PRESBYTERIAN
Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

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March 29, 2021

Subject: Presbyterian Will Update the Prior Authorization Guide

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) would like to inform providers that Presbyterian updates its Prior Authorization Guide regularly. Effective April 29, 2021, Presbyterian will add and/or modify the following procedures in the Prior Authorization Guide:

- Balloon Dilation for ENT Procedure
- Breast Surgical Procedures
- DME Alternating Electromagnetic Field Therapy for Glioblastoma
- Genetic Testing for Uveal Melanoma
- Hyperbaric Oxygen Therapy
- Obstetric US 3D 4D, 5D
- Photodynamic Therapy for Ocular Conditions
- Photodynamic Therapy for Skin and Cancer Conditions
- Radiation Oncology: Brachytherapy

Please note that providers must submit a prior authorization (PA) form for services that require one. 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**.

Providers can also verify if a PA is required and submit PA requests using their myPRES Provider Portal account. Please use the following steps to access Presbyterian's PA tools:

- Log into your myPRES Provider Portal Account.
- Click on the "Authorizations" tab.
- Select "All other medical authorization requests."
- Click "Submit an Electronic Authorization Request."

To help providers navigate the new PA tools, Presbyterian developed the myPRES Prior Authorization User Manual. Providers can view the myPRES Prior Authorization User Manual at **www.phs.org/providermanual.**

To assist providers with billing for these procedures, please see the table below that outlines the updated and new policies and other important information.

Policy	Common Procedural Terminology Code(s) and Important Information	Is a Prior Authorization Required?
Balloon Dilation for Ear, Nose and Throat Procedure, MPM 2.12	An exclusion section will be added. The use of eustachian tube balloon dilation for the treatment of adult and pediatric eustachian tube dysfunction, Common Procedural Terminology (CPT) codes 69705 and 69706, are non-covered. A PA is required for CPT codes 31295, 31296, 31297 and 31298.	Yes
Breast Surgical Procedures, MPM 27.0	Breast Reconstruction following Mastectomy: National Coverage Determination (NCD) 140.2 will be removed. It will now follow the mandated coverage by the Women's Health and Cancer Rights Act of 1998 for all product lines. The following language will be added: "Program payment may be made for breast reconstruction surgery following removal of a breast for any medical reason." The following item will be added: Autologous fat transplantation, also known as grafting, to the breast and trunk related surgery, codes 15769, 15771 and 15772 including lumpectomy for breast reconstruction surgery related to medically necessary breast surgery. A PA is not required but will set to only pay International Classification of Diseases, Tenth Revision (ICD-10) codes listed in LCA A56587. Removal/revision of a breast implant: Wisconsin Local Coverage Determination (LCD) L34698 will replace Novitas LCD L35090. The old criteria that has been carrying over for years from previous policies will be removed. A PA is not required for codes 19328, 19330, 19370, 19371 and 19380.	Yes

Policy	Common Procedural Terminology Code(s) and Important Information	Is a Prior Authorization Required?
	Reduction Mammaplasty (19318) for Symptomatic Breast Hypertrophy (Macromastia): Commercial and Medicaid will follow Milliman Care Guidelines (MCG) A-0274. Medicare will continue to follow LCD L35090. Reduction Mammaplasty using CPT code 19318 for macromastia and gigantomastia will now require a secondary diagnoses as indicated in the Centers for Medicare & Medicaid Services (CMS) Local Coverage Article (LCA) A56587: L26, L30.4, L54, L95.1, L98.2, M25.511, M25.512, M54.2, M54.6, M54.9, N62, N64.1, O91.211, O91.212, O91.213, R21 and Z48.3 for all product lines. The following language will be added to the policy: "The use of code 19318 requires a secondary diagnosis as indicated in CMS LCA A56587." Code 19318 does not require a PA. Codes C1781, C1789 and L8600 are status indicator-N and considered bundled into the procedure. These codes are set to not pay for all product lines. Codes 19499, 15769, 15771, 15772, 19301, 19302 and L8033 will be added and will not require a PA. Code 15777 will be removed and will be set to not pay. A PA is still required for codes 11920, 11921, 11922, 11970, 11971, 15877, 19300, S2066, S2067, S2068, L8032, L8035, L8039 for all product lines. Codes C1789 and L8600 will be removed from the policy and Prior Authorization Guide and will be set to not pay as the codes are considered bundled to the procedure.	
DME Alternating Electromagnetic Field Therapy for Glioblastoma, MPM 34.0	A correction was made to Technology Assessment Committee (TAC) decision on Oct. 16, 2019. The TAC recommended coverage for all product lines for both newly diagnosed glioblastoma and recurrent supratentorial glioblastoma multiforme with a PA. The following items will change as a result of this update:	Yes

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	• Recurrent glioblastoma will change to include Medicare, despite that Medicare does not allow coverage per LCD L34823. It will continue to follow the homegrown criteria previously outlined. • Newly diagnosed glioblastoma will change to now follow MCG LCD: L34823R008 (MCR) for all product lines. A PA is required for CPT codes E0766, A4555 for all product lines. The criteria will be removed. • There is an ICD-10 code update (C79.31) for Secondary malignant neoplasm of the brain that will be added to the policy.	
Genetic Testing for Uveal Melanoma, MPM 7.9	There is no change to the criteria. It will resume using LCD L37210 and L35396 for all product lines. Code 81552 will be added and code 0081U will be removed. CPT code 81552 will now require a PA for all product lines. Codes 81479 and 81403 will remain on the Prior Authorization Guide.	No
Hyperbaric Oxygen Therapy (HBOT), MPM 8.6	CMS retired LCD L35021 and related article A56714. This policy will continue to follow NCD 20.29 for all product lines. Healthcare Common Procedure Coding System hospital code G0277 will now require a PA for all product lines and code 99183 will require a PA. Due to the retirement of LCD L35021, limitation and documentation requirement sections will be removed from the policy. The criteria will be added to the policy using NCD 20.29.	No
Obstetric US 3D 4D, 5D, MPM 15.4	Removed 2D language from the title and throughout the policy. Presbyterian considers 3D, 4D and 5D experimental and investigational. For this reason, it is not a covered benefit for all product lines. Codes 76376, 76377 and 76499 will be set to deny as investigational for all product lines.	Yes
Photodynamic Therapy for Ocular Conditions, MPM 16.15	The criteria will change. After comparing CMS NCD and MCG, all product lines will follow NCD 80.2, 80.2.1, 80.3 and 80.3.1. CPT codes in the policy will not require a PA. Per CMS LCD L35038 and related policy article A57600,	No

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	the utilization parameters for scanning computerized ophthalmic diagnostic imaging is defined as the following: • For CPT code 92133, it is not to be reported more than two times per year. • For CPT code 92134, it is not to be reported more than once every two months.	
Photodynamic Therapy for Skin and Cancer Conditions, MPM 16.9	The criteria will change. It will now follow MCG A-0254 for all product lines, which expands coverage for other conditions such as actinic keratosis, basal cell carcinoma and Bowen disease. A PA is not required for codes 96567, 96570, 96571, 96573, and 96574 or drug codes J7308, J7309, J7345 and J9600.	No
Radiation Oncology: Brachytherapy, MPM 18.7	Codes 77300, 77336, 77370 and 77799 will be added per MCG CPT listings. A PA is not required for all codes listed in the policy.	No

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
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