

New Mexico

Commercial 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 HMO Plans.

Members are required to obtain prior authorization from us before receiving the services specified below from out-of-network providers. 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 pump greater than \$1,000
DME, orthotics and supplies	All greater than \$1,000
Fertility preservation for iatrogenic infertility	All
Gender dysphoria	Surgery
Habilitative services	IP admit only
Home health care	All
Hospice	IP admit only
Hospital inpatient	All admits
Lab, X-ray and diagnostics	Genetic testing, sleep studies, stress echocardiography and transthoracic echocardiogram
Major diagnostic and imaging — outpatient	CT, PET scans, MRI, MRA and nuclear medicine, including nuclear cardiology



Service	Specific services requiring authorization
Mental health care and substance-related and addictive disorders inpatient and outpatient	Inpatient admit including residential treatment facilities Outpatient services that require prior authorization: Partial Hospitalization/Day Treatment/ High-Intensity Outpatient ; Intensive Outpatient Treatment programs; outpatient electro-convulsive treatment; psychological testing; transcranial magnetic stimulation; Intensive Behavioral Therapy, including Applied Behavior Analysis (ABA)
Preimplantation genetic testing (PGT)	All
Pregnancy—maternity services	If exceeds mandated length of stay
Prosthetic devices	Greater than \$1,000
Reconstructive procedures	All
Skilled nursing facility/inpatient rehab	All
Surgery— outpatient	Cardiac catheterization, pacemaker insertion, implantable cardioverter defibrillators, diagnostic catheterization and electrophysiology implant and sleep apnea surgery
Temporomandibular Joint (TMJ) Services and Craniomandibular Disorder Services.	Inpatient
Therapeutics — outpatient	Dialysis, intensity modulated radiation therapy, radiation oncology and MR-guided focused ultrasound
Transplantation services	All

Contact your UnitedHealthcare representative for more information

