital Inpatient Admissions</b>       | Includes the following: <ul style="list-style-type: none"> <li>• Acute Care (medical/surgical)</li> <li>• Observation stays greater than 24 hours</li> <li>• Rehabilitation Admission Skilled Nursing Facilities Long- term Acute Care</li> <li>• Notification required within 24 hours of admission for all facilities</li> <li>• Notification required for all facilities</li> </ul> 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. |  | All codes   |
| <b>Bariatric Surgery (Weight Loss Surgery)</b> | Surgical procedures including lap band adjustment.<br>*Non-covered codes for Medicare only   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 2.81</a></li> <li>• <a href="#">MPM 2.82</a></li> <li>• <a href="#">MPM 40.0</a></li> </ul> | 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842*, 43843*, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43845, 43846, 43847, 43848 |
| <b>Blepharoplasty/Brow Ptosis Surgery</b>      |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 2.7</a></li> </ul>  | 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67912  |



| Services  | Important Information  | MPM Reference  | Codes  |
|---|--|--|--|
| <b>Breast Reconstruction following Mastectomy</b>   |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 27</a></li> </ul>                                     | 15271, 15272, 15273, 15274, Q4145  |
| <b>Breast Reduction for Gynecomastia</b>  |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 27</a></li> </ul>                                     | 19300  |
| <b>Chimeric Antigen Receptor T-cell Therapy</b>   |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 32</a></li> </ul>                                     | J3490, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, 0537T, 0538T, 0539T, 0540T     |
| <b>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</b> | <p>See Evolent Specialty Services <a href="#">RADMD   Our Solutions</a>.</p> <p>For advanced imaging ordering, contact Evolent Specialty Services at <a href="#">Welcome to RadMD.com   RADMD</a> or <a href="#">RadMD.com Login</a> or by telephone at 1- 866-236-8717.</p> |  | See <a href="#">Presbyterian Utilization Review Matrix</a> for advanced imaging codes. |
| <b>Clinical Trial</b>   |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 3.7</a></li> <li>• <a href="#">MPM 3.8</a></li> </ul> | S9988, S9990, S9991  |
| <b>Corneal Cross-linking</b>  |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 28.0</a></li> </ul>                                   | 0402T  |
| <b>CV: Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems</b>  |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 13.2</a></li> </ul>                                   | 93228, 93229   |

| Services                               | Important Information   | MPM Reference   | Codes  |
|--|---|---|--|
| <b>Durable Medical Equipment (DME)</b> | <p>Note that upgraded or deluxe DME is not covered. A review is needed but not limited to the following items:</p> <ul style="list-style-type: none"> <li>• Duplicate DME</li> <li>• Custom / specialty wheelchairs</li> <li>• Specialty rehabilitation equipment</li> <li>• Specialty beds</li> <li>• Augmentative speech device</li> <li>• Neuromuscular stimulators</li> <li>• Implantable neurostimulator electrode, each</li> <li>• Continuous glucose monitoring</li> <li>• Helmet for plagiocephaly</li> <li>• Lift/standing devices</li> <li>• Unlisted DME</li> <li>• Electromagnetic field therapy</li> <li>• Codes E0470, E0471 and E0601 only need a prior authorization for age 18 and above.</li> </ul> | <p>Presbyterian follows:</p> <ul style="list-style-type: none"> <li>• Celerian Group Company (CGS) administrative DME Medicare Administrative Contractor (MAC) Jurisdiction C Guideline</li> <li>• Presbyterian Medical Policies:</li> <li>• <a href="#">MPM 4.2</a></li> <li>• <a href="#">MPM 4.3</a></li> <li>• <a href="#">MPM 4.5</a></li> <li>• <a href="#">MPM 15.2</a></li> <li>• <a href="#">MPM 34.0</a></li> <li>• <a href="#">MPM 48.0</a></li> <li>• <a href="#">MPM 49.1</a></li> </ul> | <p>E0118, E0194, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, E0260, E0261, E0294, E0295, E0300, E0301, E0302, E0303, E0304, E0329, E0470, E0471, E0483, E0601, E0604, E0627, E0629, E0630, E0635, E0636, E0639, E0640, E0641, E0642, E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0676, E0705, E0731, E0744, E0745, E0747, E0748, E0760, E0764, E0765, E0766, E0770, E0936, E0950, E0951, E0952, E0953, E0954, E0955, E0956, E0957, E0958, E0959, E0960, E0961, E0966, E0967, E0971, E0973, E0974, E0978, E0981, E0982, E0983, E0984, E0985, E0986, E0988, E0990, E0992, E0995, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1014, E1015, E1016, E1017, E1018, E1020, E1028, E1029, E1030, E1035, E1036, E1038, E1039, E1225, E1226, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E2201, E2202, E2203, E2204, E2205, E2206, E2207, E2208, E2209, E2210, E2211, E2212, E2213, E2214, E2215,</p> |

| Services | Important Information | MPM Reference | Codes  |
|----------|-----------------------|---------------|--|
|          |                       |               | E2216, E2217, E2218, E2219,<br>E2220, E2221, E2222, E2224,<br>E2225, E2226, E2227, E2228,<br>E2231, E2291, E2292, E2293,<br>E2294, E2295, E2298, E2310,<br>E2311, E2312, E2313, E2321,<br>E2322, E2323, E2324, E2325,<br>E2326, E2327, E2328, E2329,<br>E2330, E2331, E2351, E2368,<br>E2369, E2370, E2373, E2374,<br>E2375, E2376, E2377, E2378,<br>E2381, E2382, E2383, E2384,<br>E2385, E2386, E2387, E2388,<br>E2389, E2390, E2391, E2392,<br>E2394, E2395, E2396, E2398,<br>E2510, E2512, E2599, E2601,<br>E2602, E2603, E2604, E2605,<br>E2606, E2607, E2608, E2609,<br>E2610, E2611, E2612, E2613,<br>E2614, E2615, E2616, E2617,<br>E2619, E2620, E2621, E2622,<br>E2623, E2624, E2625, E8000,<br>E8001, E8002, K0005, K0006,<br>K0007, K0008, K0009, K0010,<br>K0011, K0012, K0013, K0014,<br>K0015, K0016, K0017, K0018,<br>K0019, K0020, K0021, K0022,<br>K0023, K0024, K0025, K0026,<br>K0027, K0028, K0029, K0030,<br>K0037, K0038, K0039, K0040,<br>K0041, K0042, K0043, K0044,<br>K0045, K0046, K0047, K0050,<br>K0051, K0052, K0053, K0056,<br>K0059, K0061, K0064, K0065,<br>K0066, K0067, K0068, K0069,<br>K0070, K0071, K0072, K0073, |

| Services                | Important Information                     | MPM Reference  | Codes   |
|-------------------------|---|--|---|
|                         |   |  | K0074, K0075, K0076, K0077, K0078, K0081, K0090, K0091, K0092, K0093, K0094, K0095, K0096, K0097, K0098, K0099, K0102, K0104, K0105, K0108, K0195, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899, S1030, S1031, A4555, A9276, A9277, A9278, E1399 |
| <b>Diapers</b>          | Not covered for Turquoise Care ABP plans. | <ul style="list-style-type: none"> <li>• <a href="#">MPM 4.8</a></li> </ul>  | T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4541, T4542, T4543, T4544, A4520, A4522   |
| <b>ENT: Rhinoplasty</b> |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 18.5</a></li> </ul> | 30400, 30410, 30420, 30430, 30435, 30450  |

| Services   | Important Information   | MPM Reference  | Codes   |
|--|---|--|---|
| <b>ENT: Tonsillectomy or tonsillectomy with adenoidectomy.</b> | A prior authorization is not required if member is 18 years of age or older.  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.0</a></li> </ul>   | 42820, 42821, 42825, 42826  |
| <b>ENT- Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)</b> |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 2.12</a></li> </ul>   | 31295, 31296, 31297, 31298, 69705, 69706  |
| <b>Gastric Electric Stimulation for Treatment of Chronic</b>   |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 7.2</a></li> </ul>  | 43647, 43648, 43881, 43882, 64590, 64595  |
| <b>Gastroparesis</b>   |   |  | (For urinary/fecal incontinence see <a href="#">MPM 51.0</a> )  |
| <b>Gender Affirming Surgical Intervention</b>                  |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 7.3</a></li> <li>• <a href="#">MPM 7.31</a></li> </ul>  | 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175, 31899, 17999  |
| <b>Genetic Testing</b>   | <p>*Codes 81374 and 0017U do not require an authorization when ordered by a rheumatologist.</p> <p>*Codes 81206, 81207, 81208,81219, 81225, 81240, 81241,81256,81270, 81279, 81338, 81339, 0016U, 0017U and 0027U do not require a prior authorization when ordered by a hematologist or oncologist.</p> <p>*Code 81335 does not require an authorization when ordered by a rheumatologist or gastroenterologist.</p> | <ul style="list-style-type: none"> <li>• <a href="#">MPM 7.1</a></li> <li>• <a href="#">MPM 7.12</a></li> <li>• <a href="#">MPM 7.13</a></li> <li>• <a href="#">MPM 7.4</a></li> <li>• <a href="#">MPM 7.5</a></li> <li>• <a href="#">MPM 7.6</a></li> <li>• <a href="#">MPM 7.7</a></li> <li>• <a href="#">MPM 7.8</a></li> <li>• <a href="#">MPM 7.9</a></li> <li>• <a href="#">MPM 20.15</a></li> <li>• <a href="#">MPM 29.0</a></li> <li>• <a href="#">MPM 30.0</a></li> <li>• <a href="#">MPM 33.0</a></li> </ul> | S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3865, S3866, S3870, 81120, 81121, 81170, 81175, 81176, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81187, 81200, 81201, 81202, 81203, 81205, 81206*, 81207*, 81208*, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219*, 81225*, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240*, 81241*, 81242, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256*, 81258, 81260, 81261, |

| Services | Important Information | MPM Reference  | Codes   |
|----------|-----------------------|--|---|
|          |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 39.1</a></li> <li>• <a href="#">MPM 39.0</a></li> <li>• <a href="#">MPM 54.0</a></li> </ul> | 81262, 81263, 81264, 81265,<br>81266, 81267, 81268, 81269,<br>81270*, 81271, 81272, 81273,<br>81275, 81276, 81279*, 81283,<br>81287, 81288, 81290, 81292,<br>81293, 81294, 81295, 81296,<br>81297, 81298, 81299, 81300,<br>81301, 81302, 81303, 81304,<br>81306, 81310, 81311, 81313,<br>81314, 81315, 81316, 81317,<br>81318, 81319, 81321, 81322,<br>81323, 81324, 81325, 81326,<br>81328, 81330, 81331, 81334,<br>81335, 81338*, 81339*, 81340,<br>81341, 81342, 81346, 81349,<br>81350, 81355, 81362, 81363,<br>81364, 81370, 81371, 81372,<br>81373, 81374*, 81375, 81378,<br>81379, 81380, 81381, 81400,<br>81401, 81402, 81403, 81404,<br>81405, 81406, 81407, 81410,<br>81411, 81412, 81413, 81414,<br>81415, 81416, 81417, 81418,<br>81427, 81430, 81431, 81432,<br>81433, 81434, 81435, 81436,<br>81437, 81438, 81439, 81440,<br>81441, 81442, 81443, 81445,<br>81448, 81449, 81450, 81451,<br>81455, 81456, 81457, 81458,<br>81459, 81460, 81462, 81463,<br>81464, 81465, 81479, 81493,<br>81504, 81506, 81507, 81512,<br>81517, 81525, 81540, 81541,<br>81542, 81551, 81552, 81595, |

| Services | Important Information | MPM Reference | Codes  |
|----------|-----------------------|---------------|--|
|          |                       |               | 81599, 84999, 86152, 86153,<br>87999, 0004M, 0011M, 0005U,<br>0016U*, 0017U, 0022U, 0026U,<br>0027U*, 0029U, 0030U, 0031U,<br>0032U, 0033U, 0034U, 0036U,<br>0037U, 0040U, 0047U, 0070U,<br>0071U, 0072U, 0073U, 0074U,<br>0075U, 0076U, 0090U, 0101U,<br>0102U, 0103U, 0111U, 0121U,<br>0122U, 0129U, 0130U, 0138U,<br>0167U, 0169U, 0171U, 0172U,<br>0193U, 0218U, 0238U, 0239U,<br>0242U, 0244U, 0246U, 0250U,<br>0252U, 0254U, 0260U, 0262U,<br>0268U, 0269U, 0270U, 0271U,<br>0272U, 0274U, 0276U, 0277U,<br>0286U, 0287U, 0291U, 0292U,<br>0293U, 0295U, 0297U, 0298U,<br>0299U, 0300U, 0306U, 0307U,<br>0313U, 0314U, 0318U, 0319U,<br>0326U, 0327U, 0329U, 0332U,<br>0333U, 0334U, 0335U, 0336U,<br>0337U, 0338U, 0339U, 0340U,<br>0341U, 0343U, 0345U, 0347U,<br>0348U, 0349U, 0350U, 0356U,<br>0364U, 0368U, 0379U, 0380U,<br>0388U, 0391U, 0392U, 0395U,<br>0396U, 0398U, 0400U, 0403U,<br>0405U, 0409U, 0410U, 0411U,<br>0413U, 0414U, 0417U, 0419U,<br>0422U, 0423U, 0425U, 0426U,<br>0428U, 0434U, 0437U, 0438U,<br>0440U, 0444U, 0448U, 0449U |

| Services                             | Important Information   | MPM Reference   | Codes   |
|--------------------------------------|---|---|---|
| <b>GI: Capsule Endoscopy</b>         |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 24.0</a></li> </ul>  | 91111, 91110, 91113   |
| <b>Hip Resurfacing Total</b>         |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.9</a></li> </ul>  | 27299, S2118  |
| <b>Hip Replacement Total</b>         |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.14</a></li> </ul> | 27130, 27132, 27134   |
| <b>Gyn: Hysterectomy</b>             |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 8.9</a></li> </ul>   | 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58674<br><br>(For prophylactic surgery see <a href="#">MPM 16.10</a> )   |
| <b>Hypoglossal Nerve stimulation</b> |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 46.0</a></li> </ul>  | 64582, 64583, 64584   |
| <b>Home Health Services</b>          | <p>Home Health Care Agencies. A prior authorization is not required for Presbyterian-owned home health care.</p> <p>Turquoise Care ABP has limitations. Please verify benefits.</p> |   | <p>T1001: Nursing assessment/evaluation</p> <p>99509: Personal care: consumer directed</p> <p>G0299 &amp; G0300: Skilled nursing visits in home (revenue code 4028)</p> <p>G0151: Physical therapy visits in home (revenue code A185)</p> <p>G0152: Occupational therapy visits in home (revenue code A187)</p> <p>G0153: Speech therapy visits in home (revenue code A189)</p> |



| Services   | Important Information   | MPM Reference   | Codes  |
|--|---|---|--|
|  |   |   | G0155: Master social work visits in home (revenue code 4081)<br>G0156: Home health aide visits in home (revenue code 4082)<br>Revenue codes: 0421, 0431, 0441, 0550, 0551, 0561, 0570, 0571, 0580, 0581, 0590<br>All codes |
| <b>Hormone Pellet Implantation, Subcutaneous</b>                     | Reviewed by Pharmacy.   |   | 11980 (Reviewed by Pharmacy along with J3490, S0189)   |
| <b>Hospice</b>   | A prior authorization is not required for members who reside in a long-term care nursing facility (revenue codes 0658 & 0659).<br>Turquoise Care ABP has limitations. Please verify benefits. |   | All codes  |
| <b>Hyperbaric Oxygen</b>   |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 8.6</a></li> </ul>   | 99183, G0277   |
| <b>Investigative &amp; New Technology</b>                            |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 36.0</a></li> </ul>  | 64640  |
| <b>Knee, Arthroscopy</b>   |   | <ul style="list-style-type: none"> <li>• <a href="#">MCG S-705</a></li> </ul> | 29870  |
| <b>Knee Replacement Total</b>  |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.14</a></li> </ul> | 27447, 27486, 27487  |
| <b>Ortho – Ankle: Total Ankle Replacement Surgery (Arthroplasty)</b> | Service includes total ankle replacement.   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.10</a></li> </ul> | 27700, 27702, 27703, 27704   |

| Services                                  | Important Information  | MPM Reference  | Codes   |
|---|--|--|---|
| <b>Lumbar Artificial Disc Replacement</b> |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 56.0</a></li> </ul> | 22865 (All Plans)<br>22857, 22862 (Commercial Plans Only)   |
| <b>Lumbar/Cervical Spine</b>              | For lumbar / cervical spine surgeries, please contact Evolent Specialty Services at 1- 866-236-8717 or<br><a href="#">Welcome to RadMD.com   RADMD</a><br>or<br><a href="#">RadMD.com Login.</a> | See Evolent Specialty Services <a href="#">RADMD   Our Solutions.</a>        | 22533, 22548, 22551, 22552, 22554, 22558, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22633, 22634, 22856, 22858, 22864, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63047, 63050, 63051, 63052, 63053, 63056, 63075, 63075, 63076, 63081, 63300, 63304, 0095T, 0098T, 22861 |
| <b>Lymphedema and Lipodema</b>            |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 62.0</a></li> </ul> | 15756, 15832, 15833, 15836, 15837, 15839, 15878, 15879, 37799, 38308, 38589, 38999, 49906   |
| <b>Orthotics</b>                          | This service includes orthotics, custom fabricated orthotics, and custom fabricated ankle-foot orthosis (AFO). Presbyterian  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 4.6</a></li> </ul>  | <b>Knee:</b> L1834, L1840, L1844, L1846, L1860<br><b>AFO:</b> L1904, L1907, L1940, L1945, L1950, L1951, L1960,  |

| Services  | Important Information   | MPM Reference  | Codes   |
|---|---|--|---|
|   | follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies. A prior authorization is required for custom AFO services for members nine years of age and older.          |  | L1970, L1971, L1980, L1990<br>KAFO: L2000, L2005, L2006, L2020, L2030, L2034<br><b>General Additions:</b> L2861, L2999<br><b>Orthopedic Footwear:</b> L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100<br><b>Orthopedic Shoes/Boots:</b> L3201, L3202, L3203, L3204, L3206, L3207<br><b>Shoes/Boots:</b> L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255 |
| <b>Outpatient Observation</b>                                     |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 50.0</a></li> </ul> | G0378, G0379  |
| <b>Pain: Epidural Corticosteroid Injections for Back Pain</b>     | Service includes epidurals for outpatient (non-pregnancy).  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 5.9</a></li> </ul>  | 62282, 62321, 62322, 62323, 64479, 64480, 64483, 64484  |
| <b>Percutaneous Arteriovenous Fistula (pAVE) for Hemodialysis</b> |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 55.0</a></li> </ul> | 36836, 36837  |
| <b>Peripheral Nerve Stimulation for Occipital Neuralgia</b>       |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 53.0</a></li> </ul> | 64555, 64575, 64590   |
| <b>Pharmacy</b>   | Services include the following: <ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Drugs that require prior authorization when provided and administered in the office or outpatient</li> </ul> |  | Providers can access codes for specialty medications in any of the following ways: <ul style="list-style-type: none"> <li>• Go to <a href="#">Formularies</a>, scroll down and click on “Supplement Formulary Information,” then</li> </ul>   |

| Services  | Important Information  | MPM Reference  | Codes  |
|---|--|--|--|
|   | See the providers' <a href="#">Formularies</a> website for medications requiring a prior authorization |  | <p>select "Specialty Pharmaceutical/ Medical Drugs List."</p> <ul style="list-style-type: none"> <li>• Go to <a href="http://www.phs.org">www.phs.org</a>, select "For Providers", select "Formularies," open appropriate product plan's formulary menu, scroll down and click on "Supplement Formulary Information," then select "Specialty Pharmaceutical/ Medical Drugs List."</li> <li>• Contact the Pharmacy department at 1-888-923-5757, option 3, then option 2. physicians only contact (505) 923-5500</li> </ul> |
| <p><b>Plastic Surgery:<br/>Panniculectomy and<br/>Abdominoplasty and Body<br/>Contouring Procedures</b></p> |  | <ul style="list-style-type: none"> <li>• <a href="#">MPM 16.5</a></li> </ul> | <p>15830, 15832, 15833, 15834, 15835, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17999 (body contouring procedure)</p>  |

| Services  | Important Information   | MPM Reference   | Codes   |
|---|---|---|---|
| <b>Plastic Surgery: Restorative / Reconstructive / Cosmetic Surgery and Treatment</b> | *Cosmetic surgeries, including liposuction are not covered.   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 18.5</a></li> </ul>  | 11950, 11951, 11952, 11954, 15786, 15787, 15810, 15811, 15819, 15828, 15829, 15831, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 21270, 21280, 21282, 30400, 30410, 30420, 30430, 30435, 30450, 40500, 65760, 65765, 65767, 69090, 0479T, 0480T |
| <b>Prosthetics</b>  | Prosthetics, myoelectric prosthetics, microprocessor knee, ankle.<br><br>Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies. | <ul style="list-style-type: none"> <li>• <a href="#">MPM 4.6</a></li> </ul>   | L5848, L5856, L5858, L5973, L5999, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7499, Q4051, S8450, S8451, S8452, L2861, K1014, K1022                      |
| <b>Proton Beam Irradiation</b>  |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 16.14</a></li> </ul> | 77520, 77522, 77523, 77525, S8030, 0664 (APC), 0667 (APC)   |
| <b>Respite</b>  |   |   | S9125, H0046  |

| Services   | Important Information | MPM Reference  | Codes   |
|--|-----------------------|--|---|
| <b>Sacral Nerve Stimulation for Urinary and Fecal Incontinence</b> |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 51.0</a></li> </ul> | 64590, 64595<br><br>(For chronic gastroparesis use <a href="#">MPM 7.2</a> )  |
| <b>Skilled Nursing Facility (SNF) Services</b>                     |                       |  | All codes   |
| <b>Skin Substitute (Tissue-Engineered / Bioengineered)</b>         |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 35.0</a></li> </ul> | 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2024, A4100, A6010, C1718, C1762, C1763, C1768, C1781, C1832, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278, C9352, C9353, C9654, C9355, C9356, C9358, C9360, C9361, C9363, C9364, C9399, J3590, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, |

| Services | Important Information | MPM Reference | Codes   |
|----------|-----------------------|---------------|---|
|          |                       |               | Q4161, Q4162, Q4163, Q4164,<br>Q4165, Q4166, Q4167, Q4168,<br>Q4169, Q4170, Q4171, Q4173,<br>Q4174, Q4175, Q4176, Q4177,<br>Q4178, Q4179, Q4180, Q4181,<br>Q4182, Q4183, Q4184, Q4185,<br>Q4186, Q4187, Q4188, Q4189,<br>Q4190, Q4191, Q4192, Q4193,<br>Q4194, Q4195, Q4196, Q4197,<br>Q4198, Q4199, Q4200, Q4201,<br>Q4202, Q4203, Q4204, Q4205,<br>Q4206, Q4208, Q4209, Q4211,<br>Q4212, Q4213, Q4214, Q4215,<br>Q4216, Q4217, Q4218, Q4219,<br>Q4220, Q4221, Q4222, Q4224,<br>Q4225, Q4226, Q4227, Q4229,<br>Q4230, Q4231, Q4232, Q4233,<br>Q4234, Q4235, Q4236, Q4237,<br>Q4238, Q4239, Q4240, Q4241,<br>Q4242, Q4244, Q4245, Q4246,<br>Q4247, Q4248, Q4249, Q4250,<br>Q4251, Q4252, Q4253, Q4254,<br>Q4255, Q4256, Q4257, Q4258,<br>Q4259, Q4260, Q4261, Q4262,<br>Q4263, Q4264, Q4265, Q4266,<br>Q4267, Q4268, Q4269, Q4270,<br>Q4271, Q4272, Q4273, Q4274<br>Q4275, Q4276, Q4277, Q4278<br>Q4279, Q4280, Q4281, Q4282<br>Q4283, Q4284, Q4285, Q4286,<br>Q4287, Q4288, Q4289, Q4290,<br>Q4291, Q4292, Q4293, Q4294,<br>Q4295, Q4296, Q4297, Q4298,<br>Q4299, Q4300, Q4301, Q4302, |

| Services   | Important Information                               | MPM Reference  | Codes   |
|--|---|--|---|
|  |   |  | Q4303, Q4304, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333 |
| <b>Sleep Studies</b>   | For age 17 and under, no authorization is required. | <ul style="list-style-type: none"> <li>• <a href="#">MPM 49.0</a></li> </ul> | 95782, 95783, 95805, 95807, 95808, 95810, 95811   |
| <b>Transplants: Bone marrow/stem cell transplant: Allogeneic, Autologous</b>         |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.3</a></li> </ul> | 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, S2150   |
| <b>Transplants: Heart (includes ventricular assist and artificial heart devices)</b> |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 33927, 33928, 33929, 33940, 33944, 33945, S2152   |
| <b>Transplants: Heart and Lung</b>   |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 33930, 33933, 33935   |
| <b>Transplants: Kidney</b>   |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380  |
| <b>Transplants: Liver</b>  |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 47399, S2152  |
| <b>Transplants: Lung and Lobar Lung</b>  |   | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 32850, 32851, 32852, 32853, 32854, 32855, 32856, S2060,   |



| Services  | Important Information | MPM Reference  | Codes  |
|---|-----------------------|--|--|
|   |                       |  | S2061  |
| <b>Transplants: Pancreas and Kidney</b>                             |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 48160, 48550, 48551, 48552, 48554, 48556, S2065  |
| <b>Transplants: Pancreas Islet Cell</b>                             |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | S2102, 0584T, 0585T, 0586T   |
| <b>Transplants: Procurement, Transportation</b>                     |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | S2152  |
| <b>Transplants: Small Bowel, Small Bowel/Liver</b>                  |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 20.6</a></li> </ul> | 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, S2053, S2054, S2055  |
| <b>Veins: Varicose Vein Procedures Including Echo Sclerotherapy</b> |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 22.1</a></li> </ul> | 36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, S2202 |
| <b>Water Vapor Thermal Therapy for LUTS/BPH</b>                     |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 52.0</a></li> </ul> | 53854  |
| <b>XSTOP Interspinous Process Decompression</b>                     |                       | <ul style="list-style-type: none"> <li>• <a href="#">MPM 36.0</a></li> </ul> | 22869, 22870   |

## Behavioral Health Services (Orange Section)

### [Magellan Medical Necessity Criteria](#)

| Services  | Line(s) of Business  | Important Information  | Codes   |
|---|--|--|---|
| <b>Accredited Residential Treatment Center Services (per diem): Chemical Dependency</b>       | <ul style="list-style-type: none"> <li>Commercial/ASO</li> <li>Turquoise Care</li> <li>Turquoise Care Expansion Alternative Benefit Package</li> </ul> |  | 1002  |
| <b>Accredited Residential Treatment Center Services (per diem): Psychiatric</b>               | <ul style="list-style-type: none"> <li>Commercial/ASO</li> <li>Turquoise Care</li> </ul>   |  | 1001  |
| <b>Accredited Residential Treatment Center Services: Substance Use Disorder, In-State</b>     | <ul style="list-style-type: none"> <li>Commercial/ASO</li> <li>Turquoise Care</li> <li>Turquoise Care Expansion Alternative Benefit Package</li> </ul> | For Turquoise Care and Turquoise Care Expansion ABP, authorization is not required until day 6 for patients meeting ASAM level 3 criteria but notice of admission and the request for continued stay beyond day 5 must be submitted within the initial 5-day stay. |   |
| <b>Accredited Residential Treatment Center Services: Substance Use Disorder, Out-of-State</b> | <ul style="list-style-type: none"> <li>Commercial/ASO</li> <li>Turquoise Care</li> <li>Turquoise Care Expansion Alternative Benefit Package</li> </ul> |  | 1003  |
| <b>Applied Behavior Analysis</b>  | <ul style="list-style-type: none"> <li>Turquoise Care</li> <li>Turquoise Care Expansion Alternative Benefit Package</li> <li>Commercial</li> </ul>     |  | 0373T, 97153, H2019, H0031, H0032, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T |

| Services  | Line(s) of Business   | Important Information   | Codes  |
|---|---|---|--|
| <b>Hospital Inpatient</b>   | <ul style="list-style-type: none"> <li>• Commercial/ASO/Medicare</li> <li>• Turquoise Care</li> <li>• Turquoise Care Expansion Alternative Benefit Package</li> </ul> |   | 0114, 0124, 0134, 0144, 0154, 0204, 0900-0903, 0914-0919, 0944, 0945, 0961 |
| <b>Inpatient Hospitalization in Freestanding Psychiatric Hospital</b> | <ul style="list-style-type: none"> <li>• Commercial/ASO/Medicare</li> <li>• Turquoise Care</li> <li>• Turquoise Care Expansion Alternative Benefit Package</li> </ul> |   | 0114, 0124, 0134, 0144, 0154, 0900-0903, 0911, 0914-0916, 0918, 0944, 0945 |
| <b>Non-Accredited Residential Treatment Centers and Group Homes</b>   | <ul style="list-style-type: none"> <li>• Turquoise Care</li> </ul>  |   | 190, 1005  |
| <b>Partial Hospitalization</b>  | <ul style="list-style-type: none"> <li>• Commercial/ASO/Medicare</li> <li>• Turquoise Care</li> <li>• Turquoise Care Expansion Alternative Benefit Package</li> </ul> | For Turquoise Care and Turquoise Care Expansion ABP authorization is not required until day 46. | 912  |
| <b>Sub-acute Residential Treatment Services</b>                       | <ul style="list-style-type: none"> <li>• Commercial/ASO/Medicare</li> <li>• Turquoise Care</li> <li>• Turquoise Care Expansion Alternative Benefit Package</li> </ul> | Member must be under the age of 21.   | 194  |
| <b>Transcranial Magnetic Stimulation (TMS)</b>                        | <ul style="list-style-type: none"> <li>• Commercial/ASO/Medicare</li> </ul>   |   | 90867, 90868, 90869, 90870   |
| <b>Treatment Foster Care I</b>  | <ul style="list-style-type: none"> <li>• Turquoise Care</li> </ul>  |   | S5145  |
| <b>Treatment Foster Care II</b>                                       | <ul style="list-style-type: none"> <li>• Turquoise Care</li> </ul>  |   | S5145 U1   |
| <b>Waiting Placement Days</b>   | <ul style="list-style-type: none"> <li>• Turquoise Care</li> </ul>  | Member must be under the age of 18.   | 169  |