

July 22, 2020

**Subject: Presbyterian Updated its Prior Authorization Guide**

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are committed to notifying providers of any changes that may affect the way they do business. We would like to take this opportunity to inform providers that Presbyterian added the following to its Prior Authorization Guide:

- Corneal cross-linking for keratoconus
- Epidural corticosteroid injections
- Osteogenic bone growth stimulator
- Two radiofrequency ablation (RFA) of uterine fibroids procedures, Acessa and The Sonata System (Sonata)

Please note that providers must submit a prior authorization (PA) for these services. The PA form helps ensure that members and patients see in-network providers who have the appropriate equipment and are trained to perform the procedure.

As a friendly reminder, providers are required to use New Mexico’s new uniform PA form. The new PA form meets guidelines set by legislation under the Health Insurance Prior Authorization Act and streamlines the prior authorization process for non-emergency medical care and pharmaceutical or related benefits. Providers can find the new PA form at the following link:

[www.phs.org/providers/authorizations/Pages/default.aspx](http://www.phs.org/providers/authorizations/Pages/default.aspx).

To assist providers with billing for these new procedures, please see the following table that outlines the new policies with their designated Common Procedural Terminology (CPT) codes.

Policy	CPT Code(s)
Corneal Cross-linking for Keratoconus, MPM 28.0	0402T
Epidural Corticosteroid Injections, MPM 5.9 (Formerly Epidural Corticosteroid Injections for Back Pain)	62321, 62322, 62323, 64483, 64484, 62282
Osteogenic Bone Growth Stimulator, MPM 15.2	E0747, E0748, E0749, E0760
Acessa Radiofrequency Ablation of Uterine Fibroids with Ultrasound Guidance	58674
Sonata Sonography-guided Transcervical Uterine Fibroids using Radiofrequency Ablation	0404T

Please note that the use of interlaminar and transforaminal epidural injections using ultrasound guidance **is not** covered. The use of fluoroscopic and computerized tomography for image guidance **is** covered with prior authorization approval. Please do not use CPT codes 0228T, 0229T, 0230T or 0231T. For a list of Presbyterian's medical policies, please visit the following link:

**[www.phs.org/providers/resources/medical-policy-manual/Pages/manual.aspx](http://www.phs.org/providers/resources/medical-policy-manual/Pages/manual.aspx)**

In addition, the use of RFA for uterine fibroids procedures, most commonly known as Acessa and the Sonata procedure, are still considered investigational. The Sonata procedure is a variation of Acessa. The procedure is performed transcervically for intracavitary uterine fibroids. Currently, there is insufficient evidence to determine the risks and benefits of the Sonata procedure for treatments of symptomatic uterine fibroids.

For any questions or assistance, please use the following information to contact your assigned Provider Network Operations relationship executive. As always, thank you for partnering with us to improve the health and wellness of the patients, members and communities we serve.

### **Provider Network Operations**



**Hours:** Monday through Friday, 8 a.m. to 5 p.m.



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