



# NEW MEXICO CODE/BENEFIT EXCEPTIONS

**MARKETPLACE:**

**Home Health Services** - (including home based OT/PT/ST): All home healthcare services require PA after initial evaluation plus (6) visits per calendar year. PA is required for all visits after initial evaluation, PT/OT/ST).

**Outpatient Therapy** - For PT/OT, PA required after initial evaluation + 12 visits/year. For ST, PA required after initial evaluation + 6 visits/year.

**Rehabilitation Services** - Cardiac and pulmonary rehab - PA Required for all visits after initial eval

**Sleep Study:** Prior auth required except for Home Sleep Study

PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting.

**Hospice:** inpatient care is notification only; Prior Authorization is not required.

Mental Health or Substance Use Disorder Services: Prior Authorization may be required for continuation of services or additional services in chronic necessary care, including for acute episodes of chronic mental health or substance use disorder conditions.

**Healthcare Administered Drug Requests faxed to:**

▫ Medicare via Novologix Provider Portal or fax at 800-391-6437    ▫ Marketplace 866-472-4578

**Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED**

Code	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions
43842	NC		
J0570	N		
J0577	N		
J0578	N		
Q9991	N		
Q9992	N		
V5171	N		
V5172	N		
V5181	N		
V5211	N		
V5212	N		
V5213	N		
V5214	N		
V5215	N		
V5221	N		
90875	Y	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency
90876	Y	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency
90901	Y	BIOFEEDBACK TRAINING ANY MODALITY	Behavioral/Mental Health, Alcohol-Chemical Dependency
90912	Y	BFB TRAINING W/EMG and /MANOMETRY 1ST 15 MIN CNTCT	Behavioral/Mental Health, Alcohol-Chemical Dependency
90913	Y	BFB TRAINING W/EMG and /MANOMETRY EA ADDL 15 MIN CNTCT	Behavioral/Mental Health, Alcohol-Chemical Dependency

96020	Y	TEST SELECT and ADMN FUNCTL BRAIN MAP PHYS/QHP	Behavioral/Mental Health, Alcohol-Chemical Dependency
95783	Y	POLYSOM LT 6 YRS SLEEP W/CPAP/BILVL VENT 4 OR GT PARAM	Sleep Studies

**Effective Q2, 2024**

ar year. Plan limits 100 visits per calendar year counting all visits (includes skilled nursing,

or stable conditions. Prior Authorization is not required for acute or immediately

**Code Notes**

Only covered for Raynauds and treatment of fecal incontinence

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