

Jan. 18, 2021

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:

- Application and Use of Tissue-engineered/bioengineered Skin Substitutes
- Autologous Chondrocyte Implantation
- Chimeric Antigen Receptor T-cell Therapy
- Durable Medical Equipment: Respiratory Devices
- Electrical Bioimpedance for Cardiac Output Monitoring (BioZ)
- Facet Joint Interventions for Pain Management
- Gastric Electric Stimulation for Treatment of Chronic Gastroparesis
- Genetic Testing for Breast Cancer Recurrence and Predictive
- Genetic Testing: Cologuard for Colorectal Cancer (CRC) Screening, Exact Sciences Corporation
- Genetic Testing for Non-invasive Prenatal Testing (NIPT)
- Genetic Testing for Prostate Cancer
- Meniscal Allograft Transplant
- Mild-minimally Invasive Lumbar Decompression (MILD) and Percutaneous Image-guided Lumbar Decompression (PILD)
- Minimally Invasive Total Hip Arthroplasty
- Percutaneous Coronary Interventions
- Percutaneous Neuromodulation Therapy (PNT)
- Plasma Exchange: Therapeutic Apheresis, for commercial and Medicaid
- Plasma Exchange: Therapeutic Apheresis
- Prophylactic, Risk Reduction Surgery
- Total Hip Resurfacing
- Total Joint Replacement (Hip and Knee) for Medicare

- Total Joint Replacement (Hip and Knee) for Non-Medicare
- Transoral Incisionless Fundoplication (TIF) for Treatment of Gastroesophageal reflux disease (GERD)
- Unicompartmental Knee Replacement
- Vagus Nerve Stimulation for Epilepsy and Depression
- Varicose Vein and Venous Stasis Disease of Lower Extremity Procedures
- Whole Breast Ultrasound, Semiautomatic
- Wireless Capsule Endoscopy (WCE)

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.

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	Is a Prior Authorization Required?
Application and Use of Tissue-engineered / bioengineered Skin Substitutes, MPM 35.0	<p>A prior authorization is required for the “application of skin substitute” for Common Procedural Terminology (CPT) codes 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278 and “some skin substitutes” code(s) Q4145. The payment for skin substitutes products represented by Q-codes must contain the presence of an appropriate application CPT code.</p> <p>Healthcare Common Procedure Coding System (HCPCS) codes Q4177 and Q4206 are exceptions and do not require an application code. Also, Q-codes, with the exception of Q4196 and Q4197, are considered packaged with the procedure CPT codes C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278, 15271, 15272, 15273, 15274, 15275, 15276, 15277, and 15278. These codes will not be paid separately.</p> <p>Furthermore, the skin substitute products are divided into high-cost and low-cost skin substitute products.</p> <p>High-cost skin substitute products should only be utilized in combination with the performance of one of the skin</p>	Yes

Policy	Common Procedural Terminology Code(s) and Important Information	Is a Prior Authorization Required?
	<p>application procedures described by CPT codes 15271, 15272, 15273, 15274, 15275, 15276, 15277 and 15278.</p> <p>Low-cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by HCPCS codes C5271, C5272, C5273, C5274, C5275, C5276, C5277 and C5278.</p> <p>All products, unless they are specifically labeled by the Food and Drug Administration (FDA) or cleared for use in the types of wounds being treated, will be considered biologic dressings and part of the relevant Evaluation and Management (E/M) service provided and will not be separately reimbursed.</p>	
Autologous Chondrocyte Implantation, MPM 3.2	This policy was approved to be a covered benefit for commercial and Medicaid product lines. A PA will apply to CPT code 29870.	Yes
Chimeric Antigen Receptor T-cell Therapy, MPM 32.0	A PA will apply to CPT codes Q2041, Q2042, 0538T, 0539T and 0540T.	Yes
DME: Respiratory Devices, MPM 4.3	<p>All items in the DME: Respiratory Devices policy do not require a PA.</p> <p>Home Apnea Monitors for Infants: Providers will not be required to request a PA if the Apnea monitor is needed for an additional six months. For the commercial product line, providers will continue to follow Milliman Care Guidelines (MCG) A-0877. For the Medicaid product line, providers will continue to follow New Mexico Administrative Code (NMAC) 8.324.5.12.C.(f).</p> <p>Oxygen for Cluster Type Migraine Headaches: Presbyterian removed and replaced the old criteria. The member must be on preventive headache therapy, such as verapamil, to validate use of oxygen for the treatment of cluster headaches.</p> <p>Commercial and Medicaid product lines will now follow MCG A-0343. Also, participation in the clinical trial for cluster headaches will now be available for commercial and</p>	No

Policy	Common Procedural Terminology Code(s) and Important Information	Is a Prior Authorization Required?
	<p>Medicaid members, not just for Medicare members, and will continue to follow Local Coverage Determination (LCD) L33797.</p> <p>Portable Oxygen Systems: Presbyterian added codes E0467 and K0739 for this service.</p> <p>Oximetry Services: Presbyterian added an electronic monitoring device and oxygen saturation for Medicaid only. Providers will now follow NMAC 8.324.5.13.D.(2g).</p> <p>Home Ventilator with Noninvasive or Invasive Interfaces: Presbyterian added home ventilator codes E0465 and E0466 for this service.</p>	
Electrical Bioimpedance for Cardiac Output Monitoring, (BioZ), MPM 5.4	<p>The coverage status changed to allow coverage for Medicare only. It will not require a PA.</p> <p>The policy will follow MCG N2016v3 or National Coverage Determination (NCD) 20.16 for cardiac output monitoring by thoracic electrical bioimpedance (TEB) for coverage guidelines.</p> <p>Commercial and Medicaid will remain non-covered and continue to follow MCG A-0400.</p>	No
Facet Joint Interventions for Pain Management, MPM 16.6	<p>The name for this policy changed. The policy no longer follows MCG A-0218. This will expand coverage to all product lines using LCD L34892 and L35996. CPT codes 64490, 64491, 64492, 64493, 64494 and 64495 were added to this policy.</p> <p>Ultrasound guidance is non-Covered for all product lines and includes codes 0213T, 0214T, 0215T, 0216T, 0217T and 0218T.</p> <p>The limitation and frequency of injections do apply according to LCD. Please see the table at the end of the policy, which outlines a summary on the frequency and limitation of injections.</p>	No
Gastric Electric Stimulation for Treatment of Chronic Gastroparesis,	<p>The coverage status changed. Presbyterian determined that gastric electric stimulation for the treatment of chronic gastroparesis is a covered benefit for all product lines.</p>	Yes

Policy	Common Procedural Terminology Code(s) and Important Information	Is a Prior Authorization Required?
MPM 7.2	<p>Presbyterian added CPT codes 43647, 43648, 43881, 43882, 64590 and 64595. A PA will be required for these new CPT codes. A medical director will review each PA request for consideration on a case-by-case basis.</p> <p>Presbyterian considers the device codes C1820 and C1822 as paired to the device-dependent procedure. It is set to not pay.</p>	
Genetic Testing for Breast Cancer Recurrence and Predictive, MPM 33.0	<p>The title for this service changed. Presbyterian will continue to follow the LCDs for all six tests. The coverage benefit changed to include Medicaid and commercial for Oncotype-DX, ENDOPredict, and MammaPrint based on recommendation from Hayes.</p> <p>Presbyterian will continue coverage for Medicare only for Oncotype-DX (DCIS), Prosigna and Breast Cancer Index. The EndoPredict CPT code changed from 81599 to 81522 and will require a PA.</p>	Yes
Genetic Testing: Cologuard for Colorectal Cancer (CRC) Screening, Exact Sciences Corp), MPM 7.4	<p>The criteria changed. Presbyterian will now follow NCD 210.3 for Medicare and will not require a PA.</p> <p>Commercial and Medicaid will now follow the United States Preventive Services Task Force (USPSTF) and will continue to require a PA.</p> <p>Presbyterian will follow National Comprehensive Cancer Network (NCCN) guidelines for the definition of high risk for colorectal cancer.</p>	Yes
Genetic Testing for Non-invasive Prenatal Testing, MPM 20.15	<p>The title of the policy changed. Genetic Testing for Microdeletion (CPT-81422) is not covered as NIPT. A PA is required for codes 81507 and 81420.</p>	Yes
Genetic Testing for Prostate Cancer, MPM 7.8	<p>Genetic tests Decipher (CPT 81542) and the 4Kscore Test (CPT 81539) are now covered for Medicare only. CPT code 81542 now applies to all three Decipher testing procedures.</p> <p>A PA will be required for codes 0102U, 0103U, 0129U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0047U, 81163, 81164, 81165, 81166, 81167, 0005U, 81539 and 81542.</p>	Yes
Meniscal Allograft	<p>This policy is now a covered benefit for commercial and</p>	Yes

Policy	Common Procedural Terminology Code(s) and Important Information	Is a Prior Authorization Required?
Transplant, MPM 13.3	Medicaid, but not Medicare. Code 29868 will require a PA.	
Mild-Minimally Invasive Lumbar Decompression and Percutaneous Image-Guided Lumbar Decompression, MPM 13.5	This service changed to follow the Centers for Medicare & Medicaid Services (CMS) guidance using LCD L35490 or NCD 150.13 that recommends that MILD and PILD will only be covered under a clinical trial setting for all product lines.	No
Minimally Invasive Total Hip Arthroplasty, MPM 13.4	This policy was retired. This policy includes policy MPM 20.14.	Retired
Percutaneous Coronary Interventions, MPM 9.7	Provider Education: Presbyterian will not reimburse for the device codes C1714, C1724, C1725, C1874, C1875, C1876, C1877 and C1885 for all product lines. This is because these device codes are considered bundled into some of the percutaneous coronary interventions procedures that are known to be a device dependent procedure code. A PA is not required.	No
Percutaneous Neuromodulation Therapy, MPM 16.8	Reimbursement Team Providers Need to be Educated: PNT for the treatment of low back pain is considered investigational and is a non-covered benefit for all product lines. There is not a specific CPT code for PNT. CPT code 64999 billed for PNT using a percutaneous electrode array was evaluated by Presbyterian and we recommend avoid using code 64999 because PNT is deemed a non-covered service. There is insufficient evidence to support coverage of PNT as a pain therapy system at this time.	Non-covered
Plasma Exchange: Therapeutic Apheresis, for Commercial and Medicaid, MPM 16.12	This policy was retired, and the commercial and Medicaid product lines were moved to MPM 16.11. All product lines are under the guidance of CMS using NCD 110.14. This will make it one policy instead of two separate policies.	Retired
Plasma Exchange:	The title of this policy changed. The related policy MPM	Yes

Policy	Common Procedural Terminology Code(s) and Important Information	Is a Prior Authorization Required?
Therapeutic Apheresis, MPM 16.11	16.12 specific to commercial and Medicaid was retired. This policy will now cover all product lines which will continue to follow NCD 110.14 or MCG MCR N11014v1. A PA will now be required for CPT codes 0342T, 36511, 36512, 36513, 36514, 36516, 36522, P9052, P9055, P9073, P9100, and S2120 for all product lines.	
Prophylactic, Risk Reduction Surgery, MPM 16.10	The title of this policy changed. This policy will now follow NCCN guidelines for mastectomy, bilateral salpingo-oophorectomy (BSO), and hysterectomy recommendation. The CPT codes specific to risk reduction surgery were added to this policy and may or may not require a PA.	Based on CPT Code
Total Hip Resurfacing, MPM 20.9	There is new criterion for commercial and Medicaid only. CPT code 27130 was erroneously advised for Total Hip Resurfacing. Code S2118 will be used instead. Also, codes S2118 and 27299 will require a PA.	Yes
Total Joint Replacement (Hip and Knee) for Non-Medicare, MPM 20.14	Additional criteria for revision and repeat procedure for both hip and knee was added. The policy changed and only applies to commercial and Medicaid now. The body mass index score was changed from less than 35 to equal to or less than 40. A PA requirement will continue for Total Hip Arthroplasty for codes 27130, 27132 and 27134, and Total Knee Arthroplasty for codes 27447, 27486, and 27487.	Yes
Total Joint Replacement (Hip and Knee) for Medicare, MPM 20.13	This is a new policy that is specific to Medicare. A PA will continue to be required for codes 27130, 27132 and 27134. Also, a PA will continue to be required for Total Knee Arthroplasty for codes 27447, 27486, and 27487.	Yes
Transoral Incisionless Fundoplication for Treatment of GERD, MPM 20.12	The coverage benefit status changed to allow coverage of TIF for Treatment of GERD for Medicare only using MCG L34659R011 or LCD, Endoscopic Treatment of GERD (L34659), and policy article A56395. CPT code 43210 will not require a PA. The non-coverage benefit will resume for commercial and Medicaid.	No
Unicompartmental	This is a new policy with a covered benefit for all product	No

Policy	Common Procedural Terminology Code(s) and Important Information	Is a Prior Authorization Required?
Knee Replacement, MPM 41.0	lines. This policy will not require a PA for codes 27446, 27437 and 27438.	
Vagus Nerve Stimulation for Epilepsy and Depression, MPM 22.4	<p>The coverage status changed. Medicare members will now follow MCG N160.18v3 or NCD 160.18. Commercial and Medicaid changed to follow MCG A-0424 for treatment of refractory epilepsy. Vagus nerve stimulation will be covered for the treatment of TRD for Medicare only when it is furnished in a CMS-approved CED study.</p> <p>Presbyterian removed erroneous HCPCS codes L8682 and L8683 and added CPT codes 61885, 64568, 64569, 64570, 95976, and 95977 to the Medicare table.</p> <p>The title was updated to add "for Epilepsy and Depression." Codes 61885, 61888, 64553, 64568, 64569, 64570, 95970, 95976, and 95977 will not require a PA.</p> <p>Presbyterian considers the following codes L8682, L8685, L8686, L8687, L8688, C1767, C1778 and 0466T as non-payable for all product lines.</p>	No
Varicose Vein and Venous Stasis Disease of Lower Extremity Procedures, MPM 22.1	<p>Provider Education:</p> <p>Sclerosing agents and devices (i.e., Varithena, ClariVein, Asclera, Sclerodex, Sclermo, etc.), dressings, catheters and equipment purchased for use in vein ablation should not be billed separately.</p> <p>Doppler ultrasound or duplex scans, 93970 and 93971, for mapping is payable only once. Doppler ultrasounds used for guidance or monitoring during sclerotherapy is not separately reimbursable.</p> <p>A PA is now required for commercial and Medicare.</p>	Yes
Whole Breast Ultrasound, Semi-Automatic, MPM 24.1	<p>Presbyterian will now follow USPSTF guideline recommendations that states that the use of ultrasound as an adjunct imaging test with mammography screening for breast cancer in women identified to have dense breasts on an otherwise negative screening mammogram is considered insufficient.</p> <p>We added that the policy that uses the MCG A-0101 criteria for diagnostic purposes.</p>	Investigational and considered non-covered
Wireless Capsule	The Medicaid criteria changed and will now follow MCG	Yes

Policy	Common Procedural Terminology Code(s) and Important Information	Is a Prior Authorization Required?
Endoscopy, MPM 24.0	A-0134. Commercial and Medicaid will follow MCG A-0134 as well. Medicare will continue to follow LCD-L35089 or MCG L35089R005. A PA will continue to be required for codes 91111 and 91110 for all product lines.	

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



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

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