

Medical Policy Manual and Prior Authorization Guide

2025 Summary of Updates

 **PRESBYTERIAN**



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The 2025 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 at the following links: [2021](#), [2022](#), [2023](#), [2024](#).

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.

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

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Effective Date	Policy	Updated Information	Requires PA?
7/1/2025	Clinical Trials, Routine Patient Care Costs for Medicaid, MPM 3.7	Reviewed to align with Medicaid Letter of Direction (LOD) #46. Removed PA, per LOD, for CPT codes S9988, S9990, and S9991, and will allow all routine care for approved clinical trials.	Yes
7/1/2025	Durable Medical Equipment: Alternating Electromagnetic Field Therapy for Glioblastoma, MPM 34.0	Policy retired. PA requirement for codes E0766 and A4555 removed for all product lines.	No
7/1/2025	Durable Medical Equipment: For Individuals with Diabetes, MPM 4.4	Policy retired.	No
7/1/2025	Durable Medical Equipment, Rehabilitation and Mobility Devices, MPM 4.2	<p>Added coverage for code E2513 with PA.</p> <p>Augmentative Speech Devices: CPT code E0152 has been added as non-covered.</p> <p>Hospital Total Electric Beds: Removed non-covered language for codes E0265, E0266, E0296 and E0297. These codes require PA for all product lines.</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<p>Orthopedic Footwear: Removed from policy as there is no PA, utilization has remained stable and LCD L33641 has been retired. In addition, Medicaid also followed NMAC guidance. Codes L3215, L3216, L3217, L3219, L3221 and L3222 are Status Indicator- (E1), (not covered), per Medicare as of 1/1/2007. These codes will remain non-covered for all product lines.</p> <p>Payment of Power Seat Elevation Equipment on Power Wheelchairs: Refer to Group 3 and Group 5 of Power Mobility Devices, LCD L33789, for the appropriate power wheelchair codes to be billed with code E2298.</p>	
7/1/2025	Gastric Electric Stimulation for Treatment of Chronic Gastroparesis, MPM 7.2	PA requirement for codes 64590, 64595 43647, 43648, 43881 and 43882 removed for all product lines. Presbyterian will continue to follow Noridian LCA A55530 and A53017.	Yes
7/1/2025	Gender Affirming Treatment and Surgery (Adult, 18 years of age and older), MPM 7.3	PA reference table added to indicate whether a PA is required for each service listed in the policy.	Yes/No
7/1/2025	Genetic, Biomarker and Genomic Testing, MPM 7.1	Reviewed to align with the Medicaid LOD #42. Title changed to include Biomarkers.	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		<p>Added PA for the following CPT codes:</p> <p>0317U, 0245U, 0237U, 0236U, 0235U, 0234U, 0233U, 0232U, 0231U, 0230U, 0229U, 0222U, 0221U, 0215U, 0214U, 0213U, 0212U, 0211U, 0209U, 0201U, 0200U, 0199U, 0198U, 0197U, 0196U, 0195U, 0194U, 0192U, 0191U, 0190U, 0189U, 0188U, 0187U, 0186U, 0185U, 0184U, 0183U, 0182U, 0181U, 0177U, 0155U, 0153U, 0118U, 0114U, 0094U, 0084U, 0055U, 0049U, 0048U, 0046U, 0023U, 0019U, 0018U, 0010U, 0001U, 81554, 81546, 81519, 81511, 81510, 81509, 81508, 81419, 81360, 81357, 81353, 81352, 81351, 81348, 81347, 81345, 81344, 81343, 81337, 81336, 81333, 81329, 81320, 81312, 81309, 81308, 81307, 81305, 81289, 81286, 81285, 81284, 81278, 81274, 81244, 81243, 81239, 81237, 81236, 81234, 81233, 81224, 81223, 81222, 81221, 81220, 81204, 81194, 81193, 81192, 81191, 81190, 81189, 81188, 81186, 81185, 81184, 81183, 81182, 81181, 81180, 81179, 81178, 81177, 81174, 81173, 81112, 81111, 81110, 81109, 81108, 81107, 81106, 81105</p> <p>Added the following codes with PA requirements:</p>	

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		0489U, 0488U, 0487U, 0486U, 0475U, 0474U, 0473U, 0471U, 0470U, 0469U, 0467U, 0466U, 0461U, 0460U, 0433U, 0424U, 0282U, 0273U, 0267U, 0266U, 0265U, 0264U, 88372, 88371, 88289, 88285, 88283, 88280, 88275, 88274, 88273, 88272, 88271, 88269, 88267, 88264, 88263, 88262, 88261, 88249, 88248, 88245, 81277, G0452.	
7/1/2025	Genetic Testing, Cutaneous Melanoma, MPM 7.7	Reviewed policy to align with Medicaid LOD #42. Codes 0090U and 0314U follow CMS Wisconsin Physician Services (WPS) LCD/LCA. Code 81529 remain non-covered as NCCN guidelines show this is investigational and experimental.	Yes
7/1/2025	Genetic Testing: Hypercoagulability/Thrombophilia, MPM 7.11	<p>Language added to the policy to support “once in a lifetime” language for Factor 2 and Factor 5.</p> <p>Continue to consider Methylenetetrahydrofolate Reductase (MTHFR) 81291 as investigational and experimental.</p> <p>Continued PA for codes 81240 and 81241. If billed by a hematology/oncology provider, then no PA required for these codes. Codes 81240 and 81241 continue to be listed to pay for the diagnosis listed in Group 1 paragraph per LCA A56541 for all product lines.</p>	Yes

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Effective Date	Policy	Updated Information	Requires PA?
7/1/2025	Genetic Testing for Non-Invasive Prenatal Testing (NIPT), MPM 20.15	Codes 0341U and 81422 configured as investigational for all product lines and PA requirement removed.	Yes
7/1/2025	Genetic Testing, Plasma-Based Genomic Profiling in Solid Tumors, MPM 39.0	New code 0487U announced by WPS. LCD L38168 and LCA A57936 were determined to be investigational and experimental for all product lines. Removed deleted code 0428U. Added codes 81462, 81463, and 81464 and PA removed.	Yes
7/1/2025	Genetic Testing for Uveal Melanoma, MPM 7.9	Removed the PA requirement for code 81552 for all product lines. Continued to follow PA requirements for molecular codes 81479 and 81403.	Yes
7/1/2025	Home Health Care, for Commercial and Medicare, MPM 47.0	Revised CPT coding description for codes 97032, 97033, 97034 and 97035. Added CPT codes 97037, 97550 and 97551.	Yes
7/1/2025	Hysterectomy and Radiofrequency Ablation for Uterine Fibroid, MPM 8.9	Title changed to remove "Hysterectomy." Removed PA for all product lines for the following codes: 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292,	Yes

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		58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575.	
7/1/2025	Investigative & New Technology Assessment List (Non-Covered Services) , MPM 36.0	<p>Genicular nerve radiofrequency ablation (GNRFA) as a technique to alleviate chronic knee pain secondary to osteoarthritis is considered unproven and not medically necessary due to minimal randomized controlled trials with larger sample sizes, long-term follow-up and factors that predict treatment success after GNRFA. Unable to confirm the clinical efficacy for all product lines. CPT code 64624 will be configured as investigational and experimental.</p> <p>Via Disc Nucleus Pulposus (NP) (Vivex Biologics Inc.) for Relief of Intervertebral Disc Degeneration Symptoms: Injection of allograft into the intervertebral disc for the treatment of degenerative disc disease is considered experimental, investigational and/or unproven for all product lines. Codes 0627T, 0628T, 0629T, 0630T and 64624 will be considered investigational and experimental.</p>	
7/1/2025	Peripheral Nerve Stimulation (Formerly PNS for Occipital Neuralgia) , MPM 53.0	Presbyterian will continue to follow Noridian LCA A55530 and A53017.	Yes

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Effective Date	Policy	Updated Information	Requires PA?
		PA requirement for codes 64590 and 64595 removed. Codes 64585, 64595, 64596, 64597 and 64598 added.	
7/1/2025	Photodynamic Therapy for Ocular Conditions, MPM 16.15	Policy retired.	No
7/1/2025	Platelet-Rich Plasma, Blood Derived Products, and Platelet-Derived Growth Factor Products for the Treatment of Wounds and Other Injuries, MPM 16.16	Policy retired.	No
7/1/2025	Prophylactic, Risk Reduction Surgery, MPM 16.10	Policy retired.	No
7/1/2025	Prostate: Surgical Treatment for Benign Prostate Hyperplasia, MPM 12.3	Policy retired.	No

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7/1/2025	Sacral Nerve Stimulation for Urinary and Fecal Incontinence, MPM 51.0	Policy retired. PA requirement for codes 64590 and 64595 removed.	No
7/1/2025	Transplants, Bone Marrow and Peripheral Stem Cell, MPM 20.3	Policy retired. However, the transplant service will remain under Optum management and require PA for all product lines.	Yes
7/1/2025	Transplant, Organ, MPM 20.6	Policy retired. However, the transplant service will remain under Optum management and require PA for all product lines (exception: kidney transplant for Medicaid).	Yes
4/1/2025	Breast Ultrasound	Policy retired.	No
4/1/2025	Cholecystectomy	Policy retired.	No
4/1/2025	Cancer Clinical Trials Routine Patient Care Costs- Coverage for Medicaid	Removed the PA requirement for routine medical care cost for all clinical trials (Medicaid only).	Yes

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4/1/2025	Durable Medical Equipment, Respiratory Devices	<p>The following items have been removed and no PA is required:</p> <ul style="list-style-type: none"> • Oxygen for Cluster Type Migraine Headaches • Oximetry • Home Ventilator with Noninvasive or Invasive Interfaces • Respiratory Assist Devices 	Yes/No
4/1/2025	Durable Medical Equipment, Miscellaneous	<p>The following items have been removed and no PA is required:</p> <ul style="list-style-type: none"> • Automatic External Defib • Disposable Gloves • Enteral Feeds (managed by pharmacy) • Hearing Aids • Home PT/INR Monitoring • Other Auditory Implants Devices 	Yes/No

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		Graduated Compression Hose/Stocking and Surgical Dressing removed LCD L33831 and replaced with MCG A-0336 for all product lines.	
4/1/2025	Durable Medical Equipment: Orthotics and Prosthetics	<p>PA is required for the HCPCS codes related to endoskeletal/exoskeletal devices, microprocessor-controlled prosthetic devices, suspension and sockets for knee, ankle, and feet, for all product lines. View codes below:</p> <p>Knee: L5614, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5610, L5611, L5613, L5615, L5616, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5925, L5930, L5845, L5848, L5850, L5856, L5857, L5858, L5859.</p> <p>Ankle and Lower Extremity Motion Units: L5968, L5982, L5984, L5985, L5986, L5988, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5987.</p> <p>Feet: L5970, L5971, L5972, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5987, L5968, L5982, L5984, L5985, L5986, L5988, L5990.</p> <p>Partial Foot and Toe Filler Inserts: L5000, L5010, L5020.</p>	Yes

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		<p>Other Codes With the Description Endoskeletal: L5301, L5312, L5321, L5331, L5341, L5855, L5910, L5920, L5940, L5950, L5960, L5961, L5962, L5964, L5966.</p> <p>Other Codes Without the Description Exoskeletal: L5100, L5105, L5150, L5160, L5200, L5250, L5270, and L5280.</p> <p>Suspension and Sockets: L5671, L5940, L5950, L5960, L5783, L5301, L5700, L5629, L5637, L5940, L5321, L5701, L5631, L5649, L5950.</p>	
4/1/2025	Durable Medical Equipment: Positive Airway Pressure (PAP) and Oral Appliances for Treatment of Obstructive Sleep Apnea	Removed PA requirements for E0470 and E0471 for all product lines.	Yes
4/1/2025	Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Disorders	Policy retired.	No

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Effective Date	Policy	Updated Information	Requires PA?
4/1/2025	Gender Affirming Treatment and Surgery (Adults, 18 years of age and older)	This policy will now allow facial masculinization and feminization procedures, along with additional services for top and bottom surgeries.	Yes
4/1/2025	Gender Affirming Treatment for Children and Adolescents (Ages 17 and under)	Requirements for mental health diagnoses to verify gender dysphoria have been removed.	Yes
4/1/2025	Implantable Cardioverter Defibrillator (ICD)	Policy retired.	No
4/1/2025	Minimally Invasive Lumbar Decompression (mild)/Percutaneous Image-Guided Lumbar Decompression (PILD)	Policy retired.	No
4/1/2025	Outpatient (in Facility) Observation	Changed to require PA at 48 hours of observation rather than the previous requirement of 24 hours.	Yes

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4/1/2025	Percutaneous Coronary Interventions	Policy retired.	No
4/1/2025	Plasma Exchange: Therapeutic Apheresis	Policy retired.	
4/1/2025	Restorative, Reconstructive, Cosmetic Surgery and Treatment	<p>The following items have been removed and no PA is required:</p> <ul style="list-style-type: none"> • Fractional Ablative Laser • Chest Deformities • Dermabrasion and Rhinophyma • Punch Hair Transplant • Tattooing and Dermal Injections for Facial Lipodystrophy Syndrome • Deformity of Ear CPT 69300 is non-covered • *Dermabrasion CPT codes 15780, 15782 and 15783 are non-covered 	Yes

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		<ul style="list-style-type: none"> Rhytidectomy CPT 15824, 15825, and 15826 are non-covered 	
4/1/2025	Investigative & New Technology Assessment List (Non-Covered Services)	<p>Cardiac contractility modulation administered by Optimizer device is investigational, experimental, and/or unproven for all indications, including but not limited to heart failure, for all product lines. Codes 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T and C1824 are affected.</p> <p>No PA is required for code 64640.</p>	No
4/1/2025	Transcranial Magnetic Stimulation (TMS) for Treatment-Resistant Depression	Updated to align coverage criteria for all product lines.	Yes
4/1/2025	Transcranial Magnetic Stimulation (TMS) for Treatment-Resistant Depression for Commercial	Policy retired and combined into Transcranial Magnetic Stimulation (TMS) for Treatment-Resistant Depression policy.	Yes
4/1/2025	Transplants, Organ	Effective Jan. 1, 2025, no PA is required for in-network kidney transplants for Medicaid only. Codes 50300, 50320, 50323,	Yes/No

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		50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370 and 50380 are affected.	
4/1/2025	Water Vapor Thermal Therapy for LUTS/BPH, (REZum® System)	Policy retired.	No