



New Mexico
Small Group Commercial 2025

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 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	DME for the management and treatment of diabetes that costs more than \$1,000
DME, orthotics and supplies	DME or orthotic that costs more than \$1,000
Fertility Preservation for Iatrogenic Infertility	All
Gender Dysphoria	Surgery
Habilitative Services	Inpatient admit
Home health care	All
Hospice	Inpatient admit
Hospital Inpatient	All admits



Service**Specific Services requiring authorization**

Hyperbaric Oxygen Therapy	All
Infertility Services	All
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
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; Intensive Behavioral Therapy, including Applied Behavior Analysis (ABA), psychological testing and transcranial magnet stimulation
Obesity Surgery	All
Pregnancy – maternity services	If exceeds mandated length of stay
Preimplantation Genetic Testing (PGT) and Related Services	All
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, electrophysiology implant, and sleep apnea surgery
Temporomandibular Joint (TMJ) Services and Craniomandibular Disorder Services.	Inpatient
Therapeutics – outpatient	Dialysis, intensity modulated radiation therapy and MR-guided focused ultrasound.



Service

Specific Services requiring authorization

Transplantation services

All

Contact your UnitedHealthcare representative for more information

