



New Mexico
Individual and Family Plans 2024

Prior authorization requirements for members

Network

Network providers are responsible for obtaining prior authorization for in-network services.

Out-of-network

Out-of-network providers are not responsible for prior authorization and, therefore, members are required to contact us before receiving the indicated services from out-of-network providers. In most circumstances, out-of-network benefits are not available for UnitedHealthcare of New Mexico Individual and Family HMO Plans.

Members are required to obtain prior authorization from us before receiving the services specified below. If a member chooses to receive a service that has been determined not to be a Medically Necessary Covered Health Care Service, the member will be responsible for paying all charges and no Benefits will be paid.

Service	Specific Services requiring authorization
Ambulance services	Non-emergent air/ground
Cellular and gene therapy	All
Clinical trials	All
Congenital heart disease	Surgery
Dental services Hospital and General Anesthesia	All
Diabetes services*	Insulin pumps
DME, orthotics and supplies*	Certain DME requires prior auth. Please contact the member call center or your UnitedHealthcare representative for more information.
Home health care	All
Hospice	All
Hospital Inpatient	All admits
Lab, X-ray and diagnostics	Genetic testing, sleep studies and transthoracic ecocardiogram
Major diagnostic and imaging – outpatient	CT, PET scans, MRI, MRA and nuclear medicine, including nuclear cardiology

**Unless there is a change in diagnosis or in a Covered Person's management or treatment of diabetes or its complications, we will not require more than one prior authorization per Policy period for any single drug or category of item if prescribed as Medically Necessary by the Covered Person's health care practitioner. Changes in the prescribed dose of a drug; quantities of supplies needed to administer a prescribed drug; quantities of blood glucose self-testing equipment and supplies; or quantities of supplies needed to use or operate devices for which a Covered Person has received prior authorization during the Policy year will not be subject to additional prior authorization requirements in the same Policy year if prescribed as Medically Necessary by the Covered Person's health care practitioner.*



Service

Specific Services requiring authorization

Mental health care and substance-related and addictive disorders inpatient and outpatient**	Inpatient admit including residential treatment facilities except if the admission is an initial inpatient substance use treatment service
	Subsequent (non-initial) in-network outpatient substance use treatment services
	Outpatient services that require prior authorization: Partial Hospitalization/Day Treatment; Intensive Outpatient Treatment programs; outpatient electro-convulsive treatment; psychological testing; transcranial magnetic stimulation; Intensive Behavioral Therapy, including Applied Behavior Analysis (ABA).
Pregnancy – maternity services	If exceeds mandated length of stay
Prosthetic devices	All
Reconstructive procedures	All
Skilled nursing facility/inpatient rehab	All
Surgery – outpatient	Cardiac catheterization, pacemaker insertion, implantable cardioverter defibrillators, diagnostic catheterization, electrophysiology implant, gender transition, and sleep apnea surgery
Temporomandibular Joint (TMJ) Services and Craniomandibular Disorder Services.	Inpatient
Therapeutics – outpatient	Intensity modulated radiation therapy and radiation oncology
Transplantation services	All

***Except for in-network acute or immediately necessary care and in-network acute episodes of chronic mental health or substance use disorder conditions. In-network acute or immediately necessary care, in-network acute episodes of chronic mental health or substance use disorder conditions and initial in-network inpatient or outpatient substance use treatment services are subject to notification requirements by the network provider after the initiation of such services. If the network provider fails to provide notification, such services shall be subject to prior authorization.*

Contact your UnitedHealthcare representative for more information

