



PRESBYTERIAN

Prior Authorization Guide

PROVIDER



Table of Contents

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

How to Use This Guide

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

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.

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?

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

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

Department	Online	Telephone	Fax
UM staff are available from 8 a.m. to 5 p.m., Monday through Friday. After hours, an on-call UM nurse is available evenings, weekends, and holidays			
Behavioral Health Services	<ul style="list-style-type: none"> • Medicare/Commercial • Turquoise Care Medicaid 	<ul style="list-style-type: none"> • 1-800-424-4661 • (505) 923-5757, option 4, followed by 2 • 1-888-923-5757, option 2, followed by 2 	<ul style="list-style-type: none"> • 1-888-656-4967 • (505) 843-3019
Advanced Imaging¹	<ul style="list-style-type: none"> • Stanson Health Portal and Resources 	<ul style="list-style-type: none"> • 1-888-487-0733 	<ul style="list-style-type: none"> • 1-646-502-5041
Spine Surgery Services	<ul style="list-style-type: none"> • Evolent RadMD Authorization Tracking • Evolent Specialty Services Medical Necessity Criteria: RadMD.com 	<ul style="list-style-type: none"> • 1-866-236-8717 	<ul style="list-style-type: none"> • 1-800-784-6864
OptumCare (Medicare delegated members only)	<ul style="list-style-type: none"> • Home Optum Pro Portal • Access instructions: Accessing Optum Pro 	<ul style="list-style-type: none"> • Inpatient (505) 232-1600 • Prior Auth 1-800-620-6768 	<ul style="list-style-type: none"> • Inpatient (505) 232-1387 • Prior Auth (505) 232-1386

¹ 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
All Hospital Inpatient Admissions	Includes the following: <ul style="list-style-type: none"> • 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 		All codes
Bariatric Surgery (Weight Loss Surgery)	Surgical procedures including lap band adjustment. *Non-covered codes for Medicare only	<ul style="list-style-type: none"> • MPM 2.81 • MPM 2.82 • MPM 40.0 	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842*, 43843*, 43845, 43846, 43847, 43848, 43886, 43887, 43888
Blepharoplasty/Brow Ptosis Surgery		<ul style="list-style-type: none"> • MPM 2.7 	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67912,
Breast Reconstruction Following Mastectomy		<ul style="list-style-type: none"> • MPM 27 	15271, 15272, 15273, 15274, Q4145

Services	Important Information	MPM Reference	Codes
Breast Reduction for Gynecomastia		<ul style="list-style-type: none"> • MPM 27 	19300
Chimeric Antigen Receptor T-Cell Therapy		<ul style="list-style-type: none"> • MPM 32 	J3490, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, 0537T, 0538T, 0539T, 0540T
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 Echo	<p>See Stanson Health's solutions here.</p> <p>For advanced imaging ordering, contact Stanson Health at the Stanson Health Care Portal or by telephone at 1-888-487-0733.</p>		See Presbyterian's Utilization Review Matrix for advanced imaging codes.
Clinical Trial		<ul style="list-style-type: none"> • MPM 3.7 • MPM 3.8 	S9988, S9990, S9991
Corneal Cross-Linking		<ul style="list-style-type: none"> • MPM 28.0 	0402T
CV: Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems		<ul style="list-style-type: none"> • MPM 13.2 	93228, 93229

<p>Durable Medical Equipment (DME)</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"> • 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 • Codes E0470, E0471 and E0601 only need a PA for age 18 and above. 	<p>Presbyterian follows:</p> <ul style="list-style-type: none"> • Celerian Group Company (CGS) administrative DME Medicare Administrative Contractor (MAC) Jurisdiction C Guideline • Presbyterian Medical Policies: <ul style="list-style-type: none"> • MPM 4.2 • MPM 4.3 • MPM 4.5 • MPM 15.2 • MPM 34.0 • MPM 48.0 • MPM 49.1 	<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, E2231, E2291, E2292, E2293, E2294, E2295, E2298, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2351, E2368, E2369, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2398, E2510, E2512, E2599, E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2619, E2620, E2621, E2622, E2623, E2624, E2625, E8000, E8001, E8002, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0015, K0016, K0017, K0018, K0019, K0020, K0021, K0022, K0023, K0024, K0025, K0026, K0027, K0028, K0029, K0030, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0059, K0061, K0064, K0065, K0066, K0067, K0068, K0069, K0070, K0071, K0072, K0073, K0074, K0075, K0076, K0077, 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
ENT: Rhinoplasty		<ul style="list-style-type: none"> • MPM 18.5 	30400, 30410, 30420, 30430, 30435, 30450
ENT: Tonsillectomy or tonsillectomy with adenoidectomy	A prior authorization is not required if member is 18 years of age or older.	<ul style="list-style-type: none"> • MPM 20.0 	42820, 42821, 42825, 42826
ENT: Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)		<ul style="list-style-type: none"> • MPM 2.12 	31295, 31296, 31297, 31298, 69705, 69706
Gastric Electric Stimulation for Treatment of Chronic Gastroparesis		<ul style="list-style-type: none"> • MPM 7.2 	43647, 43648, 43881, 43882, 64590, 64595 (For urinary/fecal incontinence, see MPM 51.0)

Services	Important Information	MPM Reference	Codes
Gender Affirming Surgical Intervention		<ul style="list-style-type: none"> • MPM 7.3 • MPM 7.31 	54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175, 31899, 17999
Genetic Testing	<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"> • MPM 7.1 • MPM 7.12 • MPM 7.13 • MPM 7.4 • MPM 7.5 • MPM 7.6 • MPM 7.7 • MPM 7.8 • MPM 7.9 • MPM 20.15 • MPM 29.0 • MPM 30.0 • MPM 33.0 • MPM 39 • MPM 39.1 • MPM 54.0 	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, 81330, 81331, 81332, 81334, 81335, 81338*, 81339*, 81340, 81341, 81342, 81346, 81349, 81350, 81355, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374*, 81375, 81378, 81379, 81380, 81381, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81427, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81479, 81493, 81504, 81506, 81507, 81512, 81517, 81525, 81540, 81541, 81542, 81551, 81552, 81595, 81599, 84999, 86152, 86153, 87999, 0004M, 0011M, 0005U, 0016U*, 0017U, 0022U, 0026U, 0027U*, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0036U, 0037U, 0040U, 0047U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0090U, 0101U, 0102U, 0103U, 0111U, 0121U, 0122U, 0129U, 0130U, 0138U, 0169U, 0171U, 0172U, 0193U, 0218U, 0238U, 0239U,

Services	Important Information	MPM Reference	Codes
			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, 0388U, 0391U, 0392U, 0395U, 0398U, 0400U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0422U, 0423U, 0425U, 0426U, 0434U, 0437U, 0438U, 0440U, 0444U, 0448U, 0449U
GI: Capsule Endoscopy		<ul style="list-style-type: none"> • MPM 24.0 	91111, 91110, 91113
Hip Resurfacing Total		<ul style="list-style-type: none"> • MPM 20.9 	27299, S2118
Hip Replacement Total		<ul style="list-style-type: none"> • MPM 20.14 • MPM 20.13 	27130, 27132, 27134
Gyn: Hysterectomy		<ul style="list-style-type: none"> • MPM 8.9 	58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573,

Services	Important Information	MPM Reference	Codes
			58575, 58674 (For prophylactic surgery, see MPM 16.10)
Hypoglossal Nerve stimulation		<ul style="list-style-type: none"> • MPM 46.0 	64582, 64583, 64584
Home Health Services	Home Health Care Agencies. A prior authorization is not required for Presbyterian-owned home healthcare.		T1001: Nursing assessment/evaluation 99509: Personal care: consumer directed G0299 & G0300: Skilled nursing visits in home (revenue code 4028) G0151: Physical therapy visits in home (revenue code A185) G0152: Occupational therapy visits in home (revenue code A187) G0153: Speech therapy visits in home (revenue code A189) G0155: Master social work visits in home (revenue code 4081) G0156: Home health aide visits in home (revenue code 4082) Revenue codes: 0421, 0431, 0441, 0550, 0551, 0561, 0570, 0571, 0580, 0581, 0590

Services	Important Information	MPM Reference	Codes
Hormone Pellet Insertion, Subcutaneous	Reviewed by Pharmacy.		11980 (reviewed by Pharmacy, along with J3490, S0189)
Hospice	Presbyterian Medicare plans receive hospice through Original Medicare. A prior authorization is not required for members who reside in a long-term care nursing facility (revenue codes 0658 and 0659).		All codes
Hyperbaric Oxygen		<ul style="list-style-type: none"> • MPM 8.6 	99183, G0277
Investigative & New Technology		<ul style="list-style-type: none"> • MPM 36.0 	64640
Knee, Arthroscopy		<ul style="list-style-type: none"> • MCG S-705 	29870
Knee Replacement Total		<ul style="list-style-type: none"> • MPM 20.14 • MPM 20.13 	27447, 27486, 27487
Ortho – Ankle: Total Ankle Replacement Surgery (Arthroplasty)	Service includes total ankle replacement.	<ul style="list-style-type: none"> • MPM 20.10 	27700, 27702, 27703, 27704
Lumbar Artificial Disc Replacement		<ul style="list-style-type: none"> • MPM 56.0 	22865 (All Plans) 22857, 22862 (Commercial Plans Only)
Lumbar/Cervical Spine	For lumbar / cervical spine surgeries, please contact Evolent Specialty Services at 1-866-236-8717 or Welcome to RadMD.com RADMD or RadMD.com Login	See Evolent Specialty Services RADMD Our Solutions	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, 63076,

Services	Important Information	MPM Reference	Codes
			63081, 63082, 63300, 63304, 63308, 0095T, 0098T, 22861
Lymphedema and Lipedema		<ul style="list-style-type: none"> • MPM 62.0 	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"> • MPM 4.6 	<p>L1834, L1840, L1844, L1846, L1860</p> <p>AFOs: 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"> • MPM 50.0 	G0378, G0379
Pain: Epidural Corticosteroid Injections for Back Pain	Service includes epidurals for outpatient (non-pregnancy).	<ul style="list-style-type: none"> • MPM 5.9 	62282, 62321, 62322, 62323, 64479, 64480, 64483, 64484
Percutaneous Arteriovenous Fistula (pAVE) for Hemodialysis		<ul style="list-style-type: none"> • MPM 55.0 	36836, 36837
Peripheral Nerve Stimulation for Occipital Neuralgia		<ul style="list-style-type: none"> • MPM 53.0 	64555, 64575, 64590
Pharmacy	<p>Services include the following:</p> <ul style="list-style-type: none"> • Pharmacy • Drugs that require prior authorization when provided and administered in the office or outpatient 		<p>Providers can access codes for specialty medications in any of the following ways:</p> <ul style="list-style-type: none"> • Go to Formularies, scroll down and click on “Supplement Formulary Information,” then

Services	Important Information	MPM Reference	Codes
	See the providers' Formularies website for medications requiring a prior authorization		<p>select "Specialty Pharmaceutical/ Medical Drugs List."</p> <ul style="list-style-type: none"> Go to www.phs.org, 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." <p>Contact the Pharmacy Department at 1-888-923-5757, option 3, then option 2. Physicians only contact: (505) 923-5500</p>
Plastic Surgery: Panniculectomy and Abdominoplasty and Body Contouring Procedures		<ul style="list-style-type: none"> MPM 16.5 	15830, 15832, 15833, 15834, 15835, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17999 (body contouring procedure)
Plastic Surgery: Restorative / Reconstructive / Cosmetic Surgery and Treatment	*Cosmetic surgeries, including liposuction, are not covered.	<ul style="list-style-type: none"> MPM 18.5 	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

Services	Important Information	MPM Reference	Codes
Prosthetics	Prosthetics, myoelectric prosthetics, microprocessor knee, ankle. Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies.	<ul style="list-style-type: none"> • MPM 4.6 	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
Proton Beam Irradiation		<ul style="list-style-type: none"> • MPM 16.14 	77520, 77522, 77523, 77525, S8030, 0664 (APC), 0667 (APC)
Respite			S9125, H0046
Sacral Nerve Stimulation for Urinary and Fecal Incontinence		<ul style="list-style-type: none"> • MPM 51.0 	64590, 64595 (For chronic gastroparesis use MPM 7.2)
Skilled Nursing Facility (SNF) Services			All codes
Skin Substitutes (Tissue-Engineered / Bioengineered)		<ul style="list-style-type: none"> • MPM 35.0 	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, 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, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, 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
Sleep Studies	For age 17 and under, no prior authorization is required	<ul style="list-style-type: none"> • MPM 49.0 	95782, 95783, 95805, 95807, 95808, 95810, 95811
Transplants: Bone marrow/stem cell transplant: Allogeneic, Autologous		<ul style="list-style-type: none"> • MPM 20.3 	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
Transplants: Heart (includes ventricular assist and artificial heart devices.)		<ul style="list-style-type: none"> • MPM 20.6 	33927, 33928, 33929, 33940, 33944, 33945, S2152
Transplants: Heart and Lung		<ul style="list-style-type: none"> • MPM 20.6 	33930, 33933, 33935
Transplants: Kidney		<ul style="list-style-type: none"> • MPM 20.6 	50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380
Transplants: Liver		<ul style="list-style-type: none"> • MPM 20.6 	47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 47399, S2152
Transplants: Lung and Lobar Lung		<ul style="list-style-type: none"> • MPM 20.6 	32850, 32851, 32852, 32853, 32854, 32855, 32856, S2060, S2061
Transplants: Pancreas and Kidney		<ul style="list-style-type: none"> • MPM 20.6 	48160, 48550, 48551, 48552, 48554, 48556, S2065
Transplants: Pancreas Islet Cell		<ul style="list-style-type: none"> • MPM 20.6 	S2102, 0584T, 0585T, 0586T
Transplants: Procurement, Transportation		<ul style="list-style-type: none"> • MPM 20.6 	S2152
Transplants: Small Bowel, Small Bowel/Liver		<ul style="list-style-type: none"> • MPM 20.6 	44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, S2053, S2054, S2055

Services	Important Information	MPM Reference	Codes
Veins: Varicose Vein Procedures including Echo sclerotherapy		<ul style="list-style-type: none"> • MPM 22.1 	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
XSTOP Interspinous Process Decompression		<ul style="list-style-type: none"> • MPM 36.0 	22869, 22870

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

Services	Important Information	MPM Reference	Codes
All Hospital Inpatient Admissions	<p>Includes the following:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>		All codes
Bariatric Surgery (Weight Loss Surgery)	<p>Surgical procedures including lap band adjustment.</p> <p>*Non-covered codes for Medicare only</p>	<ul style="list-style-type: none"> • MPM 2.81 • MPM 2.82 • MPM 40.0 	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842*, 43843*, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43845, 43846, 43847, 43848
Blepharoplasty/Brow Ptosis Surgery		<ul style="list-style-type: none"> • MPM 2.7 	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67912

Services	Important Information	MPM Reference	Codes
Breast Reconstruction following Mastectomy		<ul style="list-style-type: none"> • MPM 27 	15271, 15272, 15273, 15274, Q4145
Breast Reduction for Gynecomastia		<ul style="list-style-type: none"> • MPM 27 	19300
Chimeric Antigen Receptor T-cell Therapy		<ul style="list-style-type: none"> • MPM 32 	J3490, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, 0537T, 0538T, 0539T, 0540T
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 Echo	<p>See Stanson Health's solutions here.</p> <p>For advanced imaging ordering, contact Stanson Health at the Stanson Health Care Portal or by telephone at 1- 888-487-0733.</p>		See Presbyterian's Utilization Matrix for advanced imaging codes.
Clinical Trial		<ul style="list-style-type: none"> • MPM 3.7 • MPM 3.8 	S9988, S9990, S9991
Corneal Cross-linking		<ul style="list-style-type: none"> • MPM 28.0 	0402T
CV: Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems		<ul style="list-style-type: none"> • MPM 13.2 	93228, 93229

Services	Important Information	MPM Reference	Codes
<p>Durable Medical Equipment (DME)</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"> • 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 • Codes E0470, E0471 and E0601 only need a prior authorization for age 18 and above. 	<p>Presbyterian follows:</p> <ul style="list-style-type: none"> • Celerian Group Company (CGS) administrative DME Medicare Administrative Contractor (MAC) Jurisdiction C Guideline • Presbyterian Medical Policies: • MPM 4.2 • MPM 4.3 • MPM 4.5 • MPM 15.2 • MPM 34.0 • MPM 48.0 • MPM 49.1 	<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, E2220, E2221, E2222, E2224, E2225, E2226, E2227, E2228, E2231, E2291, E2292, E2293, E2294, E2295, E2298, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2351, E2368, E2369, E2370, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2398, E2510, E2512, E2599, E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2619, E2620, E2621, E2622, E2623, E2624, E2625, E8000, E8001, E8002, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0015, K0016, K0017, K0018, K0019, K0020, K0021, K0022, K0023, K0024, K0025, K0026, K0027, K0028, K0029, K0030, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0059, K0061, K0064, K0065, K0066, K0067, K0068, K0069, 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
Diapers	Not covered for Turquoise Care ABP plans.	<ul style="list-style-type: none"> • MPM 4.8 	T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4541, T4542, T4543, T4544, A4520, A4522
ENT: Rhinoplasty		<ul style="list-style-type: none"> • MPM 18.5 	30400, 30410, 30420, 30430, 30435, 30450

Services	Important Information	MPM Reference	Codes
ENT: Tonsillectomy or tonsillectomy with adenoidectomy.	A prior authorization is not required if member is 18 years of age or older.	<ul style="list-style-type: none"> • MPM 20.0 	42820, 42821, 42825, 42826
ENT- Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)		<ul style="list-style-type: none"> • MPM 2.12 	31295, 31296, 31297, 31298, 69705, 69706
Gastric Electric Stimulation for Treatment of Chronic		<ul style="list-style-type: none"> • MPM 7.2 	43647, 43648, 43881, 43882, 64590, 64595
Gastroparesis			(For urinary/fecal incontinence see MPM 51.0)
Gender Affirming Surgical Intervention		<ul style="list-style-type: none"> • MPM 7.3 • MPM 7.31 	54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175, 31899, 17999
Genetic Testing	<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"> • MPM 7.1 • MPM 7.12 • MPM 7.13 • MPM 7.4 • MPM 7.5 • MPM 7.6 • MPM 7.7 • MPM 7.8 • MPM 7.9 • MPM 20.15 • MPM 29.0 • MPM 30.0 • MPM 33.0 	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"> • MPM 39.1 • MPM 39.0 • MPM 54.0 	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, 81322, 81323, 81324, 81325, 81326, 81328, 81330, 81331, 81334, 81335, 81338*, 81339*, 81340, 81341, 81342, 81346, 81349, 81350, 81355, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374*, 81375, 81378, 81379, 81380, 81381, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81427, 81430, 81431, 81432, 81434, 81435, 81437, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81479, 81493, 81504, 81506, 81507, 81512, 81517, 81525, 81540, 81541, 81542, 81551, 81552, 81595, 81599, 84999, 86152,

Services	Important Information	MPM Reference	Codes
			86153, 87999, 0004M, 0011M, 0005U, 0016U*, 0017U, 0022U, 0026U, 0027U*, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0036U, 0037U, 0040U, 0047U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0090U, 0101U, 0102U, 0103U, 0111U, 0121U, 0122U, 0129U, 0130U, 0138U, 0167U, 0169U, 0171U, 0172U, 0193U, 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, 0388U, 0391U, 0392U, 0395U, 0398U, 0400U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U, 0422U, 0423U, 0425U, 0426U, 0434U, 0437U, 0438U, 0440U, 0444U, 0448U, 0449U
GI: Capsule Endoscopy		<ul style="list-style-type: none"> • MPM 24.0 	91111, 91110, 91113

Services	Important Information	MPM Reference	Codes
Hip Resurfacing Total		<ul style="list-style-type: none"> • MPM 20.9 	27299, S2118
Hip Replacement Total		<ul style="list-style-type: none"> • MPM 20.14 	27130, 27132, 27134
Gyn: Hysterectomy		<ul style="list-style-type: none"> • MPM 8.9 	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 (For prophylactic surgery see MPM 16.10)
Hypoglossal Nerve stimulation		<ul style="list-style-type: none"> • MPM 46.0 	64582, 64583, 64584
Home Health Services	<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 & 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> <p>G0155: Master social work visits in home (revenue code 4081)</p>

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

Services	Important Information	MPM Reference	Codes
Lumbar Artificial Disc Replacement		<ul style="list-style-type: none"> • MPM 56.0 	22865 (All Plans) 22857, 22862 (Commercial Plans Only)
Lumbar/Cervical Spine	For lumbar / cervical spine surgeries, please contact Evolent Specialty Services at 1- 866-236-8717 or Welcome to RadMD.com RADMD or RadMD.com Login.	See Evolent Specialty Services RADMD Our Solutions.	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
Lymphedema and Lipodema		<ul style="list-style-type: none"> • MPM 62.0 	15756, 15832, 15833, 15836, 15837, 15839, 15878, 15879, 37799, 38308, 38589, 38999, 49906
Orthotics	This service includes orthotics, custom fabricated orthotics, and custom fabricated ankle-foot orthosis (AFO). Presbyterian	<ul style="list-style-type: none"> • MPM 4.6 	Knee: L1834, L1840, L1844, L1846, L1860 AFO: 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 KAFO: L2000, L2005, L2006, L2020, L2030, L2034 General Additions: L2861, L2999 Orthopedic Footwear: L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100 Orthopedic Shoes/Boots: L3201, L3202, L3203, L3204, L3206, L3207 Shoes/Boots: L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255
Outpatient Observation		<ul style="list-style-type: none"> • MPM 50.0 	G0378, G0379
Pain: Epidural Corticosteroid Injections for Back Pain	Service includes epidurals for outpatient (non-pregnancy).	<ul style="list-style-type: none"> • MPM 5.9 	62282, 62321, 62322, 62323, 64479, 64480, 64483, 64484
Percutaneous Arteriovenous Fistula (pAVE) for Hemodialysis		<ul style="list-style-type: none"> • MPM 55.0 	36836, 36837
Peripheral Nerve Stimulation for Occipital Neuralgia		<ul style="list-style-type: none"> • MPM 53.0 	64555, 64575, 64590
Pharmacy	Services include the following: <ul style="list-style-type: none"> • Pharmacy • Drugs that require prior authorization when provided and administered in the office or outpatient 		Providers can access codes for specialty medications in any of the following ways: <ul style="list-style-type: none"> • Go to Formularies, scroll down and click on “Supplement Formulary Information,” then

Services	Important Information	MPM Reference	Codes
	See the providers' Formularies website for medications requiring a prior authorization		<p>select "Specialty Pharmaceutical/ Medical Drugs List."</p> <ul style="list-style-type: none"> • Go to www.phs.org, 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." • Contact the Pharmacy department at 1-888-923-5757, option 3, then option 2. physicians only contact (505) 923-5500
<p>Plastic Surgery: Panniculectomy and Abdominoplasty and Body Contouring Procedures</p>		<ul style="list-style-type: none"> • MPM 16.5 	<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
Plastic Surgery: Restorative / Reconstructive / Cosmetic Surgery and Treatment	*Cosmetic surgeries, including liposuction are not covered.	<ul style="list-style-type: none"> • MPM 18.5 	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
Prosthetics	Prosthetics, myoelectric prosthetics, microprocessor knee, ankle. Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies.	<ul style="list-style-type: none"> • MPM 4.6 	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
Proton Beam Irradiation		<ul style="list-style-type: none"> • MPM 16.14 	77520, 77522, 77523, 77525, S8030, 0664 (APC), 0667 (APC)
Respite			S9125, H0046

Services	Important Information	MPM Reference	Codes
Sacral Nerve Stimulation for Urinary and Fecal Incontinence		<ul style="list-style-type: none"> • MPM 51.0 	64590, 64595 (For chronic gastroparesis use MPM 7.2)
Skilled Nursing Facility (SNF) Services			All codes
Skin Substitute (Tissue-Engineered / Bioengineered)		<ul style="list-style-type: none"> • MPM 35.0 	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, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4226, Q4227, Q4229, 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,

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
Sleep Studies	For age 17 and under, no authorization is required.	<ul style="list-style-type: none"> • MPM 49.0 	95782, 95783, 95805, 95807, 95808, 95810, 95811
Transplants: Bone marrow/stem cell transplant: Allogeneic, Autologous		<ul style="list-style-type: none"> • MPM 20.3 	38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, S2150
Transplants: Heart (includes ventricular assist and artificial heart devices)		<ul style="list-style-type: none"> • MPM 20.6 	33927, 33928, 33929, 33940, 33944, 33945, S2152
Transplants: Heart and Lung		<ul style="list-style-type: none"> • MPM 20.6 	33930, 33933, 33935
Transplants: Kidney		<ul style="list-style-type: none"> • MPM 20.6 	50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380
Transplants: Liver		<ul style="list-style-type: none"> • MPM 20.6 	47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 47399, S2152
Transplants: Lung and Lobar Lung		<ul style="list-style-type: none"> • MPM 20.6 	32850, 32851, 32852, 32853, 32854, 32855, 32856, S2060,

Services	Important Information	MPM Reference	Codes
			S2061
Transplants: Pancreas and Kidney		<ul style="list-style-type: none"> • MPM 20.6 	48160, 48550, 48551, 48552, 48554, 48556, S2065
Transplants: Pancreas Islet Cell		<ul style="list-style-type: none"> • MPM 20.6 	S2102, 0584T, 0585T, 0586T
Transplants: Procurement, Transportation		<ul style="list-style-type: none"> • MPM 20.6 	S2152
Transplants: Small Bowel, Small Bowel/Liver		<ul style="list-style-type: none"> • MPM 20.6 	44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, S2053, S2054, S2055
Veins: Varicose Vein Procedures Including Echo Sclerotherapy		<ul style="list-style-type: none"> • MPM 22.1 	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
XSTOP Interspinous Process Decompression		<ul style="list-style-type: none"> • MPM 36.0 	22869, 22870

Behavioral Health Services (Orange Section)

[Magellan Medical Necessity Criteria](#)

Services	Line(s) of Business	Important Information	Codes
Accredited Residential Treatment Center Services (per diem): Chemical Dependency	<ul style="list-style-type: none"> Commercial/ASO Turquoise Care Turquoise Care Expansion Alternative Benefit Package 		1002
Accredited Residential Treatment Center Services (per diem): Psychiatric	<ul style="list-style-type: none"> Commercial/ASO Turquoise Care 		1001
Accredited Residential Treatment Center Services: Substance Use Disorder, In-State	<ul style="list-style-type: none"> Commercial/ASO Turquoise Care Turquoise Care Expansion Alternative Benefit Package 	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.	
Accredited Residential Treatment Center Services: Substance Use Disorder, Out-of-State	<ul style="list-style-type: none"> Commercial/ASO Turquoise Care Turquoise Care Expansion Alternative Benefit Package 		1003
Applied Behavior Analysis	<ul style="list-style-type: none"> Turquoise Care Turquoise Care Expansion Alternative Benefit Package Commercial 		0373T, 97153, H2019, H0031, H0032, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T

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