Medical Policy Manual and Prior Authorization Guide

2026 Summary of Updates



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The 2026 Medical Policy Manual and Prior Authorization Guide Summary of Updates outlines the changes made to Presbyterian's Medical Policy Manual and Prior Authorization Guide. The table below identifies the following:

- The medical policies that were updated
- When updates became effective
- Common Current Procedural Terminology codes and important information
- Whether a prior authorization is required

Providers can review all of Presbyterian's medical policies, including those outlined below, in Presbyterian's Medical Policy Manual. For more information regarding prior authorization requirements, please refer to Presbyterian's Prior Authorization Guide.

Providers can view updates from previous years here: 2022, 2023, 2024, 2025.

Questions

Should providers have any questions regarding the following updates, then they should contact the Presbyterian Provider Line at (505) 923-5757.

Frequently Used Acronyms

Below is a list of acronyms that are frequently used in this document and their meanings.

- **CMS**: Centers for Medicare & Medicaid Services
- **CPT:** Current Procedural Terminology
- **HCA:** The New Mexico Health Care Authority
- **HCPCS:** Healthcare Common Procedure Coding System
- **LCA:** Local Coverage Article
- **LCD:** Local Coverage Determination
- **MPM:** Medical Policy Manual
- **NCCN:** National Comprehensive Cancer Network
- **NCD:** National Coverage Determination
- **NMAC:** New Mexico Administrative Code
- **OPPS**: Outpatient Prospective Payment System
- **PA:** Prior Authorization
- **TAC:** Technology Assessment Committee
- **USPSTF:** United States Preventive Services Task Force

2026 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
9/1/2026	Ambulance Services, MPM 1.1	Policy retired. This long-standing informational policy has only been used for out-of-network PA requests. These requests are rare or do not occur often.	No

9/1/2026	Balloon Dilation for ENT Procedures, MPM 2.12	**The following changes have been made:**
		• The policy title was updated to include “Adults and Pediatrics”
		  ○ Revisions to Adult Sections (I-A and I-B):
		  ▪ Retained existing in-house clinical criteria in Section (I-A and I-B)
		  ▪ Added a new header under the revised organizational format (numeral I) to distinguish adult criteria from newly added pediatric content: “Balloon Dilation of Sinus and Eustachian Tube for Adults”
		  ○ Expanded the Exclusions section for Adult Balloon Dilation for ENT (BDET) (Section I-B)
		• Additions for Pediatric Section (II-A): **(new)**
			Yes

Effective Date	Policy	Updated Information	Requires PA?
		○ New in-house clinical coverage criterion for pediatric: Balloon Dilation of the Eustachian Tube for Pediatric Patients (8–17 years) ○ The pediatric Exclusions section is the same as the exclusions applied to Adult BDET No changes to PA requirement for codes 31295, 31296, 31297, 31298, 69705 and 69706.	
9/1/2026	Bariatric Surgery (Weight Loss Surgery), Non-Medicare, MPM 2.81	**No change in coverage criteria.** **The following coding changes have been made**: The lists of ICD-10 codes E66.01, E66.2, Z68.32 – Z68.39, and Z68.4 were removed and replaced to follow the ICD-10 codes provided by either LCA A56422 or NCD 100.1 CPT codes 43842 and 43843 moved from non-covered to covered. Additional language updates were made for clarification or expansion of coverage outlined in updates listed above.	Yes
9/1/2026	Clinical Trials, Routine Patient Care Costs for Commercial, MPM 3.6	Updated PA statement to include missing language: "Prior Authorization is required for routine medical care costs for cancer or life-threatening disease or condition when participating in an approved clinical trial."	Yes

Effective Date	Policy	Updated Information	Requires PA?
		Summarized the language under Coverage Description section (C.2-4, D).	
9/1/2026	Clinical Trials Coverage for Routine Patient Care Costs for Medicare, MPM 3.8	Updated PA statement language under Coverage Determination section for clarification: a. PA is not required for routine patient care services and other medical services that are included as part of a Medicare Qualified Clinical Trial b. Continue to require PA for routine patient care service and other medical services that are not included as part of the Medicare Qualified Clinical Trial as required per PA Grid (advanced imaging, inpatient hospitalization, etc.) and non-qualified clinical trial	Yes
9/1/2026	Durable Medical Equipment: Rehabilitation and Mobility Devices, MPM 4.2	**The following changes have been made:** • **Augmentative Speech Device**: E2513 added to the PA grid for alignment to policy. A typographical correction was made to the LCD reference from L33733 to L33739 • **Mobility Assistive Equipment (MAE):** Canes and Crutches, Walkers, Adult Gait Trainers and Four-Wheeled Walker were removed from policy	Yes/No

Effective Date	Policy	Updated Information	Requires PA?
		• **Manual Wheelchair Bases:** PA requirement removed for E1038, E1039, E1229 and E1231 for all product lines • **Power Mobility Devices:** Correction Notice – A typographical error in the Publication section for March 2023 and March 2025 was made to codes E0983, E0984 and K0899. PA was applied during the calendar year 2023 review for all product lines • **Wheelchair Options/Accessories**: Removed PA for E1022 and E1023 and configured as non-covered for all product lines. Removed PA requirement for codes A990, E095, E096, E097, E0973, E0978, E0981, E0995, E2201, E2203, E2206, E2208, E2211, E2213, E2392, E2394, K0018, K0019, K0037, K0038, K0040, K0070, K0077, K0195, E2313, and E1028 • **Wheelchair Seat Cushion:** Removed PA for codes E2601, E2607, E2624, E2611, E2613, E0953, E0955, E0956, E0957, E0960, E1028, A9900, E2231 and E2619 • **Standing Frame**: Coverage for codes E0638, E0641 and E0642 will be expanded to Commercial product lines with a PA ○ **Updates include:** Rental vs. Purchase, Clinical Indications and Expected Outcomes	

Effective Date	Policy	Updated Information	Requires PA?

		• **Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES):** Supplemental language was added
		• **Specialty Beds and Mattresses:**
		  ○ **Semi-Electric Beds:** Remove PA E0260, E0261 and E0295 for all product lines
		  ○ **Total Electric Hospital Bed:** Clarification update – Continue coverage for Hospital Total Electric Beds codes E0265, E0266, E0296 and E0297 for all product lines with PA, consistent with 2025 annual review decisions
		  ○ **Miscellaneous:** Added non-coverage language for Sleep Safe Bed when using miscellaneous code E1399.
		• **Specialty Car Seats:** Format correction only
		• **Specialty Rehabilitation Equipment:**
		  ○ **Patient lifts**: Updated the policy to reflect removal of PA for E0630 and E0635
		• **Correction to prior publication**: Following the publication of the retired Orthopedic Footwear policy dated 3/26/2025, inconsistency in the published content included removal of PA requirement across all product lines for codes L3000, L3001, L3002, L3003,	

Effective Date	Policy	Updated Information	Requires PA?
		L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3201, L3202, L3203, L3204, L3206, L3207, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254 and L3255. The publication has been reviewed and corrected to reflect the final determination. Only the first sentence was clarified. PA is no longer enforced for the orthopedic footwear codes ○ Previous language: "9. Orthopedic Footwear: This item has been removed from policy PA requirement has been removed" • Codes E1022 and E1023 will require PA for all product lines	
9/1/2026	Durable Medical Equipment, Respiratory Devices, 4.3	Policy retired.	No
9/1/2026	Durable Medical Equipment, Miscellaneous, 4.5	"Elastic Stockings" and "Graduated Compress Treatment" have been removed. Policy was reformatted and removed duplicate information.	Yes
9/1/2026	Durable Medical Equipment, Orthotic and Prosthetics, MPM 4.6	**The following changes have been made:** **1. Ankle-Foot Orthosis/ Knee-Ankle-Foot Orthosis (AFO/KAFO) (Lower Extremity Orthoses)**	Yes/No

Effective Date	Policy	Updated Information	Requires PA?
		a. New HCPCS code L2221 added and requires PA **2. Cranial Orthotic Devices (COD)** a. Removed from policy (no PA required) **3. Knee Orthoses** a. Configuration updated to align diagnosis-to-code mapping per LCA A52465 **4. Lower Limb Prostheses** a. New PA requirement for vacuum-assisted systems (L5781 and L5782) with added medical necessity criteria; above-knee use for fall prevention is investigational and experimental b. Coding updates include additions, deletions and replacements (e.g., K-codes replaced with L-codes) c. Several codes removed from PA due to high approval rates, low cost or standard of care d. Select codes (L5969 and L5990) designated as investigational and experimental **5. Myoelectric Upper Limb Prosthesis**	

Effective Date	Policy	Updated Information	Requires PA?
		a. Non-myoelectric or low-utilization codes removed from PA requirements b. Added PA requirement for select related codes (L7259, L6026, L6880 and L6715) c. Exclusions added: i. L6895: Cosmetic features (no functional benefit); designated investigational and experimental ii. L8701, L8702: Limited evidence of benefit; designated investigational and experimental d. Deleted and non-applicable codes removed from policy **Policy Status** • Policy is pending final review for alignment with Letter of Direction (LOD) #33 and Health Bill (HB) 38, where applicable	
9/1/2026	Genetic, Biomarker and Genomic Testing, MPM 7.1	**The following changes have been made:** In alignment with HB 73 and LOD #42, the codes listed below have been removed from Laboratory Benefit Management policy R2162 and reinstated in this policy:	Yes

Effective Date	Policy	Updated Information	Requires PA?
		0006M, 0007M, 0016M, 0017M, 0050U, 0069U, 0087U, 0088U, 0120U, 0154U, 0156U, 0205U, 0216U, 0217U, 0253U, 0133U, 0134U, 0137U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0258U, 0288U, 0315U, 0331U, 0362U, 0372U, 0378U. 0457U, 0458U, 0472U, 0009U, 0020M, 0301U, 0302U, 0389U. These codes will be designated to require PA for all product lines. **An additional update to the PA Grid was made for all product lines:** 0530U, 0532U, 0533U, 0534U, 0536U, 0538U, 0539U, 0544U, 0550U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0566U, 0567U, 0569U, 0572U, 0573U, 0575U, 0576U, 0577U, 0578U, 0582U, 0583U, 0585U, 0586U, 0591U, 0592U, 0597U, 81195, 81558, 0605U, 0609U, 81354, 81524, 87494, 87627, 0256U, 0580U, 0614U, 0615U, 0618U, 0619U, 0622U, 0623U, 0624U, 0625U, 0626U, 0627U, 0629U.	
9/1/2026	Genetic Testing: Hypercoagulability/Thrombophilia, MPM 7.11	**The following changes have been made:** Limitations: Added language in the “Limitations” section that policy applies to Commercial, Medicare and Medicaid members.	Yes

Effective Date	Policy	Updated Information	Requires PA?
		MTHFR genotyping (81291) has moved to this policy from MPM 36.0 (Investigative & New Technology Assessment List [Non-Covered Services)]). For Code 0529U, hematology (venous thromboembolism [VTE]) genome-wide single nucleotide polymorphisms variants, including F2 and F5 gene analysis, reported as a VTE risk score (0529U), is not covered because it is considered not medically necessary.	
9/1/2026	Genetic Testing for Whole Exome Sequencing, MPM 7.12	**The following changes have been made:** The policy title and description have been updated to include whole genome sequencing (WGS). **Medical Criteria Updates for Coverage of Whole Exome Sequencing (WES)/WGS:** • Epilepsy (New Criteria Added) for WES or WGS • Expanded clinical indications (new **or** pathway) • Prenatal testing (new criteria added) for WES/WGS **Coding and PA Updates** New codes added: 81425, 81426 and 81427 • 81427: Continues to require PA • 81425 and 81426: PA required when used for genetic testing (WES/WGS), including all product lines	Yes

Effective Date	Policy	Updated Information	Requires PA?
9/1/2026	Genetic Testing for Carrier Testing and Prenatal Diagnosis, MPM 7.13	**The following changes have been made:** • Corrected to not list a PA on the following CPT codes, following policy guidance and criteria (backdated to the initial date of decision, 10/1/24): 81171, 81172, 81171, 81172, 81220, 81221, 81222, 81223, 81224, 81234, 81239, 81243, 81244, 81274, 81312, 81329, 81336, 81337, and 81361. • Presbyterian considers the measurement of cell-free DNA for fetal genotyping for RhD medically necessary when all criteria in **MCG A-0724, Noninvasive Prenatal Testing (Cell-Free Fetal DNA)**, are met with codes 0494U and 81403 with PA requirement. However, testing for cfDNA for the assessment of non–Rh-D red blood cell antigens using code 0488U and the use of cfDNA analysis for the evaluation of single gene disorder using code 0489U are both considered investigational and experimental or unproven • The status of carrier screening (code 0449U) as investigational and experimental has been reversed for all product lines and PA will be required.	Yes/No

Effective Date	Policy	Updated Information	Requires PA?
		• A similar genomic analysis of at least 15 genes for carrier screening of individuals with inherited conditions is billed using 81443 (QHerit Expanded Carrier Screen) which will continue to require PA • Other single gene tests such as Fragile X, spinal muscular atrophy, cystic fibrosis and hemoglobinopathies for carrier screening are covered without PA	
9/1/2026	Gastric Electric Stimulation for Treatment of Chronic Gastroparesis, MPM 7.2	Policy retired. PA removed from 64590, 64595 43647, 43648, 43881 and 43882.	No
9/1/2026	Gender Affirming Treatment and Surgery (Adult, 18 years of age and older), MPM 7.3	**Coverage criteria remain unchanged.** **The following updates have been made:** • Removed these codes with indicated configuration for correct coding: ○ **19325 and 19350** pay for ICD-10 codes listed in Wisconsin Physicians Service (WPS) LCA (A58774-Group 1) plus C50.422, F64.0, F64.1, F64.8, F64.9 and Z87.890 for all product lines. Also listed in MPM 27.0 ○ **55970 and 55980** allow payment only for gender-affirming ICD-10 diagnosis codes	Yes

Effective Date	Policy	Updated Information	Requires PA?
		(F64.0, F64.1, F64.8, F64.9 and Z87.890) with an age restriction of 18 years and older, and congenital ICD-10 diagnosis codes without age restriction. ○ **54125, 54520, 54690, 55866, 56800, 56805, 57291, 57292, 57295, 57296, 57335 and 57426** since no PA is required ○ **19303**: Code will be configured as non-payable when billed with ICD-10 codes F64.0, F64.1, F64.8, F64.9 or Z87.890 for Medicare and Commercial plans. Coding guidance indicates that 19303 is not appropriate for female-to-male gender-affirming breast surgery; CPT 19318 should be used instead. Medicare Palmetto LCA A53793 adopted this clarification effective 01/1/2026. Medicaid will continue payment for these ICD-10 codes until LOD #22 is updated; at this time, the codes remain included under Gender Affirmation LOD #22 ○ **19318**: Updated previous configuration (transferred from MPM 27.0) to link ICD-10 codes identified in WPS (A58774), Group 2 and Group 3 paragraphs, and Novitas A56587,	

Effective Date	Policy	Updated Information	Requires PA?
		Group 4, and included gender affirmation diagnosis codes (F64.0, F64.1, F64.8, F64.9 and Z87.890) across all product lines ○ **15771 and 15772:** Maintained previous configuration in lieu of PA for all product lines to link ICD-10 codes listed in WPS LCA A58774 (Group 1: 108 codes) and to include diagnosis code C50.422 ○ **15877**: Continue to manage the code and PA requirement under both MPM 18.5 and MPM 16.5 ○ **19316**: Maintain previous configuration to link ICD-10 codes referenced in WPS LCA A58774 plus C50.422 and Q79.8 (Poland syndrome) for all product lines • **Removed codes**: 53420, 53425, 53430, 54660, 55180, 56625, 57106, 57110, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720, 57107, 57111, 58280, 58940, 5866, 11950 11951, 11952, 11954, 15773 and 15774 • PA removed for codes 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416 and 55175	

Effective Date	Policy	Updated Information	Requires PA?
		PA continues to be required for these CPT codes: 31899, 17999, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21208, 21209 and 31599. These codes will continue to require PA under MPM 7.3 for all product lines.	
9/1/2026	Genetic Testing for Lynch Syndrome, MPM 7.5	Code update: Added code 0130U. Code 81436 was removed due to deletion on 1/1/2025 and replaced with code 81479.	Yes
9/1/2026	Genetic Testing for Pancreatic Cyst (PathfinderTG/PacraGen), MPM 7.6	Policy retired. The policy was retired when Novitas withdrew LCD L34864 (Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG) and introduced new LCD L39365 (Genetic Testing in Oncology: Specific Tests). Under the new LCD, PathfinderTG is identified as an older version that was previously covered. However, its updated version, PancraGEN (code 81479), is now **non-covered** because it includes the GNAS gene marker, which lacks sufficient published evidence supporting clinical validity and utility in current practice. The non-covered test PancraGEN will be referenced in MPM 7.1, and all tests listed in the new LCD L39365 will also be incorporated into MPM 7.1.	Yes
9/1/2026	Genetic Testing for Cutaneous Melanoma, MPM 7.7	**The following changes have been made/updated:**	Yes

Effective Date	Policy	Updated Information	Requires PA?

		• DecisionDx Melanoma (81529): Now covered for Medicare and Medicaid with PA required
		• Continue coverage for Medicare and Medicaid with PA required:
		  ○ myPath Melanoma (0090U)
		  ○ DecisionDx DiffDx Melanoma (0314U)
		  ○ Pigmented Lesion Assay (PLA) by DermTech (0089U)
		• Continue non-coverage for all four tests named above for Commercial
		Additional language updates were made for clarification or expansion of coverage outlined in updates listed above.	

9/1/2026	Genetic Testing for Prostate Cancer, MPM 7.8	**The following changes have been made/updated:** Changes apply to all product lines unless otherwise stated. **Current Tests, Sections or Coverage With Changes:** • Code change for SelectMDx from code 81479 to 0339U. Code 0339U requires a PA • ExoDX prostate code 0005U: Changed to allow for all product lines. Continue PA requirement • ProMark Risk Score (81479): Changed to allow for all product lines. Continue PA requirement	Yes/No

Effective Date	Policy	Updated Information	Requires PA?

		• BRCA 1 and BRCA 2: Changed code description of 81432 and removed 81433 (code deleted as of 1/1/2025)
		• Updated the name of Oncotype DX Prostate to "Genomic Prostate Score (GPS)" (code 0047U)
		New Tests, Sections or Coverage Added:
		• Added MyProstate Score 2.0 (MPS 2.0). Code 0403U requires PA
		• New section for "other tests" follows NCCN, with no PA requirement:
		  ○ 4Kscore (code 81539);
		  ○ MyProstateScore (MPS code 0113U)
		  ○ Stockholm3 (code 0495U)
		  ○ IsoPSA (code 0359U)
		• New coverage information added for gene expression profile tests for castration resistant and metastatic prostate cancers
		Non-Covered Tests for Medicare, Medicaid and Commercial section has been removed.
		Additional language updates were made for clarification or expansion of coverage outlined in updates listed above.	

Effective Date	Policy	Updated Information	Requires PA?
9/1/2026	Genetic Testing for Uveal Melanoma, MPM 7.9	Policy retired.	Yes
9/1/2026	Hyperbaric Oxygen Therapy (HBOT), MPM 8.6	The topical hyperbaric oxygen chamber, disposable (code A4575) is now a covered benefit for Commercial product lines.	Yes/No
9/1/2026	Radiofrequency Ablation for Uterine Fibroid, MPM 8.9	**The following changes have been made:** • Sonata (code 58580) will be covered for all product lines with PA required • Removed MCG A-0718 criteria and replaced with Presbyterian-specific criteria to allow both Acessa and Sonata to follow the same criteria.	Yes
9/1/2026	Obstetric Ultrasound, (3D, 4D or 5D), MPM 15.4	Policy retired.	No
9/1/2026	Radiation Oncology: Proton Beam Therapy, MPM 16.14	Policy retired. PA and Medical Necessity Criteria for Proton Beam Therapy have transitioned to a delegated utilization management process for CPT codes 77520, 77522, 77523 and 77525.	Yes
9/1/2026	Panniculectomy and Abdominoplasty, MPM 16.5	**The following changes have been made:** Included additional CPT codes aligned with the PA Grid. These updates support consistent utilization management of	Yes

Effective Date	Policy	Updated Information	Requires PA?
		body contouring procedures, including those involving anatomical regions beyond the abdomen. Providers should refer to the updated policy for the complete list of applicable codes and PA requirements.	
9/1/2026	Facet Interventions for Pain Management, MPM 16.6	Policy retired.	No
9/1/2026	Restorative, Reconstructive, Cosmetic Surgery and Treatment, MPM 18.5	**The following changes have been made:** • **Deformity of Ear** was removed from policy (CPT codes 69310, 69320, 69399, 21230, 21235 and D5914) • **Removal of Benign Skin** was removed from policy (CPT codes 11200, 11201, 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 17000, 17003, 17004, 17106, 17107, 17108, 17110, 17111, 17340, 46900, 46916, 54050, 54055, 54056, 54057, 54060, 54065, 56501 and 56515) • PA removed for code 17340 with configuration as cosmetic • **Destruction of Actinic Keratosis**: Both Photodynamic Therapy and Chemical Peel will be	Yes

Effective Date	Policy	Updated Information	Requires PA?
		removed from policy. Configuration will continue (CPT codes 15788, 15789, 15792, 15793 and 96567, 96573 and 96574) • **Dermabrasion –** Moved non-covered language for codes 15780, 15782 and 15783 to Exclusion section **Exclusions and Limitations:** • Added otoplasty, protruding ear code 69300 • Updated language for **Subcutaneous Injection of Filling**: 11950, 11951, 11952 and 11954 considered cosmetic per Cosmetic and Reconstructive Surgery • Updated language for **Excision of Excessive Skin and Subcutaneous Tissue or Suction-Assisted Lipectomy** (codes 15832, 15833, 15836, 15837, 15839, 15878 and 15879) • Added **Dermabrasion for Tattoo Removal** (code 15783) (for cosmetic reason) • Added **Dermabrasion for Treating Acne Scars** (code 15780) or **Treatment of Skin Such as Wrinkles, Scars or Uneven Coloring** (code 15782) • Removed **Rhinophyma** (code 15781) • Added the following list of MPMs to identify other policies that manage liposuction, including lipectomy	

Effective Date	Policy	Updated Information	Requires PA?
		of head/neck (code 15876), trunk (code 15877); upper trunk (code 15878) and lower extremity (code 15879). ○ **Panniculectomy and Abdominoplasty, MPM 16.5** for code 15877 ○ **Breast Surgical Procedures, MPM 27.0** for code 15877 ○ **Lymphedema and Lipedema Surgical Treatment, MPM 62.0** for codes 15878 and 15879 **Code 19300 (gynecomastia)**: All policy guidance related to PA and the criteria is now consolidated in this policy. The criteria for mastectomy for gynecomastia (CPT code 19300) were moved from Breast Surgical Procedures (MPM 27.0) to this policy along with code 15877. **Code 15877 (suction-assisted lipectomy; trunk)**: Code will remain non-covered under MPM 16.5 when performed outside of suction-assisted panniculectomy. Under MPM 18.5, the code will remain non-covered when used for the treatment of gynecomastia (19300).	
9/1/2026	Tonsillectomy, MPM 20.0	Policy retired.	Yes

Effective Date	Policy	Updated Information	Requires PA?
9/1/2026	Transcranial Magnetic Stimulation (TMS) for Treatment Resistant Depression, MPM 20.11	Policy retired. Management of clinical criteria, PA process and configuration to pay claims are all managed by Magellan, Presbyterian's behavioral health partner, for all product lines.	Yes
9/1/2026	Transoral Incisionless Fundoplication (TIF) for Treatment of GERD, MPM 20.12	**Coverage section with changes**: Transoral incisionless fundoplication (TIF), a type of endoscopic therapy for gastroesophageal reflux disease (GERD) (code 43210), is now considered medically necessary for patients aged 18+ under Medicaid and Commercial plans. Investigational and experimental configuration removed. **Non-Coverage – Section Table and Configuration Updated:** Trade names such as Bard EndoCinch Suturing System, Endoscopic Plicator System or Stretta System are unproven for GERD (codes 43257, 43499, 43999 and 49999). These codes were added as non-covered. Radiofrequency using Stretta (code 43257) to treat GERD will be configured as investigational and experimental.	No
9/1/2026	Total Joint Replacement (Hip/Knee), for Non-Medicare, MPM 20.14	The policy was updated to add clarifying language and shift information to appropriate section(s)/area(s) of the policy. The addition of clarifying descriptive language does not impact providers.	Yes

Effective Date	Policy	Updated Information	Requires PA?
9/1/2026	Genetic Testing for Non-Invasive Prenatal Testing (NIPT), MPM 20.15	**Criteria and exclusion section remain unchanged**. **The following coding changes have been made:** • **PA Removed:** Codes 81507, 0327U, 81508, 81509, 81510, 81511 and 81512 • **Codes Reassigned**: 0252U and 0254U were removed from this policy and moved to MPM 7.1 (not related to noninvasive prenatal testing [NIPT]) • **New/Updated Code Status:** ○ 0536U added and designated investigational and experimental ○ 0488U and 0489U confirmed as investigational and experimental. Codes 0488U, 0489U and 0494U originally reviewed under MPM 7.13 were determined to be more appropriately aligned with Genetic Testing for Non-Invasive Prenatal Testing (NIPT), MPM 20.15, and were reassigned accordingly ○ Added Codes: 81509 and 81510 added to maternal serum screening (moved from MPM 7.1) • Code 0060U removed from Laboratory Benefit Management policy R2162 and moved management	Yes

Effective Date	Policy	Updated Information	Requires PA?
		back to this policy. Code still considered investigational and experimental	
9/1/2026	Total Hip Resurfacing, MPM 20.9	**The following changes have been made/updated for Medicaid and Commercial product lines:** Language and criteria updates made to be more descriptive and non-restrictive: • Removed “revision” under Section I and created a separate criterion for Revision under Section II, matching criteria from MPM 20.14 • Correction to Section I-A: Revised language instructing a choice of one or more of “disabling pain or significant function” with “sisabling pain and significant functional disability” • Removed “optimal” under Section I-D and replaced with “non-surgical” • Continue auto-authorization for codes 27130, 27299 and S2118. PA Grid will be updated to include MPM 20.9 as requiring PA for code 27130	Yes
9/1/2026	Varicose Vein Procedures and Venous Stasis Disease of Lower Extremity Procedures, MPM 22.1	PA requirement for CPT code 37500 has been removed for all product lines.	Yes

Effective Date	Policy	Updated Information	Requires PA?
9/1/2026	Vagus Nerve Stimulation for Epilepsy and Depression, MPM 22.4	Policy retired.	No
9/1/2026	Capsule Endoscopy, MPM 24.0	Policy has been retired and PA will be removed for 91111, 91110 and 91113 for all product lines.	Yes/No
9/1/2026	Breast Surgical Procedures, MPM 27.0	Policy retired. The policy has been retired following the completion of comprehensive CPT/HCPCS code review, as there is no remaining PA requirement associated with the codes previously housed under this policy. Codes requiring configuration have been accurately mapped to clinically appropriate ICD-10-CM diagnoses, while codes without configuration remain appropriate for no-PA status based on stable utilization patterns and consistent billing of medically appropriate diagnoses. No codes within this policy warrant reinstating PA based on the overall review and current utilization trends. **The following codes include continued PA requirements:** 19300, 11950, 11951, 11952, 11954 (*see 18.5*), 15877 (see 16.5 and 18.5), 15271, 15273, 15271, Q4145, C1781, Q4100, Q4122, Q4128, C9399, C1763, Q4116, C9354, 64912, 64913, 19350, 11950, J3590, C9358, C9360, C9364, Q4130, Q4134, Q4143 and 15777 (see 35.0). All PA	

Effective Date	Policy	Updated Information	Requires PA?
		requirements and the management of these products refer to the following MPMs for criteria) • MPM 18.5 (Restorative Reconstructive/Cosmetic Surgery and Treatment) • MPM 16.5 (Panniculectomy and Abdominoplasty) • MPM 35.0 (Application and Use of Tissue-Engineered/Bioengineered Skin Substitutes) **The following codes include configuration in lieu of PA and will continue with management outside of the medical policy:** • **19325, 19350**: Maintain current configurations to link ICD-10 codes listed in WPS LCA (code A58774-Group 1) plus diagnosis (codes C50.422, F64.0, F64.1, F64.8, F64.9 and Z87.890) • **19318**: Maintain previous configuration to link ICD-10 codes referenced in LCA WPS (code A58774) and LCA Novitas (code A56587), and include gender affirmation DX (codes F64.0, F64.1, F64.8, F64.9 and Z87.890) • **15769, 15771 and 15772:** Maintain previous custom configuration to link ICD-10 codes listed in WPS LCA (code A58774) – Group 1 (108 codes) and in addition DX (code C50.422)	

Effective Date	Policy	Updated Information	Requires PA?
		• **11920, 11921 and 11922 (Tattoo):** Maintain previous configuration to link ICD-10 codes listed in WPS LCA (code A58774) Group 1 (108 codes) in addition DX (code C50.422) as primary and not Group 4 (pigmentation –codes L81.8, L81.9) • **19316, 19328, 19330, 19340, 19342, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380 and 19396:** Maintain previous configuration to link ICD-10 codes referenced in LCA WPS (code A58774) plus codes C50.422 and Q79.8 (Poland syndrome) • **L8032, L8035 and L8039:** Maintain previous configuration to link ICD-10 codes referenced in Novitas LCA (code A56587) and CGS LCA (code A52478) **The following codes have been removed from this policy**, as they have no PA or configuration management, and will be paid per appropriate coding and claims edits outside of medical policy: 11970, 11971, 19301 and 19302.	
9/1/2026	Pharmacogenomics Testing for Behavioral Health, for Medicare, MPM 30.0	**The following changes have been made:** In alignment with HB73 and LOD #42, these codes have been removed from Laboratory Benefit Management policy	Yes

Effective Date	Policy	Updated Information	Requires PA?
		R2162 and reinstated in this policy: 0173U and 0175U. A PA is required for both codes with all product lines. No additional changes made to coverage criteria. Deleted code 0033U effective 1/1/2026.	
9/1/2026	Genetic Testing for Breast Cancer Recurrence and Predictive, MPM 33.0	The criteria language derived from CMS (LCA or LCD) for each of the tests in the policy have been removed. There were two tests with updates: • **OncoType DX**: Remove PA for code 81519 • **OncoType DX for DCIS (code 0045U)**: Covered for Medicaid following Medicare Oncotype DX Breast Cancer for DCIS assay LCD (L37199) and LCA (A57583). Continue no coverage for Commercial products. Configuration supporting payment made for Medicaid. Continue investigational and experimental for Commercial.	No
9/1/2026	Use of Tissue-Engineered/Bioengineered Skin/Tissue Substitutes, MPM, 35.0	The title has been updated from "Application and Use of Tissue-Engineered/Bioengineered Skin/Tissue Substitutes" to "Use of Tissue-Engineered/Bioengineered Skin/Tissue Substitutes." **Coverage information related to acellular dermal matrix (ADM) products has been incorporated from the retired policy Breast Surgical Procedures, MPM 27.0.** The following ADM products and accompanying codes are	Yes

Effective Date	Policy	Updated Information	Requires PA?

		included within this policy scope: Alloderm (Q4116), AlloMax (C1781 and Q4100), Cortiva (C9399, C1763 and Q4100), DermACELL (Q4122), FlexHD (Q4128), DermaMatrix Acellular Dermis (C1781,C9399, Q4100), SurgiMend (C9358 and C9360), and Strattice (Q4130).
		
		Code 15777: The implantation of biological implant for soft tissue reinforcement will continue to not require PA. All policy guidance related to the management of codes and the ADM products outlined above will be within this policy.
		
		Skin products that are considered medically necessary for the three conditions below have some minor changes which are considered less restrictive:
		
		Venous Stasis Ulcers and Diabetic Foot Ulcers:
		
		• Changes for specified products includes:
		  ○ The presence of a palpable pedal pulse or an ankle-brachial index (ABI) changed from “less than or equal to 0.60” to “less than or equal to 0.70”
		  ○ The number of applications “at a minimum of one-week intervals” will not apply
		• **Additional changes** to the volume limit to each product regarding application has been made for **Venous Stasis Ulcers**	

Effective Date	Policy	Updated Information	Requires PA?
		Three new products with accompanying codes for diabetic foot ulcers were added with PA required: Actigraft (Q4100), Kerecis Omega, Marigen Shield (A2019) and Kerecis Omega3 Wound (Q4158). No additional criteria was changed. Some language updates made for clarification purposes throughout. **Coding Updates:** Removed deleted HCPCS codes Q4244 and Q4231**.** **Added new HCPCS codes to policy that will require PA for all product lines:** Q4305, Q4306, Q4307, Q4308, Q4309, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380, Q4382, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397, Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4418, Q4419, Q4420, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429,	

Effective Date	Policy	Updated Information	Requires PA?
		Q4431, Q4432, Q4433, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440 **Other code updates:** Removed deleted codes as of 1/1/26 for application of low-cost codes: C5271, C5272, C5273, C5274, C5275, C5276, C5277 and C5278. **Correction:** Transposed code corrected from C1718 to C1781. **Non-covered Juvederm was added.** PA was removed for hospital outpatient C-codes that are bundled and not separately payable under OPPS. Removal of PA for codes (C9352, C9353, C9654, C9355, C9356, C9358, C9360, C9361, C9364, C1762, C1763, C1768, C1781 and C1832. These codes were removed from the policy.	
9/1/2026	Investigative & New Technology Assessment List (Non-Covered Services), MPM 36.0	**The following additions have been made to this policy, for all product lines:** All additions reviewed through either Technology Assessment Committee (TAC) or Medical Policy Committee (MPC): • Functional luminal imaging probe (FLIP) topography module (e.g., EndoFLIP 2.0 system), CPT code 91040	No

Effective Date	Policy	Updated Information	Requires PA?
		• Autologous adipose-derived regenerative cell (ADRC) therapy for scleroderma of the hands, CPT codes 0489T and 0490T • ADRC therapy for partial-thickness rotator cuff tears, CPT codes 0717T and 0718T • Insertion of a temporary prostatic urethral stent (iTind System) for the treatment of benign prostatic hyperplasia, CPT codes 5386 and 53866 and HCPCS code C9769 • Luminopia One (Luminopia Inc.) for the treatment of amblyopia in pediatric patients, CPT codes 0687T and 0688T and HCPCS code A9292 • MTHFR testing (code 81291) has been removed and transferred to MPM 7.11, Genetic Testing: Hypercoagulability and Thrombophilia, where the test will be managed as non-covered • ADRC therapy for osteoarthritis of the knee, codes 0565T and 0566T (based on TAC Review 4/7/2026) **LINX Reflux Management System (codes 43284 and 43285):** Removed from policy due to development of separate MPM covered for all product lines (see MPM 63.0). Prior configuration as investigational and experimental will	

Effective Date	Policy	Updated Information	Requires PA?
		be reversed for codes 43284 and 43285 then set to require PA for all product lines (based on TAC review 4/7/2026)**.** **Endoscopic Sleeve Gastroplasty:** Overstitch device, for treatment of obesity, CPT code C9784 (based on TAC review 8/1/25). Added then removed due to code deletion on 1/1/26. Code 43889 has replaced code C9784 and is in review for next cycle update.	
9/1/2026	Genetic Testing, Plasma-Based Genomic Profiling in Solid Tumor, MPM 39.0	**The following changes have been made:** MPM 39.0 has been corrected to list PA for CPT codes 81462, 81463 and 81464. This is a correction to previous provider communication which errantly indicated that PA was removed. This is backdated to the initial date of decision, 7/1/2025. PA required for code 0485U for all product lines.	Yes
9/1/2026	Bariatric Surgery for Pediatric Population, MPM 40.0	Updates to coverage criteria which allow for less or similar restrictions. No changes to PA or configuration.	Yes
9/1/2026	Allergen Immunotherapy, MPM 44.0	**Revision of Frequency Limitation Language**: The policy was updated to simplify the frequency limitation language for professional services related to the supervision of preparation and provision of allergen immunotherapy antigens, whether single or multiple antigens (CPT code 95165).	No

Effective Date	Policy	Updated Information	Requires PA?
		"Professional services related to the supervision of preparation and provision of allergen immunotherapy antigens, whether single or multiple antigens (CPT code 95165), are subject to a frequency limitation of 120 doses per rolling 12-month period, regardless of build-up or maintenance phase. Services that exceed this frequency limitation are not covered or reimbursable."	
9/1/2026	Allergy Testing, MPM 45.0	Updates to configuration have been made to map to covered diagnoses following LCA A56558 for all product lines.	No
9/1/2026	Hypoglossal Nerve Stimulator, MPM 46.0	Removed Presbyterian-specific criteria and added instruction to follow MCG A-0973 for both adults and pediatrics for all product lines. This change does not affect coverage, as MCG criteria is comparable to the previous Presbyterian-specific criteria. No change to required PA.	Yes
9/1/2026	Sleep Studies, Attended (In/Laboratory) Full/Channel Polysomnography, MPM 49.0	**The following updates have been made:** • **NCD/LCD and Presbyterian Criteria**: The policy was updated to add information about NCD and LCD. A statement was added specifying that Presbyterian hybrid criteria are used to supplement Medicare criteria. The phrase "one or more" was replaced with "at least one" under section 3(h) to be less restrictive	Yes

Effective Date	Policy	Updated Information	Requires PA?
		• **In-Lab Sleep Study Criteria**: A new condition was added for in-lab sleep studies (when Obstructive Sleep Apnea (OSA) has been excluded • **PA Removed**: CPT codes 95782 and 95783, which are related to polysomnography studies for children • The policy language for actigraphy (CPT code 95803) has been updated to clarify that it is not covered when used routinely as a simple substitute for measuring sleep time	
9/1/2026	Durable Medical Equipment, Positive Airway Pressure (PAP) and Oral Appliances for the Treatment of Obstructive Sleep Apnea, MPM 49.1	Policy retired. PA for code E0601 has been removed.	No
9/1/2026	Outpatient (in Facility) Observation, MPM 50.0	**The extension of hours to decide whether to admit or discharge a patient has been modified**. The 48-hour limit for covered services has been removed. Under the new update, observation services may be covered for up to 72 hours. This update replaced the change enforced on 10/9/2024 to “allow 48 hours instead of 24 hours.” A new section was added to address the indication separate from duration/timeline of observation service to provide more clarity.	Yes

Effective Date	Policy	Updated Information	Requires PA?
		Under the non-covered section, language was added that observation services, while a doctor decides whether to admit the patient as an inpatient or discharge them, are generally not reported if the monitoring is already part of a surgical, diagnostic, or therapeutic procedure. Continuing PA requirement for G0378 and G0379 for all product lines.	
9/1/2026	Peripheral Nerve Stimulation, MPM 53.0	**The following changes have been made:** • **Peripheral Nerve Stimulation (PNS) Therapy for Treatment of Neurogenic Pain** ○ **Coverage Update:** Expanded to include Medicaid and Medicare. Presbyterian applies LCD L34328 and LCA A55530 for medical necessity review ○ **Implanted Device Examples**: Nalu Neurostimulation System, ReActiv8 Implantable Neurostimulation System, SPRINT PNS System, StimQ PNS System and StimRouter PNS System. Added clarification for LCD vs. NCD 160.7 criteria	Yes

Effective Date	Policy	Updated Information	Requires PA?

		• **External Upper Limb Tremor Stimulator Therapy** (codes E0734 and A4542): Title Update
		  ○ **Medicaid and Medicare**: Removed PA requirement. Configuration updated to allow payment when billed per LCA A59680
		  ○ **Commercial**: Remains investigational and experimental
		• **Limitations**
		  ○ New Addition: Tonic Motor Activation System for restless leg syndrome (codes E0743 and A4544) designated as investigational and experimental for all product lines
		  ○ LCA A58468 measurable or minimal residual disease (MRD) test for solid tumor addition of newly covered tests. CPT code 0569U to require PA for all product lines
		  ○ LCA A59004 for MRD test for hematologic-addition of newly covered tests. CPT code 0364U (Ccde already requires PA for all product lines)	

9/1/2026	Lumbar Artificial Disc Replacement, MPM 56.0	**The following changes have been made:**	Yes

Effective Date	Policy	Updated Information	Requires PA?
		Single Level Lumbar Artificial Disc Replacement (LADR) (code 22857) • **Section A:** ○ Expanded coverage to include Medicaid and Medicare ○ Extended the required duration of conservative management ○ Modified the criterion for disc degeneration ○ Removed the investigational and experimental configuration for code 22857 and applied PA requirement for Medicare and Medicaid • **Section B:** ○ Add Commercial plan to be included as non-covered for members aged 60 and older ○ Remove non-covered as coverage is allowed for all product lines for age 60 and younger • **For revision of previous lumbar artificial intervertebral disc (code 22862):** ○ Expand coverage to include Medicare and Medicaid	

Effective Date	Policy	Updated Information	Requires PA?
		○ Remove non-coverage language due to coverage for all product lines ○ Removed investigational and experimental configuration for code 22862 and applied PA requirement for Medicare and Medicaid Policy updated to clarify that no Medicare NCD covers LADR for members ages 60 and younger.	
9/1/2026	Acupuncture and Dry Needling Services Formerly: Acupuncture for Chronic Lower Back Pain, and (Dry Needling Services), MPM 57.0	Title changed from Acupuncture for Chronic Lower Back Pain, (Dry Needling) to Acupuncture and Dry Needling Services. **Medicare**: Additional language added that represents non-coverage for acupuncture from NCD 30.3.1 for fibromyalgia and NCD 30.3.2 for osteoarthritis. **Medicaid**: • Expanded coverage to follow NMAC 8.308.12.18(N)(1) to allow acupuncture services for any disease, illness, injury, pain or other physical or behavioral health condition for Self-Directed Community Benefits (SDCB) ○ Coverage only for code 97810	No

Effective Date	Policy	Updated Information	Requires PA?
		• Dry needling (codes 20560 and 20561) is covered and will follow Acupuncture for Chronic Lower Back Pain (cLBP), NCD 30.3.3 **Commercial**: • Presbyterian has changed guidance to follow MCG, Acupuncture (A-0329)	
9/1/2026	Magnetic Sphincter Augmentation for Treatment of GERD (LINX), MPM 63.0 (NEW)	**New policy.** **LINX Procedure Coverage Update:** Effective following review by TAC on 4/7/2026, the LINX procedure has been reclassified from investigational and experimental (MPM 36.0) and is now covered for all product lines. CPT codes 43284 and 43285 will require PA for all product lines.	Yes