

# 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.

- **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

## 2025 Summary of Updates

Effective Date	Policy	Updated Information	Requires PA?
4/1/2025	Breast Ultrasound	Policy retired.	No
4/1/2025	Cholecystectomy	Policy retired.	No
4/1/2025	<a href="#">Cancer Clinical Trials Routine Patient Care Costs- Coverage for Medicaid</a>	Removed the PA requirement for routine medical care cost for all clinical trials (Medicaid only).	Yes
4/1/2025	<a href="#">Durable Medical Equipment, Respiratory Devices</a>	<p>The following items have been removed and no PA is required:</p> <ul style="list-style-type: none"> <li>• Oxygen for Cluster Type Migraine Headaches</li> <li>• Oximetry</li> <li>• Home Ventilator with Noninvasive or Invasive Interfaces</li> <li>• Respiratory Assist Devices</li> </ul>	Yes/No
4/1/2025	<a href="#">Durable Medical Equipment, Miscellaneous</a>	<p>The following items have been removed and no PA is required:</p> <ul style="list-style-type: none"> <li>• Automatic External Defib</li> <li>• Disposable Gloves</li> <li>• Enteral Feeds (managed by pharmacy)</li> </ul>	Yes/No

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Effective Date	Policy	Updated Information	Requires PA?
		<ul style="list-style-type: none"> <li>• Hearing Aids</li> <li>• Home PT/INR Monitoring</li> <li>• Other Auditory Implants Devices</li> </ul> <p>Graduated Compression Hose/Stocking and Surgical Dressing removed LCD L33831 and replaced with MCG A-0336 for all product lines.</p>	
4/1/2025	<a href="#">Durable Medical Equipment: Orthotics and Prosthetics</a>	<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><b>Knee:</b> 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><b>Ankle and Lower Extremity Motion Units:</b> L5968, L5982, L5984, L5985, L5986, L5988, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5987.</p>	Yes

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		<p><b>Feet:</b> L5970, L5971, L5972, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5987, L5968, L5982, L5984, L5985, L5986, L5988, L5990.</p> <p><b>Partial Foot and Toe Filler Inserts:</b> L5000, L5010, L5020.</p> <p><b>Other Codes With the Description Endoskeletal:</b> L5301, L5312, L5321, L5331, L5341, L5855, L5910, L5920, L5940, L5950, L5960, L5961, L5962, L5964, L5966.</p> <p><b>Other Codes Without the Description Exoskeletal:</b> L5100, L5105, L5150, L5160, L5200, L5250, L5270, and L5280.</p> <p><b>Suspension and Sockets:</b> L5671, L5940, L5950, L5960, L5783, L5301, L5700, L5629, L5637, L5940, L5321, L5701, L5631, L5649, L5950.</p>	
4/1/2025	<a href="#">Durable Medical Equipment: Positive Airway Pressure (PAP) and Oral Appliances for Treatment of Obstructive Sleep Apnea</a>	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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4/1/2025	<a href="#">Gender Affirming Treatment and Surgery (Adults, 18 years of age and older)</a>	This policy will now allow facial masculinization and feminization procedures, along with additional services for top and bottom surgeries.	Yes
4/1/2025	<a href="#">Gender Affirming Treatment for Children and Adolescents (Ages 17 and under)</a>	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	<a href="#">Outpatient (in Facility) Observation</a>	Changed to require PA at 48 hours of observation rather than the previous requirement of 24 hours.	Yes
4/1/2025	Percutaneous Coronary Interventions	Policy retired.	No

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4/1/2025	Plasma Exchange: Therapeutic Apheresis	Policy retired.	
4/1/2025	<a href="#">Restorative, Reconstructive, Cosmetic Surgery and Treatment</a>	<p>The following items have been removed and no PA is required:</p> <ul style="list-style-type: none"> <li>• Fractional Ablative Laser</li> <li>• Chest Deformities</li> <li>• Dermabrasion and Rhinophyma</li> <li>• Punch Hair Transplant</li> <li>• Tattooing and Dermal Injections for Facial Lipodystrophy Syndrome</li> <li>• Deformity of Ear CPT 69300 is non-covered</li> <li>• *Dermabrasion CPT codes 15780, 15782 and 15783 are non-covered</li> <li>• Rhytidectomy CPT 15824, 15825, and 15826 are non-covered</li> </ul>	Yes

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4/1/2025	<a href="#">Investigative &amp; New Technology Assessment List (Non-Covered Services)</a>	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.  No PA is required for code 64640.	No
4/1/2025	<a href="#">Transcranial Magnetic Stimulation (TMS) for Treatment-Resistant Depression</a>	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	<a href="#">Transplants, Organ</a>	Effective Jan. 1, 2025, no PA is required for in-network kidney transplants for Medicaid only. Codes 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370 and 50380 are affected.	Yes/No
4/1/2025	Water Vapor Thermal Therapy for LUTS/BPH, (REZum® System)	Policy retired.	No