

Authorization is a request for services, a procedure, or an admission to a hospital or facility that must be obtained before any such service is given or within 24 hours after an emergency. A prior authorization is required for services, procedures, or admissions that require medical necessity review. Prior authorization is not a guarantee of payment.

The following services require prior authorization by New Mexico Health Connections (NMHC). We also require notification for certain other services so that we may assist you and your patients with discharge planning, care coordination, and case management. All services must be medically necessary and appropriate and meet NMHC coverage criteria where applicable. Services rendered by non-contracted providers must receive prior authorization except those provided in an emergency department. Claims will be reviewed to determine member eligibility at the time of service, benefit availability, evidence of coverage provisions, and claims payment agreements. Benefits are determined by each Member's plan. Failure to obtain necessary prior authorization or provide notification within the stipulated time frame will result in denial of the service and associated costs.

<b>Prior Authorization Resources</b>	
Online Prior Authorization Reference Guide	<a href="http://www.mynmhc.org/medical-management.aspx">www.mynmhc.org/medical-management.aspx</a>
Electronic Prior Authorization Submission	<a href="http://www.mynmhc.org/prior-authorization-requests.aspx">www.mynmhc.org/prior-authorization-requests.aspx</a>
Download NMHC Prior Authorization Form	<a href="http://www.mynmhc.org/provider-resources.aspx">www.mynmhc.org/provider-resources.aspx</a>
Fax NMHC Prior Authorization Form	Fax: 1-866-446-3774
Telephone Contact for Prior Authorization	1-855-7MY-NMHC (1-855-769-6642)
Telephone Contact for Specialty Pharmacy	1-800-880-1188

### Authorization Review Process

NMHC seeks to make the Authorization Review process as efficient and easy to use as possible. To this end, NMHC recommends electronic submission of prior authorization requests for expediency. If the beneficiary requires specialty care within 5 business days, or for an urgent issue, the process may be expedited with any of the following:

<b>Expedited/Urgent Prior Authorization Requests</b>	
Urgent Electronic Prior Authorization Request	<a href="http://www.mynmhc.org">www.mynmhc.org</a>
Download NMHC Prior Authorization Form	<a href="http://www.mynmhc.org/provider-resources.aspx">www.mynmhc.org/provider-resources.aspx</a>
Urgent Prior Authorization Requests by Phone	1-855-7MY-NMHC (1-855-769-6642)
Urgent Prior Authorization Request by Fax	1-866-446-3774
Telephone Contact for Specialty Pharmacy	1-800-880-1188

### New Technology

Newly published/assigned codes and new/emerging therapy services or technology not listed may require prior authorization to determine medical necessity. Check with us before providing these types of services. This list is updated bi-annually, but may change at any time. Please refer to the version currently in effect by visiting our website at [www.mynmhc.org](http://www.mynmhc.org).

### Notification (No Prior Authorization Requirement)

The following services require notification within 24 hours of the service, procedure, or admission. Clarification of services that require prior authorization as opposed to notification is provided in the right column. If uncertainty exists regarding the need for prior authorization as opposed to notification, the provider must contact NMHC for clarification.

<b>Services Requiring Notification*</b>	
<b>Service Request</b>	<b>Is Notification Required?</b>
Acute Hospital Admissions: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Surgical</li> </ul>	Yes, within 24 hours of admission. <ul style="list-style-type: none"> <li>• Notify NMHC of emergent admissions within 24 hours or the next business day of inpatient admission.</li> <li>• Routine vaginal or cesarean section deliveries do not require medical necessity review; however, both delivery types require notification.</li> <li>• Complete and send newborn enrollment forms within 30 days of delivery.</li> </ul>
Observation Status (24 hours or fewer):	Yes, within 24 hours. <ul style="list-style-type: none"> <li>• Observation Status, regardless of duration, as an adjunct to surgical/radiology procedures or procedures performed in ambulatory surgical units, require prior authorization.</li> </ul>
Hospice Services	Yes, within 24 hours of hospice enrollment.
Dialysis	Yes, within 24 hours of therapy.

\*All out-of-network physicians and hospital and ancillary service requests require prior authorization.

<b>Services Requiring Prior Authorization*</b>	
<b>Service Request</b>	<b>Is Prior Authorization (PA) Required for In-Network Providers?</b>
Admissions: <ul style="list-style-type: none"> <li>• Elective Procedures/Surgery</li> <li>• LTAC, Rehabilitation, SNF</li> <li>• Observation Stays Extending Beyond 24 hours</li> <li>• Radiology Procedures Requiring Inpatient or Observation</li> </ul>	Yes. <ul style="list-style-type: none"> <li>• All elective admissions require PA.</li> <li>• Admission to any long-term acute care, rehabilitation or skilled nursing facility, requires PA.</li> <li>• Observation status, regardless of duration, as an adjunct to surgical/radiology procedures or procedures performed in ambulatory surgical units, require PA.</li> </ul>
Advanced Imaging: <ul style="list-style-type: none"> <li>• CT/CTA</li> <li>• MRI/MRA</li> <li>• Cardiac Nuclear Medicine Studies</li> <li>• PET/SPECT</li> </ul>	Yes. Exclusions: Imaging rendered in the following settings DOES NOT require prior authorization: <ul style="list-style-type: none"> <li>• Emergency department</li> <li>• Inpatient setting</li> <li>• Observation unit</li> </ul>
Transportation/Transfers <ul style="list-style-type: none"> <li>• Non-emergent Ground Medical Transport</li> <li>• Air Medical Transport</li> </ul>	Yes.
Behavioral Health <ul style="list-style-type: none"> <li>• Applied behavioral analysis therapy</li> <li>• Electroconvulsive therapy (ECT)</li> <li>• Partial Hospitalization</li> <li>• Inpatient Admission</li> <li>• Transcranial Magnetic Stimulation</li> </ul>	Yes.

## Services Requiring Prior Authorization\*

Service Request	Is Prior Authorization (PA) Required for In-Network Providers?
PT/OT/ST <ul style="list-style-type: none"> <li>PA required AFTER first 10 visits per health plan year</li> </ul>	Yes.
Pharmacy, Specialty <ul style="list-style-type: none"> <li>Medications including but not limited to: Biologics, Genomic drugs, Monoclonal Antibody and TNF Inhibitors. See <a href="http://www.mynmhc.org">www.mynmhc.org</a> for a comprehensive list of medications requiring prior authorization.</li> </ul>	Yes.
Durable Medical Equipment (DME)/External Prosthetic Appliances (EPA) and Supplies	Yes. <ul style="list-style-type: none"> <li>Any equipment &gt;\$1000 per single item in addition to the following services:               <ul style="list-style-type: none"> <li>All rental equipment</li> <li>Customized orthotics, prosthetics, braces</li> <li>Oral appliances</li> <li>Bone-anchored hearing aids and cochlear implants</li> <li>Oxygen and related equipment</li> <li>Insulin pumps and supplies</li> <li>CPAP/BiPAP and sleep study equipment</li> <li>Ventilators and related equipment</li> <li>Dialysis equipment</li> <li>Defibrillators and related equipment</li> <li>Chest wall oscillation air-pulse generator system and related equipment</li> <li>Bone stimulators</li> <li>Functional neuromuscular stimulators and transcutaneous sequential muscle stimulation</li> <li>Functional electrical stimulation and transcutaneous nerve and/or muscle stimulation</li> <li>Vagal nerve stimulators/spinal stimulators</li> <li>Insulin pumps and/or continuous glucose monitors</li> <li>Custom made and specially sized wheelchairs and related equipment</li> <li>Power wheelchairs and related equipment</li> <li>Power operated vehicles and related equipment</li> <li>Electric, semi-electric, air fluidized, and advanced technology beds and related equipment</li> <li>Non-specific, miscellaneous, and unlisted DME, orthotic and prosthetic codes</li> </ul> </li> </ul>
Specialty Diagnostics/Treatments/Supplies/Miscellaneous	Yes. <ul style="list-style-type: none"> <li>3D imaging</li> <li>Intima media thickness Testing</li> <li>Virtual colonoscopy/capsule endoscopy</li> <li>Continuous EEG monitoring (elective admission)</li> <li>Pneumograms/apnea monitors</li> <li>Therapy (physical, speech, occupational) after 10 visits</li> </ul>

## Services Requiring Prior Authorization\*

Service Request	Is Prior Authorization (PA) Required for In-Network Providers?
	<p>Yes.</p> <ul style="list-style-type: none"> <li>• Home health services (skilled nursing, PT, OT, ST)</li> <li>• Clinical trials</li> <li>• Experimental/investigational procedures</li> <li>• Wound therapy, wound vacuum device, hyperbaric therapy</li> <li>• Genetic counseling and testing (amniocentesis/chorionic villous/AFP test excluded)</li> <li>• Specialty laboratory testing (ex. Oncotype)</li> <li>• Diapers, incontinence products, and gloves</li> <li>• Enteral formulas and nutritional supplements</li> <li>• Infertility services</li> <li>• Injectables/infusions over \$300 including allergy prep</li> <li>• Non-specific, miscellaneous, and unlisted treatments and supplies</li> </ul>
Dental Services	<p>Yes.</p> <ul style="list-style-type: none"> <li>• Inpatient facility and anesthesia services require PA.</li> <li>• Services for dental injury require PA.</li> <li>• Non-specific, miscellaneous, and unlisted dental treatments and supplies require PA.</li> </ul>
Surgery/Specialty Procedures	<p>Yes.</p> <ul style="list-style-type: none"> <li>• All outpatient hospital/ambulatory surgery center (ASC) procedures (see exclusions below)</li> <li>• Office-based surgical procedures (see exclusions)</li> <li>• Implanted Medical Devices</li> <li>• Cosmetic/plastic/reconstructive (all settings)</li> <li>• Orthognathic/oral/TMJ treatments</li> <li>• Weight loss/bariatric surgeries</li> <li>• Transplant, solid organ, stem cell, bone marrow (including evaluation and travel expenses)</li> <li>• Spinal fusion and vertebroplasty</li> <li>• X-STOP® Spacer for spinal stenosis</li> <li>• Ventricular assist device (VAD)</li> <li>• Lung volume reduction</li> <li>• Transaortic or transapical valve insertion or replacement</li> <li>• Pain management procedures, including but not limited to: Symphathectomies, neurotomies, radiofrequency ablation, injection/infusions, blocks, pumps, implants, minimally invasive lumbar decompression, acupuncture</li> <li>• Non-specific, miscellaneous, and unlisted surgeries and procedures</li> </ul>

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## Services NOT Requiring Prior Authorization\* (not an all-inclusive list)

Service Request	Is Prior Authorization (PA) Required for In-Network Providers?
<p>Exclusions: Examples of <b>OFFICE-BASED</b> procedures that are EXCLUDED from Prior Authorization:</p>	<p>No. The following examples DO NOT require PA:</p> <ul style="list-style-type: none"> <li>• Biopsy/excision of malignant lesion</li> <li>• Casting/Splinting</li> <li>• Circumcision &lt;28 days of age</li> <li>• Colposcopy</li> <li>• Endometrial/endocervical sampling</li> <li>• Acupuncture services (except for PT/Rehab codes)</li> <li>• Chiropractic services (except for PT/Rehab codes)</li> <li>• PT/OT/ST/Rehabilitative/Habilitative Services (No PA required for first 10 visits per health plan year)</li> <li>• Incision and drainage of abscess/aspirations/suturing</li> <li>• Intrauterine device insertion/replacement/ removal</li> <li>• Outpatient behavioral health services including neuropsychology and psychological testing</li> <li>• PICC line placement</li> <li>• PORT-A-CATH®</li> <li>• Toenail removal/neuroma injection</li> <li>• Vasectomy, office based</li> <li>• Wound care debridement</li> </ul>
<p>Exclusions: Examples of <b>AMBULATORY SURGICAL CENTER</b> procedures that are EXCLUDED from Prior Authorization:</p>	<p>No. The following examples DO NOT require PA:</p> <ul style="list-style-type: none"> <li>• Biopsy/excision of malignant lesion</li> <li>• Bladder tumor</li> <li>• Bronchoscopy</li> <li>• Cerclage during pregnancy</li> <li>• Cystourethroscopy</li> <li>• Colonoscopy (direct visualization)</li> <li>• Orchiopexy</li> <li>• Sterilization</li> <li>• TURP</li> </ul>

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