

Presbyterian Health Plan Prior Authorization Guide

Health Services Prior Authorization Department				PHP Pharmacy	
Online Requests				Online Requests	
https://ds.phs.org/preslogin/index.jsp				https://ds.phs.org/preslogin/index.jsp	
Telephone # (505) 923-5757, Option 4				Telephone Requests--Option 3 (505) 923-5757, Option 3	
Fax #				Toll Free 1-888-923-5757, Option 3	
Inpatient Services (505) 843-3107					
Outpatient Services (505) 843-3047			Behavioral Health		
			For Centennial Requests (505) 923-5757, Option 5		
Long Term Care (505) 843-3195				Toll Free 1-888-923-5757, Option 5	
UNM (505) 843-3108				Fax # (505) 213-0169	
Criteria					
PHP Medical Policy Manual (MPM) https://www.phs.org/providers/resources/medical-policy-manual/Pages/manual.aspx					
CMS Cigna DME MAC Criteria https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx					
Disclaimers:					
Prior Authorization approval does not guarantee payment. Coverage determinations and payment of claims are dependent upon eligibility, covered benefits, provider contracts and correct coding/billing practices. Cosmetic surgery that is solely for cosmetic purposes and not for medical necessity as well as experimental or investigational services, are not covered benefits.					
Prior Authorization approval does not relieve the provider of responsibility to follow all applicable rules regarding the provision of services.					
This prior Authorization Guide does not indicate coverage of benefits. Coverage is determined by the member's benefit plan.					
Applicable for the Following Product lines. NB = Not A Covered Benefits X = PA Required				BH = Bold and Underlined	
Commercial/ASO/Medicare	Centennial Care	Centennial Expansion-Alternative Benefit Plan (ABP)	Notes	Prior Authorization is not required for emergent and urgently needed services and medically necessary ambulance services. Prior authorization not required for I/T/U's and family planning services for out of network services. All other out of network services require prior authorization. Requested services will be reviewed against medical necessity criteria. Services requiring a Prior Authorization.	Codes

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X	X	X		<u>Accredited Residential Treatment Center Services (per diem) --BH accommodation Desert Hills only</u>	919
X	X	X		<u>Accredited Residential Treatment Center Services (per diem) --chemical dependency</u>	1002
X	X	X		<u>Accredited Residential Treatment Center Services (per diem) --psychiatric</u>	1001
X	X	X	a. Acute care (medical/surgical) b. Observation stays greater than 24 hours. c. Rehabilitation Admission Skilled Nursing Facilities Long-term Acute Care, at non-PHS facilities d. Notification required within 24 hours of admission for all facilities. e. Notification required for all facilities	All Hospital Inpatient Admissions	all codes
X	X	X* (limitation)	Includes consults, office visits, diagnostic services, and surgical procedures including Lap Band adjustment. MPM 2.81 2.82	Bariatric Surgery (Weight Loss Surgery)	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, *43842, *43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43659, 43845-43848, S2083
X	X	X	MPM 2.7	Blepharoplasty/Brow Ptosis Surgery	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67907, 67908, 67909
X	X	X	MPM 27	Breast Reconstruction following mastectomy	11920, 11921, 11970, 11971, 15271, 15272, 15273, 15274, C1789, L8600, S2066, S2067, S2068, Q4145
X	X	X	MPM 27	Breast reduction for gynecomastia	19300
X	X	X	Advanced Imaging Ordering Program (NIA) Contact NIA www.RadMD.com or Telephone: 1-866-236-8717	CAT, CTA, CTC (Virtual Colonoscopy), MRI, MRA, PET Scans, Cardiac Imaging (including Echo) (please review NIA List)	Contact NIA
X	X	X	MPM 13.2	CV - Mobile Cardiac Outpatient Telemetry™ (MCOT™) and Real-time Continuous Attended Cardiac Monitoring Systems	93228, 93229

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X	X	X	<u>Detoxification Inpatient (Acute) requiring medical intervention (Alcohol or substance abuse)</u> <u>a. Detoxification inpatient (acute) on Behavioral Unit</u> Contact PHP Health Services	Detoxification - Inpatient Acute requiring medical intervention (alcohol/substance)	All codes - 0114, 0124, 0134, 0114, 0154, 0204, 0900-0903, 0914-0919, 0944, 0945, 0961
X	X	X	PHP follows CGS ADM DME MAC Jurisdiction C Guidelines/PHP Medical Policies • MPM 4.2: DME, Rehabilitation and Mobility Equipment. • MPM 4.3: DME, Respiratory Equipment • MPM 4.4: DME, Diabetic Equipment • MPM 4.5: DME, Miscellaneous	Durable Medical Equipment (DME) • *Upgraded or deluxe DME (not covered) • Duplicate DME • Custom/specialty wheelchairs • Specialty rehab equipment • Specialty beds • Augmentative Speech Device • Neuromuscular stimulators • Implantable Neurostimulator electrode, each • Continuous glucose monitoring • Helmet for plagiocephaly • Lift/standing devices • Home INR Monitoring • Unlisted DME	E0118, E0140, E0194, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, E0300-E0304, E0483, E0604 E0636-E0642, E0731-E0745, E0764-E0765, E0770, E0950, E0986, E1035, E1036, E1038, E1039, E1229- E1239, E2500-E2599, E2602-E2621, E8000-E8002, G0249, K0005-K0108, K0553, K0554, K0739, K0800-K0808, K0812-K0891, K0898, S1030, S1031, A9276-A9278, S1040, L0112, E1399
	X	X	MPM 4.8	Diapers	T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4541, T4543
X	X	X	Dialysis at non contracted facilities within the State of New Mexico require Prior Authorization. Dialysis outside the State of New Mexico does not require Prior Authorization.	Dialysis	Dialysis at non contracted facilities within the State of New Mexico require Prior Authorization. Dialysis outside the State of New Mexico does not require Prior Authorization.
X	X	X	MPM 18.5	ENT - Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
X	X	X	MPM 20.0	ENT - Tonsillectomy or tonsillectomy with adenoidectomy . NO PA REQUIRED >21 YEARS OLD.	42820, 42821, 42825, 42826
X	X	X	MPM 2.12	ENT- Endoscopy Nasal/Sinus: surgical (balloon dilation)	31295, 31296, 31297, 31298
X	X	X	MPM 7.3	Gender Dysphoria/Gender Identity Treatment	55970, 55980, 55715,

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X	X	X	MPM 7.1	Genetic Testing	S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3865, S3866, S3870,
X Medicare Members no auth needed for Cologuard (81528)	X	X	MPM 7.1 and 7.4 and 20.15	Genetic Testing - Continued	81120, 81121, 81175, 81176, 81161, 81162, 81170, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81218, 81219, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240, 81241, 81242, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81268, 81270, 81271, 81272, 81273, 81275, 81276, 81281, 81282, 81283, 81287, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81330, 81331, 81332, 81334, 81335, 81340, 81341, 81342, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81506, 81507, 81512, 81519, 81520, 81521, 81525, 81528, 81535, 81536, 81538, 81539, 81540, 81541, 81545, 81551, 81595, 81599, 84999, 86152, 86153, 87999, 0001M-0013M, 0024U-0044U
X	X	X	MPM 3.9	GI - Cholecystectomy by Laparoscopy	47562, 47563, 47564
X	X	X	MPM 24.0	GI - Wireless Capsule Endoscopy	Code 91111 , 91110 Non-Reimbursable CPT®

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X			MPM 22.0	GI - Virtual Colonoscopy	74261, 74262
X	X	X		<u>Group Homes</u>	1005
X	X	X	MPM 20.14	Hip Replacement Total	27130, 27132, 27134
X	X	X	MPM 8.9	Gyn - Hysterectomy	58150, 58152, 58180, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58593, 58294, 58541, 58542, 58543, 58544, 58550, 58551, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575
X	X	X(*limitation)	Home Health Care Agencies • Presbyterian-owned Home Health Care: Not required to obtain Prior Authorization. • All other home care agencies must contact the Presbyterian Statewide Network for Prior Authorization, including TJR home care services. Online Request: https://ds.phs.org/preslogin/index.jsp Contact Presbyterian Statewide Network at: (505) 559-1151 or 1-877-606-1151	Home Health Services	G0154, T1001, 99509, Rev codes: 0421, 0431, 0441, 0550, 0551, 0561, 0570, 0571, 0580, 0581, 0590, <i>All codes</i>
X Medicare Members receive hospice services thru Original Medicare	X see notes	X (*limitation)	Hospice Senior Care (Medicare HMO) members receive hospice services through Original Medicare. Prior Auth not required for LTC Nursing Facility based Members (rev codes 0658 & 0659).	Hospice	All codes

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X	X	X		<u>Hospital IP (including Detoxification services on IP psych unit only)</u> <u>IP - 0114, 0124, 0134, 0114, 0154, 0204, 0900-0903, 0914-0919, 0944, 0945, 0961</u>	Multiple
X	X	X	MPM 8.6	Hyperbaric Oxygen	99183, A4575
X	X	X	<u>Auth required now available for >21yrs.</u>	<u>IP Hospitalization in Freestanding Psychiatric Hospitals 0114, 0124, 0134, 0144, 0154, 0900-0903, 0911, 0914-0916, 0918, 0944, 0945</u>	Multiple
X	X	X		<u>Non-Accredited Residential Treatment Centers and Group Homes</u> <u>0190</u>	190
X	X	X	MPM 20.14	Knee Replacement Total	27447, 27486, 27487
X	X	X	Ankle Replacement Total MPM 20.10	Ortho – Ankle - Total Ankle Replacement Surgery (Arthroplasty)	27700, 27702, 27703, 27704
X	X	X	Meniscal transplant MPM 13.3	Ortho – Knee - Meniscus Implant and Allograft/ Meniscus Transplant	29868
X	X	X	Lumbar/Cervical Spine Surgeries - Contact NIA/Magellan Telephone:1- 866-236-8717 Website: www.radmd.com	Lumbar/Cervical Spine	22533, 22534, 22548, 22551, 22552, 22554, 22558, 22585, 22590, 22595, 22600, 22612, 22614, 22630, 22632, 22633, 22634, 22856, 22858, 22561, 22864, 62380, 63001, 63005, 63012, 63015, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63047, 63048, 63050, 63051, 63056, 63057, 63075, 63075, 63076, 63081, 63300, 63304, 0095T, 22861, Deny codes 22858, 0375T, 0098T(investigational)

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	X	X	Orthotics Custom fabricated orthotics Custom Fabricated Ankle-Foot Orthosis (AFO) PHP follows CGS ADM DME MAC Jurisdiction C Guidelines/PHP Medical Policies Prior Authorization required for Custom Ankle-Foot Orthosis (AFO) 9 years and greater.	Orthotics	Cervical: L0112 Thoracic: L0452, L0480, L0480, L0482, L0484, L0486, L1834, L1840, L1844, L1846, L1860, AFO: L1900, L1904, L1907, L1920, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, KAFO: L2000, L2005, L2010, L2020, L2030, L2034, HKAFO: L2106, L2108, L2126, L2128, General Additions: L2861, L2999, Orthopedic Footwear: L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, Orthopedic Shoes/Boots: L3201, L3202, L3203, L3204, L3206, L3207,
	X	X	Orthotics Custom fabricated orthotics Custom Fabricated Ankle-Foot Orthosis (AFO) PHP follows CGS ADM DME MAC Jurisdiction C Guidelines/PHP Medical Policies Prior Authorization required for Custom Ankle-Foot Orthosis (AFO) 9 years and greater.	Orthotics Continued	Shoes/Boots: L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255
X			Orthotics Custom fabricated orthotics Custom Fabricated Ankle-Foot Orthosis (AFO) PHP follows CGS ADM DME MAC Jurisdiction C Guidelines/PHP Medical Policies Prior Authorization required for Custom Ankle-Foot Orthosis (AFO) 9 years and greater.		L0112, S1040, L0452, L0480-L0486, L0629, L0632, L0634, L0636, L0638, L1834, L1840, L1844, L1846, L1860 AFO's L1900, L1904, L1907, L1920, L1940 L1950, L1960 L1970, L1980-L2034, L2036 L2038, L2106 L2108, L2126 L2128, L4631
X	X	X	Epidurals outpatient (non-pregnancy) MPM 5.9	Pain - Epidural Corticosteroid Injections for Back Pain	62282, 62322, 62323, 64483, 64484
	X	X		Partial Hospitalization	912

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X	X	X	Drugs/Pharmacy a. Pharmacy b. Drugs that require Prior Authorization when provided and administered in the office or outpatient.a. See PHP Formulary website for medications requiring Prior Authorization https://www.phs.org/health-plans/medicare-advantage/medicare-prescription-drug-coverage/Pages/2015.aspx c. Specialty medications including but not limited to: See code section	Pharmacy	See Pharmacy <i>Authorization requirements related to Pharmaceuticals can be accessed at: https://www.phs.org/health-plans/medicare-advantage/medicare-prescription-drug-coverage/Pages/2015.aspx</i> • Choose the product formulary • Scroll down to Specialty Pharmaceutical List <i>Or go to</i> • www.phs.org • Select "Health Plans" • Select "Pharmacy" • Select Product • Scroll down to "Specialty Pharmaceutical List" <i>Or contact the Pharmacy Department at: 1-888-923-5757, Option 3, then Option 2</i> <i>Physicians Only: (505) 923-5500</i>
X	X	X	Panniculectomy MPM 16.5	Plastic surgery - Panniculectomy and Abdominoplasty and Body Contouring Procedures	15830, 15832, 15833, 15834, 15835, 15837, 15838, 15839, 15847, 15876, 15878, 15879, 17999(body contouring procedure)
X			*Cosmetic surgeries, including liposuction (not covered) MPM 18.5	Plastic Surgery - Restorative/Reconstructive/Cosmetic Surgery and Treatment	15775-15793, 15824-15829, 15832-15839, 15876-15879
	X	X	*Cosmetic surgeries, including liposuction (not covered) MPM 18.5	Plastic Surgery - Restorative/Reconstructive/Cosmetic Surgery and Treatment	11920, 11921, 11922, 11950, 11951, 11952, 11954, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15810, 15811, 15819, 15824, 15825, 15826, 15828, 15829, 15831, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21196, 21208, 21209, 21270, 21280, 21282, 21295, 21296, 21740, 30120, 30400, 30410, 30420, 30430, 30435, 30450, 40500, 65760, 65765, 65767, 67961, 69090, 69300
X	X	X	Prosthetics Myoelectric prosthetics Microprocessor Knee, Ankle PHP follows CGS ADM DME MAC Jurisdiction C Guidelines/PHP Medical Policies	Prosthetics	L5848, L5856, L5857, L5858, L5973, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7260, L7261, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L8032, L8035, L8039, Q4051, S1040, S8450, S8451, S8452 L2861, L5848, L5856-L5858
X	X	X	Proton Beam Irradiation MPM 16.14	Proton Beam Irradiation	77520, 77522, 77523, 77525, S8030 77520-77525, 0664 (APC), 0667 (APC)
X	X	X		<u>Residential Facility-Specialty Unit <21 (eq deaf unit)</u>	1000
X	X	X		<u>Residential Facility-Specialty Unit <21 (eq deaf unit)</u>	1000

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X	X	X		Respite	<u>T1005</u> , S9125, H0046
X	X	X		Skilled Nursing Facility Services (SNF)	All Codes
X	X	X		<u>Sub-Acute Residential Treatment Services <21</u>	194
X				<u>Transcranial Magnetic Stimulation(TMS)</u>	90867, 90868, 90869,90870
X	X	X		<u>Treatment Foster Care II</u>	S5145
X	X	X (*limitation)	MPM 20.3	Transplants - Bone marrow/stem cell transplant: Allogeneic, Autologous	38204-38206, 38230-38242, S2150
X	X	X (*limitation)	MPM 20.6	Transplants - Heart (includes ventricular assist and artificial heart devices.	33940, 33944, 33945, S2152
X	X	X (*limitation)	MPM 20.6	Transplants - Heart and lung	33930, 33933, 33935
X	X	X (*limitation)	MPM 20.6	Transplants - Kidney	50300-50380
X	X	X (*limitation)	MPM 20.6	Transplants - Liver	47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147 S2152
X	X	X (*limitation)	MPM 20.6	Transplants - Lung and lobar lung	32850, 32851, 32852, 32853, 32854, 32855, 32856, S2060, S2061
X	X	X (*limitation)	MPM 20.6	Transplants - Pancreas and kidney	48160, 48550-48554, S2065
X	X	X (*limitation)	MPM 20.6	Transplants - Pancreas islet cell	S2102
X	X	X (*limitation)	MPM 20.6	Transplants - Procurement, transportation	S2152
X	X	X (*limitation)	MPM 20.6	Transplants - Small bowel, small bowel/liver	44132, 44133, 44135, 44136, 44715, 44720, 44721 S2053-S2055
	X	X	MPM 22.1	Veins - Varicose Vein Procedures including echosclerotherapy	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, S2202
X	X	X		<u>Waiting Placement Days</u>	169