



# **PRESBYTERIAN**

## **Prior Authorization Guide**



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## How to Use this Guide

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

If you choose to use this guide, please visit page two to determine if you need a PA 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):

<https://www.phs.org/providers/resources/medical-policy-manual/Pages/default.aspx>

The Centers for Medicare & Medicaid Services (CMS) Cigna Durable Medical Equipment Medicare Administrative Contractor

Criteria: <https://www.cms.gov/medicare-coverage-database/search.aspx>

### Disclaimers:

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

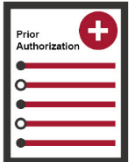
Prior authorization approval does not relieve the provider of responsibility to follow all applicable rules regarding the provision of services. This prior Authorization Guide does not indicate coverage of benefits. Coverage is determined by the member’s benefit plan.

## Presbyterian's Online Prior Authorization Tools

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

### Tools and Features



**Current PA Information**



**Online Requests**



**Track Requests**



**Expanded Search Criteria**



**Submission History**



**Frequently Asked Questions**

### myPRES Provider Portal

Providers will access these tools using their myPRES Provider Portal Account by:

- Logging into their account.
- 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 the online prior authorization tools. You can view/download the user manual at [myPres User Manual](#)



## Do You Need a Prior Authorization?

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All of the following services require a PA:

- Inpatient admission.
- Hospice care except for inpatient hospice care at Presbyterian Kaseman Hospital.
- Skilled nursing facility admission.
- Home health care.

A PA 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 PA. Service requests are reviewed against medical necessity criteria to determine approval.

\* 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.

## How to Submit New Requests

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Providers have the option to submit PA requests online, by phone or fax. Please see the following information for Presbyterian's Prior Authorization, Pharmacy and Behavioral Health departments.

Department	Online	Telephone	Fax
<b>Health Services Prior Authorization</b>	<a href="https://ds.phs.org/preslogin/index.jsp">https://ds.phs.org/preslogin/index.jsp</a>	(505) 923-5757, option 4	<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</b>	<a href="https://ds.phs.org/preslogin/index.jsp">https://ds.phs.org/preslogin/index.jsp</a>	(505) 923-5757, option 3 or toll-free at 1-888-923-5757, option 3	(505) 923-5540 or 1-800-724-6953
<b>Behavioral Health</b>		(505) 923-5757, option 5	Centennial Care: 505-843-3019

		or toll-free at 1-888-923-5757, option 5	Commercial: 1-888-656-4967
<b>NIA Magellan</b> Advanced Imaging Ordering Program and Lumbar/Cervical Spine Surgery	<a href="http://www.RadMD.com">www.RadMD.com</a>	1-866-236-8717	1-800-784-6864

## Commercial/ASO/Medicare/Physical Services

Services	Important Information	MPM Reference	Codes
<b>All Hospital Inpatient Admissions</b>	<p>Includes the following:</p> <ol style="list-style-type: none"> <li>1. Acute care (medical/surgical).</li> <li>2. Observation stays greater than 24 hours.</li> <li>3. Rehabilitation admission skilled nursing facilities long- term acute care</li> <li>4. Notification required within 24 hours of admission for all facilities.</li> <li>5. Notification required for all facilities.</li> <li>6. Hospital delivery does not</li> </ol>		All codes

Services	Important Information	MPM Reference	Codes
	require authorization unless the stay is over 48 hours for a vaginal delivery and over 96 hours for a cesarean delivery		
<b>Autologous Chondrocyte Implantation (Carticel)</b>		<a href="#">MPM 3.2</a>	27412, J7330
<b>Bariatric Surgery (Weight Loss Surgery)</b>	Surgical procedures including Lap-Band adjustment.	<a href="#">MPM 2.81</a> <a href="#">MPM 2.82</a> <a href="#">MPM 40.0</a>	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, *43842, *43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43659, S2083
<b>Blepharoplasty/Brow Ptosis Surgery</b>		<a href="#">MPM 2.7</a>	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67907, 67908
<b>Breast Reconstruction following Mastectomy</b>		<a href="#">MPM 27</a>	11970, 11971, 15271, 15272, 15273, 15274, S2066, S2067, S2068, Q4145
<b>Breast Reduction for Gynecomastia</b>		<a href="#">MPM 27</a>	19300
<b>Chimeric Antigen Receptor T-cell Therapy</b>		<a href="#">MPM 32</a>	J3490, J9999, Q2041, Q2042, Q2053, Q2054, Q2055, 0537T, 0538T, 0539T, 05340T

Services	Important Information	MPM Reference	Codes
<b>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</b>	Please review NIA List.  For advanced imaging ordering, contact NIA at <a href="http://www.RadMD.com">www.RadMD.com</a> or by telephone at 1-866-236-8717.		<u><a href="#">Advanced Imaging Codes needing auth</a></u>
<b>Clinical Trial</b>		<a href="#">MPM 3.7</a>  <a href="#">MPM 3.8</a>	S9988, S9990, S9991
<b>Corneal Cross-linking</b>		<a href="#">MPM 28.0</a>	0402T
<b>CV - Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems</b>		<a href="#">MPM 13.2</a>	93228, 93229
<b>Detoxification – Inpatient Acute requiring medical</b>	Includes the following: <ul style="list-style-type: none"> <li>• Detoxification inpatient (acute) requiring medical</li> </ul>		All codes - 0114, 0124, 0134, 0144, 0154, 0204, 0900, 0901, 0902, 0903, 0914, 0915, 0916, 0917, 0918, 0919,



Services	Important Information	MPM Reference	Codes
<b>intervention (alcohol / substance)</b>	<p>intervention (alcohol or substance abuse)</p> <ul style="list-style-type: none"> <li>• Detoxification inpatient (acute) on behavioral unit contact Presbyterian.</li> </ul>		0944, 0945, 0961
<b>Durable Medical Equipment (DME)</b>	<p>*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</li> </ul>	<p>Presbyterian follows Celerian Group Company (CGS) administrative DME Medicare Administrative Contractor (MAC) Jurisdiction C Guidelines / Presbyterian Medical Policies:</p> <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 4.4</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, E0731, E0740, E0744, E0745, E0747, E0748, E0760, E0764, E0765, E0766, E0770, E0936, E0950, E0986,</p> <p>E1028, E1035, E1036, E1038, E1039, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E8000, E8001, E8002, K0005, K0006, K0007, K0008,</p>



Services	Important Information	MPM Reference	Codes
	<p>monitoring</p> <ul style="list-style-type: none"> <li>• Helmet for plagiocephaly</li> <li>• Lift/standing devices</li> <li>• Unlisted DME</li> <li>• Electromagnetic field therapy</li> </ul>	<ul style="list-style-type: none"> <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>K0009, K0010, K0011, K0012, K0013, K0014, K0015, K0016, K0017, K0018, K0019, K0020, K0021, K0022, K0023, K0024, K0025, K0026, K0027, K0028, K0029, K0030, K0031, K0032, K0033, K0034, K0035, K0036, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0048, K0049, K0050, K0051, K0052, K0053, K0054, K0055, K0056, K0057, K0058, K0059, K0060, K0061, K0062, K0063, K0064, K0065, K0066, K0067, K0068, K0069, K0070, K0071, K0072, K0073, K0074, K0075, K0076, K0077, K0078, K0079, K0080, K0081, K0082, K0083, K0084, K0085, K0086, K0087, K0088, K0089, K0090, K0091, K0092, K0093, K0094, K0095, K0096, K0097, K0099, K0100, K0101, K0102, K0103, K0104, K0105, K0106, K0107, K0108, K0553, K0554, K0739, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0817, K0818, K0819, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0832, K0833, K0834, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0844, K0845, K0846, K0847, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863,</p>

Services	Important Information	MPM Reference	Codes
			K0864, K0865, K0866, K0867, K0868, K0869, K0870, K0871, K0872, K0873, K0874, K0875, K0876, K0877, K0878, K0879, K0880, K0881, K0882, K0883, K0884, K0885, K0886, K0887, K0888, K0889, K0890, K0891, K0898, S1030, S1031, A4555, A9276, A9277, A9278, , E1399
<b>Dialysis</b>	A PA is required for dialysis at non-contracted facilities within the state of New Mexico. A PA is not required for dialysis while traveling.	A PA is required for dialysis at non-contracted facilities within the state of New Mexico. A PA is not required for dialysis outside the state of New Mexico.	
<b>ENT - Rhinoplasty</b>		<a href="#">MPM 18.5</a>	30400,30410, 30420, 30430, 30435, 30450
<b>ENT - Tonsillectomy or tonsillectomy with adenoidectomy</b>	A PA is not required if member is 19 years old or older.	<a href="#">MPM 20.0</a>	42820, 42821, 42825, 42826

Services	Important Information	MPM Reference	Codes
<b>ENT- Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)</b>		<a href="#">MPM 2.12</a>	31295, 31296, 31297, 31298
<b>Gastric Electric Stimulation for Treatment of Chronic Gastroparesis</b>		<a href="#">MPM 7.2</a>	43647, 43648, 43881, 43882, 64590, 64595
<b>Gender Dysphoria / Gender Identity Treatment</b>		<a href="#">MPM 7.3</a>	54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175
<b>Genetic Testing</b>		<a href="#">MPM 7.1</a>	S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3865, S3866, S3870
<b>Genetic Testing – Continued</b>	<p>Code 81374 does not require an auth when ordered by a Rheumatologist</p> <p>Codes 81219, 81240, 81241, 81256, 81270, 81279, 81338, 81339, and 0027U do not require an auth when ordered by a Hematologist/Oncologist</p>	<a href="#">MPM 7.1</a> <a href="#">MPM 7.12</a> <a href="#">MPM 7.4</a> <a href="#">MPM 7.5</a> <a href="#">MPM 7.6</a> <a href="#">MPM 7.7</a> <a href="#">MPM 7.8</a>	81120, 81121, 81175, 81176, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81187, 81200, 81201, 81202, 81203, 81205, 81209, 81210, 81211, 81212, 81213, 81214, 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, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268,

Services	Important Information	MPM Reference	Codes
	<p>Code 81335 does not require an auth when ordered by Rheumatologist or GI</p> <p><b>*Code 81529 Is only covered for Medicare members</b></p>	<p><a href="#">MPM 7.9</a></p> <p><a href="#">MPM 20.15</a></p> <p><a href="#">MPM 29.0</a></p> <p><a href="#">MPM 30.0</a></p> <p><a href="#">MPM 33.0</a></p> <p><a href="#">MPM 39.1</a></p>	<p>81268, 81270*, 81271, 81272, 81273, 81275, 81276, 81279, 81281, 81282, 81283, 81287, 81288, 81290, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81330, 81331, 81332, 81334, 81335, 81338, 81339, 81340, 81341, 81342, 81346, 81349, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374*, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81506, 81507, 81512, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81539, 81540, 81541, 81542, 81545, 81551, 81552, 81595, 81599, 84999, 86152, 86153, 87999, G0327, 0001M, 0002M, 0003M, 0004M, 0005M, 0006M, 0007M, 0008M, 0009M,</p>

Services	Important Information	MPM Reference	Codes
			0010M, 0011M, 0012M, 0013M, 0005U, 0012U, 0013U, 0014U, 0022U, 0024U, 0025U, 0026U, 0027U*, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0038U, 0039U, 0041U, 0042U, 0043U, 0044U, 0045U, 0047U, 0060U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0101U, 0102U, 0103U, 0111U, 0117U, 0129U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0163U, 0164U, 0166U, 0167U, , 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0239U, 0242U, 0244U, 0246U, 0250U, 0252U, 0254U, 0258U, 0260U, 0262U, 0268U, 0269U, 0270U, 0271U, 0272U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0295U, 0296U, 0297U, 0298U, 0300U, 0306U, 0307U, 0308U, 0309U, 0310U, 0313U, 0314U, 0315U, 0318U, 0319U, 0320U, 0323U, 0324U, 0325U, 0326U, 0327U, 0328U, 0329U, 0331U
<b>GI - Cholecystectomy by Laparoscopy</b>		<a href="#">MPM 3.9</a>	47562, 47563, 47564

Services	Important Information	MPM Reference	Codes
<b>GI - Wireless Capsule Endoscopy</b>		<a href="#">MPM 24.0</a>	91111, 91110
<b>GI - Diagnostic Virtual Colonoscopy</b>	This service is reviewed by NIA. Please visit <a href="http://www.RadMD.com">www.RadMD.com</a> or call 1-866-236-8717.	<a href="#">MPM 22.0</a>	74261, 74262
<b>Hip Resurfacing Total</b>		<a href="#">MPM 20.9</a>	27299, S2118
<b>Hip Replacement Total</b>		<a href="#">MPM 20.14</a>	27130, 27132, 27134
<b>Gyn - Hysterectomy</b>		<a href="#">MPM 8.9</a>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58593, 58294, 58541, 58542, 58543, 58544, 58550, 58551, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575
<b>Hypoglossal Nerve stimulation</b>		<a href="#">MPM 46.0</a>	64582, 64583, 64584
<b>Home Health Services</b>	Home Health Care Agencies. A PA is not required for Presbyterian-owned home health care.		G0154  T1001: Nursing assessment/evaluation  99509: Personal care- consumer directed

Services	Important Information	MPM Reference	Codes
			<p>G0299: Skilled nursing visits in home (revenue code 4028)</p> <p>G0151: Physical therapy visits in home (revenue code A185)</p> <p>A0152: 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> <p>G0156: Home health aide visits in home (revenue code 4082)</p> <p>Revenue codes: 0421, 0431, 0441, 0550, 0551, 0561, 0570, 0571, 0580, 0581, 0590</p> <p>All codes</p>
<b>Hormone Pellet Insertion, Subcutaneous</b>	Reviewed by Pharmacy		11980 (Reviewed by Pharmacy, along with J3490, S0189)
<b>Hospice</b> <b>VBID PSC Plans (1, 2, 3)</b> <b>Do not require authorization for Hospice all other Medicare plans receive</b>	<p>VBID PSC Plans (1, 2, 3) Do not require authorization for Hospice. All other Presbyterian Medicare plans receive hospice through original Medicare.</p> <p>A PA is not required for members</p>		All codes



Services	Important Information	MPM Reference	Codes
<b>hospice services through Original Medicare</b>	who reside in a Long-term Care (LTC) nursing facility (revenue codes 0658 & 0659).		
<b>Hyperbaric Oxygen</b>		<a href="#">MPM 8.6</a>	99183, G0277
<b>Knee, Arthroscopy</b>		MCG S-705	29870
<b>Knee Replacement Total</b>		<a href="#">MPM 20.14</a>	27447, 27486, 27487
<b>Ortho – Ankle - Total Ankle Replacement Surgery (Arthroplasty)</b>	Service includes total ankle replacement.	<a href="#">MPM 20.10</a>	27700, 27702, 27703, 27704
<b>Ortho – Knee - Meniscus Implant and Allograft / Meniscus Transplant</b>	Service includes meniscal transplant.	<a href="#">MPM 13.3</a>	29868
<b>Lumbar/Cervical Spine</b>	For lumbar / cervical spine surgeries, please contact NIA/Magellan at 1- 866-236-8717 or <a href="http://www.radmd.com">www.radmd.com</a> .		22533, 22534, 22548, 22551, 22552, 22554, 22558, 22585, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22633, 22634, 22856, 22858, 22561, 22864, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63047, 63048, 63050, 63051, 63052, 63053, 63056, 63057, 63075, 63076, 63081, 63082, 63300, 63304, 63308, 0095T,0098T, 22861

Services	Important Information	MPM Reference	Codes
			:
<b>Magnetoencephalography</b>		<a href="#">MPM 13.1</a>	95965, 95966, 95967
<b>Orthotics</b>	<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 PA is required for custom AFO services for members nine years old and older.</p>	<a href="#">MPM 4.6</a>	<p>L0481, L0483, L0485, L1834, L1840, L1844, L1846, L1860</p> <p>AFO's: L1904, L1907, L1940, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2020, L2030, L2034, L2036, L2038, L4631</p>
<b>Outpatient Observation</b>		<a href="#">MPM 50.0</a>	G0378, G0379
<b>Pain - Epidural Corticosteroid Injections for Back Pain</b>	Service includes epidurals for outpatient (non-pregnancy).	<a href="#">MPM 5.9</a>	62282, 62321, 62322, 62323, 64479, 64480, 64483, 64484
<b>Pharmacy</b>	<p>Services include the following:</p> <ul style="list-style-type: none"> <li>• Pharmacy.</li> <li>• Drugs that require PA when provided and administered in the office or outpatient.</li> </ul>		<p>Providers can access these codes in any of the following ways:</p> <ul style="list-style-type: none"> <li>• See pharmacy authorization requirements related to pharmaceuticals, which can be accessed at</li> </ul>

Services	Important Information	MPM Reference	Codes
	<p>Please see Presbyterian’s formulary website for medications requiring a PA at</p> <p><a href="https://www.phs.org/tools-resources/member/Pages/pharmacy.aspx">https://www.phs.org/tools-resources/member/Pages/pharmacy.aspx</a></p> <p>See code section for more information on specialty medications.</p>		<p><a href="https://www.phs.org/tools-resources/member/Pages/pharmacy.aspx">https://www.phs.org/tools-resources/member/Pages/pharmacy.aspx</a></p> <ul style="list-style-type: none"> <li>Choose the product formulary and then scroll down to “Specialty Pharmaceutical List.”</li> <li>Go to <a href="http://www.phs.org">www.phs.org</a> and select “Health Plans,” then “Pharmacy,” and then select “Product.” Scroll down to “Specialty Pharmaceutical 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 - Panniculectomy and Abdominoplasty and Body Contouring Procedures</b></p>		<p><a href="#">MPM 16.5</a></p>	<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>	<p><a href="#">MPM 18.5</a></p>	<p>11950, 11951, 11952, 11954, 15778, 15779, 15780, 15781, 15782, 15783, 15784, 15785, 15786, 15787, 15790, 15791, 15819, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 40500,</p>

Services	Important Information	MPM Reference	Codes
			65760, 65765, 65767, 69090, 69300
<b>Prosthetics</b>	Prosthetics, myoelectric prosthetics, microprocessor knee, ankle. Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies.		L5848, L5856, L5858, L5973, 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, L7260, L7261, L7360, L7362, L7364, L7366, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L8702, Q4051, S8450, S8451, S8452, L2861, L5848, L5856, L5858
<b>Proton Beam Irradiation</b>		<a href="#">MPM 16.14</a>	77520, 77522, 77523, 77525, S8030, 77520, 77521, 77522, 77523, 77524, 77525, 0664 (APC), 0667 (APC)
<b>Respite</b>			S9125, H0046
<b>Sacral Nerve Stimulation for Urinary and Fecal Incontinence</b>		<a href="#">MPM 51.0</a>	64590, 64595
<b>Skilled Nursing Facility (SNF) Services</b>			All codes

Services	Important Information	MPM Reference	Codes
<b>Skin Substitutes (Tissue-Engineered / Bioengineered)</b>		<a href="#">MPM 35.0</a>	15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278, Q4145
<b>Sleep Studies</b>	For age 17 and under no Authorization is required	<a href="#">MPM 49.0</a>	95782, 98783, 95805, 95807, 95808, 95810, 95811
<b>Transplants - Bone marrow/stem cell transplant: Allogeneic, Autologous</b>		<a href="#">MPM 20.3</a>	38204, 38205, 38206, 338207, 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>		<a href="#">MPM 20.6</a>	33927, 33928, 33929, 33940, 33944, 33945, S2152
<b>Transplants - Heart and Lung</b>		<a href="#">MPM 20.6</a>	33930, 33933, 33935
<b>Transplants - Kidney</b>		<a href="#">MPM 20.6</a>	50300, 50320, 50321, 50323, 50325, 50327, 50328, 50329, 50340, 50350, 50360, 50365, 50370, 50380
<b>Transplants - Liver</b>		<a href="#">MPM 20.6</a>	47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 47399, S2152

Services	Important Information	MPM Reference	Codes
Transplants - Lung and Lobar Lung		<a href="#">MPM 20.6</a>	32850, 32851, 32852, 32853, 32854, 32855, 32856, S2060, S2061
Transplants - Pancreas and Kidney		<a href="#">MPM 20.6</a>	48160, 48550, 48551, 48552, 48554, 48556, S2065
Transplants - Pancreas Islet Cell		<a href="#">MPM 20.6</a>	S2102, 0584T, 0585T, 0586T
Transplants - Procurement, Transportation		<a href="#">MPM 20.6</a>	S2152
Transplants - Small Bowel, Small Bowel/Liver		<a href="#">MPM 20.6</a>	44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, S2053, S2054, S2055
Veins - Varicose Vein Procedures including Echo sclerotherapy		<a href="#">MPM 22.1</a>	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
Water Vapor Thermal Therapy for LUTS/BPH		<a href="#">MPM 52.0</a>	53854

Services	Important Information	MPM Reference	Codes
XSTOP Interspinous Process Decompression		<a href="#">MPM 25.0</a>	22869, 22870



## Medicaid/Centennial Care Services/Alternative Benefit Plan Services

Services	Important Information	MPM Reference S	Codes
<b>All Hospital Inpatient Admissions</b>	<p>Includes the following:</p> <ol style="list-style-type: none"> <li>1. Acute Care (medical/surgical).</li> <li>2. Observation stays greater than 24 hours.</li> <li>3. Rehabilitation Admission Skilled Nursing Facilities Long- term Acute Care</li> <li>4. Notification required within 24 hours of admission for all facilities.</li> <li>5. Notification required for all facilities.</li> <li>6. 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> </ol>		All codes
<b>Autologous Chondrocyte Implantation (Carticel)</b>		<a href="#">MPM 3.2</a>	27412, J7330

Services	Important Information	MPM Reference S	Codes
<b>Bariatric Surgery (Weight Loss Surgery)</b>	Surgical procedures including Lap-Band adjustment.	<a href="#">MPM 2.81</a> <a href="#">MPM 2.82</a> <a href="#">MPM 40.0</a>	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, *43842, *43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43659, 43845, 43846, 43847, 43848, S2083
<b>Blepharoplasty/Brow Ptosis Surgery</b>		<a href="#">MPM 2.7</a>	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67907, 67908,
<b>Breast Reconstruction following Mastectomy</b>		<a href="#">MPM 27</a>	11970, 11971, 15271, 15272, 15273, 15274, S2066, S2067, S2068, Q4145
<b>Breast Reduction for Gynecomastia</b>		<a href="#">MPM 27</a>	19300
<b>Chimeric Antigen Receptor T-cell Therapy</b>		<a href="#">MPM 32</a>	J3490, J9999, Q20441, Q2042, Q2053, Q2054, Q2055, 0537T, 0538T, 0539T, 0540T
<b>Computed Tomography (CT), CT Angiography (CTA), Virtual Colonoscopy, Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Positron Emission Tomography (PET)</b>	<p>Please review NIA List.</p> <p>For advanced imaging ordering, contact NIA at <a href="http://www.RadMD.com">www.RadMD.com</a> or by telephone at 1-866-236-8717.</p>		<a href="#">Advanced Imaging Codes needing auth</a>

Services	Important Information	MPM Reference s	Codes
Scans and Cardiac Imaging including Echo			
Clinical Trial		<a href="#">MPM 3.7</a> <a href="#">MPM 3.8</a>	S9988, S9990, S9991
Corneal Cross-linking		<a href="#">MPM 28.0</a>	0402T
CV - Mobile Cardiac Outpatient Telemetry (MCOT) and Real-time Continuous Attended Cardiac Monitoring Systems		<a href="#">MPM 13.2</a>	93228, 93229
Detoxification - Inpatient Acute requiring medical intervention (alcohol/substance)	<p>Includes the following:</p> <ul style="list-style-type: none"> <li>• Detoxification inpatient (acute) requiring medical intervention (alcohol or substance abuse)</li> <li>• Detoxification inpatient (acute) on behavioral unit contact Presbyterian.</li> </ul>		All codes - 0114, 0124, 0134, 0144, 0154, 0204, 0900, 0901, 0902, 0903, 0914, 0915, 0916, 0917, 0918, 0919, 0944, 0945, 0961
Durable Medical Equipment (DME)	*Upgraded or Deluxe DME is not covered. A review is needed	Presbyterian follows	E0118, E0194, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, E0260,

Services	Important Information	MPM Reference S	Codes
	<p>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 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> </ul>	<p>Celerian Group Company (CGS) administrative Medicare Administrative Contractor (MAC) Jurisdiction C Guidelines / Presbyterian Medical Policies:</p> <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 4.4</a></li> <li>• <a href="#">MPM 4.5</a></li> <li>• <a href="#">MPM 15.2</a></li> </ul>	<p>E0261, E0294, E0925, 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, E0731, E0740, E0744, E0745, E0747, E0748, E0760, E0764, E0765, E0766, E0770, E0936, E0950, E0986, E1028, E1035, E1036, E1038, E1039, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621, 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, K0031, K0032, K0033, K0034, K0035, K0036, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0048, K0049, K0050, K0051, K0052, K0053, K0054, K0055, K0056, K0057, K0058, K0059, K0060, K0061, K0062, K0063, K0064, K0065, K0066, K0067, K0068, K0069, K0070, K0071, K0072, K0073, K0074, K0075, K0076, K0077, K0078, K0079, K0080, K0081, K0082, K0083, K0084, K0085,</p>

Services	Important Information	MPM Reference S	Codes
		<ul style="list-style-type: none"> <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>	K0086, K0087, K0088, K0089, K0090, K0091, K0092, K0093, K0094, K0095, K0096, K0097, , K0099, K0100, K0101, K0102, K0103, K0104, K0105, K0106, K0107, K0108, K0553, K0554, K0739, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0817, K0818, K0819, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0832, K0833, K0834, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0844, K0845, K0846, K0847, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0865, K0866, K0867, K0868, K0869, K0870, K0871, K0872, K0873, K0874, K0875, K0876, K0877, K0878, K0879, K0880, K0881, K0882, K0883, K0884, K0885, K0886, K0887, K0888, K0889, K0890, K0891, K0898, S1030, S1031, A4555, A9276, A9277, A9278, E1399
<b>Diapers</b>	Not covered for Centennial Care ABP plans.	<a href="#">MPM 4.8</a>	T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4541, T4542, T4543, T4544, A4520, A4522
<b>Dialysis</b>	A PA is required for dialysis at non-contracted facilities within the		A PA is required for dialysis at non-contracted facilities within the state of New Mexico. A PA is not required for dialysis

Services	Important Information	MPM Reference S	Codes
	<p>state of New Mexico.</p> <p>A PA is not required for dialysis outside the state of New Mexico when done for travel.</p>		outside the state of New Mexico when done for travel.
<b>ENT - Rhinoplasty</b>		<a href="#">MPM 18.5</a>	30400, 30410, 30420, 30430, 30435, 30450
<b>ENT - Tonsillectomy or tonsillectomy with adenoidectomy.</b>	A PA is not required if member is 19 years old or older.	<a href="#">MPM 20.0</a>	42820, 42821, 42825, 42826
<b>ENT- Endoscopy Nasal/Sinus: Surgical (Balloon Dilation)</b>		<a href="#">MPM 2.12</a>	31295, 31296, 31297, 31298
<b>Gastric Electric Stimulation for Treatment of Chronic Gastroparesis</b>		<a href="#">MPM 7.2</a>	43647, 43648, 43881, 43882, 64590, 64595
<b>Gender Dysphoria/Gender Identity Treatment</b>		<a href="#">MPM 7.3</a>	54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 55970, 55980, 55175
<b>Genetic Testing</b>		<a href="#">MPM 7.1</a>	S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3865, S3866, S3870

Services	Important Information	MPM Reference S	Codes
<b>Genetic Testing - Continued</b>	<p>Code 81374 does not require an auth when ordered by a Rheumatologist</p> <p>Codes 81219, 81240, 81241, 81256, 81270, 81279, 81338, 81339, and 0027U do not require an auth when ordered by a Hematologist/Oncologist</p> <p>Code 81335 does not require an auth when ordered by Rheumatologist or GI</p> <p><b>*Code 81529 Is only covered for Medicare members</b></p>	<p><a href="#">MPM 7.1</a></p> <p><a href="#">MPM 7.12</a></p> <p><a href="#">MPM 7.4</a></p> <p><a href="#">MPM 7.5</a></p> <p><a href="#">MPM 7.6</a></p> <p><a href="#">MPM 7.7</a></p> <p><a href="#">MPM 7.8</a></p> <p><a href="#">MPM 7.9</a></p> <p><a href="#">MPM 20.15</a></p> <p><a href="#">MPM 29.0</a></p> <p><a href="#">MPM 30.0</a></p> <p><a href="#">MPM 33.0</a></p> <p><a href="#">MPM 39.1</a></p>	<p>81120, 81121, 81175, 81176, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81187, 81200, 81201, 81202, 81203, 81205, 81209, 81210, 81211, 81212, 81213, 81214, 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*, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81268, 81270*, 81271, 81272, 81273, 81275, 81276, 81279, 81281, 81282, 81283, 81287, 81288, 81290, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81330, 81331, 81332, 81334, 81335, 81338, 81339, 81340, 81341, 81342, 81346, 81349, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374*, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460,</p>



Services	Important Information	MPM Reference S	Codes
			81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81506, 81507, 81512,81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81539, 81540, 81541, 81542, 81545, 81551, 81595, 81599, 84999, 86152, 86153, 87999, G0327, 0001M, 0002M, 0003M, 0004M, 0005M, 0006M, 0007M, 0008M, 0009M, 0010M, 0011M, 0012M, 0013M, 0005U, 0012U, 0013U, 0014U, 0024U, 0025U, 0026U, 0027U*, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0038U, 0039U, 0041U, 0042U, 0043U, 0044U, 0045U, 0047U, 0060U, 0070U, 0071U, 0072U,0073U, 0074U, 0075U, 0076U, 0101U, 0102U, 0103U, 0111U, 0117U, 0129U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0163U, 0164U, 0166U, 0167U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0239U, 0242U, 0244U, 0246U, 0250U,0252U, 0254U, 0258U, 0260U, 0262U, 0268U, 0269U, 0270U, 0271U, 0272U, 0274U, 0276U, 0277U, 0278U, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0295U, 0296U, 0297U, 0298U, 0300U, 0306U, 0307U, 0308U, 0309U, 0310U, 0313U, 0314U, 0315U, 0318U, 0319U, 0320U, 0323U, 0324U,

Services	Important Information	MPM Reference S	Codes
			0325U, 0326U, 0327U, 0328U, 0329U, 0331U
<b>GI - Cholecystectomy by Laparoscopy</b>		<a href="#">MPM 3.9</a>	47562, 47563, 47564
<b>GI - Wireless Capsule Endoscopy</b>		<a href="#">MPM 24.0</a>	91111, 91110
<b>Hip Resurfacing Total</b>		<a href="#">MPM 20.9</a>	27299, S2118
<b>Hip Replacement Total</b>		<a href="#">MPM 20.14</a>	27130, 27132, 27134
<b>Gyn - Hysterectomy</b>		<a href="#">MPM 8.9</a>	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58593, 58294, 58541, 58542, 58543, 58544, 58550, 58551, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575
<b>Hypoglossal Nerve stimulation</b>		<a href="#">MPM 46.0</a>	64582, 64583, 64584
<b>Home Health Services</b>	<p>Home Health Care Agencies:</p> <ul style="list-style-type: none"> <li>A PA is not required for Presbyterian-owned home health care.</li> </ul>		<p>G0154</p> <p>T1001: Nursing assessment/evaluation</p> <p>99509: Personal care- consumer directed</p>

Services	Important Information	MPM Reference S	Codes
	<ul style="list-style-type: none"> <li>Centennial Care ABP has limitations. Please verify benefits.</li> </ul>		<p>G0299: Skilled nursing visits in home (revenue code 4028)</p> <p>G0151: Physical therapy visits in home (revenue code A185)</p> <p>A0152: 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> <p>G0156: Home health aide visits in home (revenue code 4082)</p> <p>Revenue codes: 0421, 0431, 0441, 0550, 0551, 0561, 0570, 0571, 0580, 0581, 0590,</p> <p>All codes</p>
<b>Hormone Pellet Implantation, Subcutaneous</b>	Reviewed by Pharmacy		11980 (Reviewed by Pharmacy along with J3490, S0189)
<b>Hospice</b>	A PA is not required for members who reside in a Long-term Care (LTC) nursing facility (revenue codes 0658 & 0659).		All codes

Services	Important Information	MPM Reference S	Codes
	Centennial Care ABP has limitations. Please verify benefits		
<b>Hyperbaric Oxygen</b>		<a href="#">MPM 8.6</a>	99183, G0277
<b>Knee, Arthroscopy</b>		MCG S-705	29870
<b>Knee Replacement Total</b>		<a href="#">MPM 20.14</a>	27447, 27486, 27487
<b>Ortho – Ankle - Total Ankle Replacement Surgery (Arthroplasty)</b>	Service includes total ankle replacement.	<a href="#">MPM 20.10</a>	27700, 27702, 27703, 27704
<b>Ortho – Knee - Meniscus Implant and Allograft/Meniscus Transplant</b>	Service includes meniscal transplant.	<a href="#">MPM 13.3</a>	29868
<b>Lumbar/Cervical Spine</b>	For lumbar / cervical spine surgeries, please contact NIA/Magellan at 1- 866-236-8717 or <a href="http://www.radmd.com">www.radmd.com</a> .		22533, 22534, 22548, 22551, 22552, 22554, 22558, 22585, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22633, 22634, 22856, 22858, 22561, 22864, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63047, 63048, 63050, 63051, 63052, 63053, 63056, 63057, 63075, 63076, 63076, 63081, 63300, 63304, 0095T, 0098T, 22861

Services	Important Information	MPM Reference S	Codes
<b>Magnetoencephalography</b>		<a href="#">MPM 13.1</a>	95965, 95966, 95967
<b>Orthotics</b>	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. A PA is required for custom AFO services for members nine years old and older.	<a href="#">MPM 4.6</a>	Knee: L1834, L1840, L1844, L1846, L1860 AFO: L1904, L1907, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990 KAFO: L2000, L2005, 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 <b>Shoes/Boots:</b> L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255
<b>Outpatient Observation</b>		<a href="#">MPM 50.0</a>	G0378, G0379
<b>Pain - Epidural Corticosteroid Injections for Back Pain</b>	Service includes epidurals for outpatient (non-pregnancy).	<a href="#">MPM 5.9</a>	62282, 62321, 62322, 62323, 64479, 64480, 64483, 64484

Services	Important Information	MPM Reference S	Codes
<p><b>Pharmacy</b></p>	<p>Services include the following:</p> <ul style="list-style-type: none"> <li>• Pharmacy.</li> <li>• Drugs that require PA when provided and administered in the office or outpatient.</li> </ul> <p>Please see Presbyterian’s formulary website for medications requiring a PA at</p> <p><a href="https://www.phs.org/tools-resources/member/Pages/pharmacy.aspx">https://www.phs.org/tools-resources/member/Pages/pharmacy.aspx</a></p> <p>See code section for more information on specialty medications.</p>		<p>Providers can access these codes in any of the following ways:</p> <ul style="list-style-type: none"> <li>• See pharmacy authorization requirements related to pharmaceuticals, which can be accessed at</li> </ul> <p><a href="https://www.phs.org/tools-resources/member/Pages/pharmacy.aspx">https://www.phs.org/tools-resources/member/Pages/pharmacy.aspx</a></p> <ul style="list-style-type: none"> <li>• Choose the product formulary and then scroll down to “Specialty Pharmaceutical List.”</li> <li>• Go to <a href="http://www.phs.org">www.phs.org</a> and select “Health Plans,” then “Pharmacy,” and then select “Product.” Scroll down to “Specialty Pharmaceutical 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 - Panniculectomy and Abdominoplasty and Body Contouring Procedures</b></p>		<p><a href="#">MPM 16.5</a></p>	<p>15830, 15832, 15833, 15834, 15835, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17999 (body contouring procedure)</p>

Services	Important Information	MPM Reference S	Codes
<b>Plastic Surgery - Restorative / Reconstructive / Cosmetic Surgery and Treatment</b>	*Cosmetic surgeries, including liposuction are not covered.	<a href="#">MPM 18.5</a>	11950, 11951, 11952, 11954, 15780, 15781, 15782, 15783, 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, 21141, 21142, 21143, 21145, 21146, 21147, 21196, 21208, 21209, 21270, 21280, 21282, 21740, 30120, 30400, 30410, 30420, 30430, 30435, 30450, 40500, 65760, 65765, 65767, 69090, 69300
<b>Prosthetics</b>	Prosthetics, myoelectric prosthetics, microprocessor knee, ankle. Presbyterian follows CGS administrative DME MAC Jurisdiction C Guidelines / Presbyterian Medical Policies.		L5848, L5856, L5858, L5973, 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, L7260, L7261, L7360, L7362, L7364, L7366, L7400, L7401, L7402, L7403, L7404, L7405, L7499, Q4051, S8450, S8451, S8452, L2861, L5848, L5856, L5858
<b>Proton Beam Irradiation</b>		<a href="#">MPM 16.14</a>	77520, 77522, 77523, 77525, S8030, 77520, 77521, 77522, 77523, 77524, 77525, 0664 (APC), 0667 (APC)
<b>Respite</b>			S9125, H0046

Services	Important Information	MPM Reference s	Codes
<b>Sacral Nerve Stimulation for Urinary and Fecal Incontinence</b>		<a href="#">MPM 51.0</a>	64590, 64595
<b>Skilled Nursing Facility (SNF) Services</b>			All codes
<b>Skin Substitute (Tissue-Engineered / Bioengineered)</b>		<a href="#">MPM 35.0</a>	15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278, Q4145
<b>Sleep Studies</b>	For age 17 and under no Authorization is required	<a href="#">MPM 49.0</a>	95782, 98783, 95805, 95807, 95808, 95810, 95811
<b>Transplants - Bone marrow/stem cell transplant: Allogeneic, Autologous</b>		<a href="#">MPM 20.3</a>	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>		<a href="#">MPM 20.6</a>	33927, 33928, 33929, 33940, 33944, 33945, S2152
<b>Transplants - Heart and Lung</b>		<a href="#">MPM 20.6</a>	33930, 33933, 33935



Services	Important Information	MPM Reference S	Codes
Transplants - Kidney		<a href="#">MPM 20.6</a>	50300, 50320, 50321, 50323, 50325, 50327, 50328, 50329, 50340, 50350, 50360, 50365, 50370, 50380
Transplants - Liver		<a href="#">MPM 20.6</a>	47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 47399, S2152
Transplants - Lung and Lobar Lung		<a href="#">MPM 20.6</a>	32850, 32851, 32852, 32853, 32854, 32855, 32856, S2060, S2061
Transplants - Pancreas and Kidney		<a href="#">MPM 20.6</a>	48160, 48550, 48551, 48552, 48554, 48556, S2065
Transplants - Pancreas Islet Cell		<a href="#">MPM 20.6</a>	S2102, 0584T, 0585T, 0586T
Transplants - Procurement, Transportation		<a href="#">MPM 20.6</a>	S2152
Transplants - Small Bowel, Small Bowel/Liver		<a href="#">MPM 20.6</a>	44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, S2053, S2054, S2055
Veins - Varicose Vein Procedures including Echo sclerotherapy		<a href="#">MPM 22.1</a>	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785,

Services	Important Information	MPM Reference S	Codes
			37799, S2202
Water Vapor Thermal Therapy for LUTS/BPH		<a href="#">MPM 52.0</a>	53854
XSTOP Interspinous Process Decompression		<a href="#">MPM 25.0</a>	22869, 22870

## Behavioral Health

Services	Line(s) of Business	Important Information	MPM Reference	Codes
Accredited Residential Treatment Center Services (per diem) – chemical dependency	<ul style="list-style-type: none"> <li>Commercial/ASO</li> <li>Centennial Care</li> <li>Centennial Expansion – Alternative Benefit Package</li> </ul>			1002
Accredited Residential Treatment Center Services (per diem) - psychiatric	<ul style="list-style-type: none"> <li>Commercial/ASO</li> <li>Centennial Care</li> </ul>			1001

Services	Line(s) of Business	Important Information	MPM Reference	Codes
<b>Accredited Residential Treatment Center Services – substance use disorder</b>  <b>In-State</b>	<ul style="list-style-type: none"> <li>• Commercial/ASO</li> <li>• Centennial Care</li> <li>• Centennial Care Expansion-Alternative Benefit Package</li> </ul>	For Centennial Care and Centennial Care Alternative Benefit Package, 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</b>  <b>Out-of-State</b>	<ul style="list-style-type: none"> <li>• Commercial/ASO</li> <li>• Centennial Care</li> <li>• Centennial Care Expansion-Alternative Benefit Package</li> </ul>			1003

Services	Line(s) of Business	Important Information	MPM Reference	Codes
<b>Autism Spectrum Diagnosis and Treatment</b>	<ul style="list-style-type: none"> <li>• Centennial Care</li> <li>• Centennial Expansion-Alternative Benefit Package</li> <li>• Commercial (see list in <i>italics</i>)</li> </ul>		<a href="#">MPM 1.4</a>	0373T, 97153  <i>H2019, H0031, H0032, T1026, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T</i>
<b>Hospital IP (including detoxification services on IP psych unit only) IP - 0114, 0124, 0134, 0144, 0154, 0204, 0900-0903, 0914-0919, 0944, 0945, 0961</b>	<ul style="list-style-type: none"> <li>• Commercial/ASO/Medicare</li> <li>• Centennial Care</li> <li>• Centennial Expansion – Alternative Benefit Package</li> </ul>			Multiple
<b>IP Hospitalization in Freestanding Psychiatric Hospitals 0114, 0124, 0134, 0144, 0154, 0900-0903, 0911, 0914-0916, 0918, 0944, 0945</b>	<ul style="list-style-type: none"> <li>• Commercial/ASO/Medicare</li> <li>• Centennial Care</li> <li>• Centennial Expansion – Alternative Benefit Package</li> </ul>			Multiple
<b>Non-Accredited Residential Treatment Centers and Group Homes</b>	<ul style="list-style-type: none"> <li>• Centennial Care</li> </ul>			190  1005

Services	Line(s) of Business	Important Information	MPM Reference	Codes
<b>Partial Hospitalization</b>	<ul style="list-style-type: none"> <li>• Commercial/ASO/Medicare</li> <li>• Centennial Care</li> <li>• Centennial Expansion – Alternative Benefit Package</li> </ul>	For Centennial Care and CC 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>• Centennial Care</li> <li>• Centennial Expansion – Alternative Benefit Package</li> </ul>	Member must be under 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>• Centennial Care</li> </ul>			S5145
<b>Treatment Foster Care II</b>	<ul style="list-style-type: none"> <li>• Centennial Care</li> </ul>			S5145 U1
<b>Waiting Placement Days</b>	<ul style="list-style-type: none"> <li>• Centennial Care</li> </ul>	Member must be under the age of 18		169