

Dec. 1, 2020

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

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) would like to inform providers that Presbyterian added and modified the following procedures in the Prior Authorization Guide:

- Durable Medical Equipment (DME)
- LINX Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD)
- Multi-biomarker (Vectra DA) Test for Rheumatoid Arthritis
- Restorative Reconstructive Cosmetic Surgery and Treatment
- Subtalar Arthroereisis Implant for Pediatric Patients
- Tonsillectomy
- Total Ankle Replacement

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. 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 procedures, please see the table below that outlines the new policies and other important information.

Policy	Common Procedural Terminology Code(s) and Important Information
DME: Miscellaneous, MPM 4.5	<p>Presbyterian added a new item, surgical dressing, to this policy. Commercial and Medicare will follow LCD L33831 and Centennial Care 2.0 New Mexico Administrative Code 8.324.5.12C(7)(C) for this item. A PA will not be required for any product line.</p> <p>Presbyterian also made the following changes:</p> <ul style="list-style-type: none"> <li>• Updated Bright Light Therapy for seasonal affective</li> </ul>

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	<p>disorder to follow MCG B-803-T for all product lines.</p> <ul style="list-style-type: none"> <li>• Changed “compression hose” to “graduated compression hose/stocking.” Additional criteria will follow MCG A-0336 for commercial, NCD 280.1 for Medicare and 8.324.5.12 for Centennial Care 2.0 members.</li> </ul>
LINX Reflux Management System for the Treatment of GERD, MPM 12.2	Presbyterian deemed codes 43284 and 43285 investigational and will deny these codes.
Multi-biomarker (Vectra DA) Test for Rheumatoid Arthritis, MPM 42.0	This is a new policy. Coverage is for Medicare only. Code 81490 will require a PA. It is intended to aid the assessment of disease activity measurements for rheumatoid arthritis and to help manage decisions in routine clinical care for patients who have a confirmed diagnosis.
Restorative Reconstructive Cosmetic Surgery and Treatment, MPM 18.0	<p>Presbyterian added the following services:</p> <ul style="list-style-type: none"> <li>• Facial, maxillofacial and oral reconstruction and prosthetics.</li> <li>• Reconstruction of eyelid: codes for this service include 67950, 67966, 67971, 67973, 67974, 67975 and all will require a PA.</li> <li>• Prosthesis for eye and facial: applicable codes will not require a PA.</li> </ul> <p>Presbyterian made changes to the following services:</p> <ul style="list-style-type: none"> <li>• Removal of benign skin: Presbyterian added codes 96567, 96573, 96574, J7308 and J7309. A PA is not required.</li> <li>• Destruction of actinic keratosis: Presbyterian will follow NCD 250.4 for all product lines.</li> </ul> <p>Presbyterian also added a list of non-covered codes for common cosmetic procedures. The codes include 11950, 11951, 11952, 11954, 15786, 15787, 15819, 15824, 15825, 15826, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 40500, 65760, 65765, 65767, 69090 and 69300.</p> <p>We deleted codes D5916, D7950 and D7995 from this policy.</p>
Subtalar Arthroereisis Implant for Pediatric Patients, MPM 19.6	Presbyterian removed the coverage status. A review concluded that subtalar arthroereisis and extraosseous subtalar joint implantation are considered investigational and not medically necessary. As of Sept. 23, 2020, they are no longer a covered service. This policy was updated to a

Policy	Common Procedural Terminology Code(s) and Important Information
	non-covered service for codes S2117, 0335T, 0510T and 0511T.
Tonsillectomy, MPM 20.0	<p>Presbyterian made the following changes to the policy that applies to children 1 to 18 years old:</p> <ul style="list-style-type: none"> <li>• Removed “enlarged anterior cervical lymphadenopathy (tender lymph nodes or greater than two centimeters)” and replaced with “cervical adenopathy.”</li> <li>• Revised the statement “for children 3+ or 4+ tonsillar enlargement and a history of difficulty swallowing due to obstruction.”</li> <li>• Included a recommendation for children with obstructive sleep-disordered breathing for polysomnography, particularly if they are less than 2 years old.</li> <li>• Determined that a well-documented history suggestive of sleep disordered breathing will suffice in lieu of PSG clinical documentation for children with obstructive sleep apnea.</li> </ul>
Total Ankle Replacement, MPM 20.10	Presbyterian removed erroneous language about this policy being retired. The policy no longer refers providers to see Hayes’ “Total Ankle Replacement” and/or Aetna’s criteria “Total Ankle Arthroplasty” number 0645 criteria. Instead, we updated the policy with a criterion that is in line with other payers.

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.



**Phone:** (505) 923-5141

**Contact Guide:** [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide)



**Mailing address:** P.O. Box 27489, Albuquerque, NM 87125-7489

**Location:** 9521 San Mateo Blvd NE, Albuquerque, NM 87113