

New Mexico Health Connections Precertification Approval Protocols

**No Prior Authorization is required for the below services if the service is provided in-network¹ and will be paid automatically by claims dept.
The provider's office will be contacted and informed that service does not require prior authorization.**

Service	Criteria/Codes	Comments
Allergy Testing/Serum	95024 #20; 95044 #30; 95004 #75, 86008 up to #120 units, 95117, 95165	N/A
Amniocentesis	CPT: 59000-59001 and 76946	
Audiometry	CPT: 92550-57 Hearing exams are covered when they are used to diagnose and treat ear injuries or diseases of the ear. Routine hearing screenings from a Primary Care Practitioner are covered for Members up to age eighteen (18).	Diagnosis code F14Z - Hearing aid assessment - is not a covered benefit unless the member is 18 years or younger.
Bilirubin Bed	CPT: E0202	N/A
Blood Products (PRBC, IRBC)	E0106, E0112, E0120 Admin - 36430-36460	
Bone Density Screening (DEXA Scan)	CPT: 77078-77081	Preventative: Screening Women under 65, post-menopausal and at risk for osteoporosis. All Members over 65 and at risk for osteoporosis. Every 10 years.
Breast Biopsy	CPT: 19100-19100, 19081-19086	
Breast pumps	CPT: E0602-E0604	Purchase of personal reimbursement up to \$250 with provider's prescription
Cardiac Stress Test (Exercise Treadmill or bicycle)	CPT: 93015-93017	
Carotid Doppler	CPT: 93875-93882	
Cataract surgery	CPT: 66820-66825 and 66982-66984	
Chiropractic Services	Services must be appropriate for the treatment of a Condition that is covered by the Plan. Coverage is limited to twenty (20) visits per Calendar Year.	Plan Limit of 20 Visits Per Calendar Year
Colonoscopy/Flexible sigmoidoscopy Cologuard	Diagnostic CPTs: 44388-44408, 45330-45346, screening G0104-G0106, G0120-G0121, 81528, 45375-45378	Preventative: Must be billed as screening CPT code with diagnosis codes Z12.1-Z12.13 to be paid as preventative. Includes Anesthesia. Cologuard covered at 100% if screening (preventative)

New Mexico Health Connections Precertification Approval Protocols

Colposcopy	CPT: 57420, 57421, 57452-57455, 57461, 57461	
CPAP Supplies	CPT: A9276 thru A7039	
Diabetic Supplies, Including Sensors & Transmitter	Has established diagnosis of DM (E11.xx) and using expected amount of supplies: A9277 Sensors for continuous monitoring system <ul style="list-style-type: none"> • ≤1 glucometer (E0607) every 3 years • Up to 100 lancets (A4259) and strips (A4253) each month 	
Diabetes Education	1) Has diagnosis of DM (E11.x) 20 half hour sessions over 3 months	
Echocardiogram	CPT: 93306-93308, 93320-93325	
EKG	CPT: 93000, 93005, 93010	
Endometrial biopsies (EMB)	CPT: 58100	
Essure procedure	CPT: 58565	
Hearing Aids	CPT: 92590-92593 and 92570 and under the age of 18	Hearing aids and the evaluation for the fitting of Hearing Aids up to age eighteen (18), or up to age twenty-one (21) if the member is still attending high school.
Hemorrhoid Banding In office or OR	45350	
In-office procedures	In office and less than \$1000 per claim	
Injections	In office and less than \$1000 per claim	If the member is getting medication through PBM, no auth required for administration.
IUD	Any J code for IUD and insertion CPT:58300	Device and insertion paid at 100%
LEEP procedures		
Mammogram	CPT 77067(screening) CPT: 77065-77066(Diagnostic)	
Medical Nutrition Therapy/ Nutrition counseling	CPT: 97802, 97803, 97804, G0270, G0271	
Neuropsychological Testing	CPT: 96130-96133 and 96136-96139	No Auth Required
Outpatient Mental Health Counseling		Individual counseling only.
Occupational Therapy	No authorization required	

New Mexico Health Connections Precertification Approval Protocols

		Out-of-network services require authorization and only covered if a specialty or procedure is not available within network.
Office visits PCP or Specialist	99211-99215 and 99202-99205	
Overnight Pulse Oximetry	CPT: E0445 and 94760-94762	
Peg Tube Changes	CPT:43246	
Pacemaker check	CPT: 93279, 93280 - 93285, 93260	
Physical Therapy	Advise caller that no authorization required	
Peripheral inserted Central Catheter (PICC line)	CPT:36568, 36569, 36572, 36573	No auth for placement/ replacement or flushes.
Port Catheter placement	CPT 36560 and 36561	No auth for placement/ replacement or flushes.
Pulmonary Function Test (PFT)	94617-94618, 94452, 94010, 94050, 94728, 94770, 94727, 94375	
Retinal Detachment repair	67110-67115 and dx H33.0 through H33.2	
Speech Therapy	No authorization required	
Sperm Analysis	89320- 89322, 89261	No Auth required, billed as a lab
Skin Biopsies	1110, 11200-11201, 11300-11313, 17100 Less than \$1000	MOHS and PDT are only dermatology procedure that require auth
Substance abuse/ Chemical dependency	Outpatient	Outpatient therapy only/ IP requires auth.
Therapeutic Phlebotomy	CPT: 99195-99199	
Tubal ligation	CPT: 58600, 58605, 58611, 58615	
Ultrasounds	All CPT codes	Thyroid Uptake scan does require auth
Vasectomy	CPT: 55250	
Wound Care and debridement	CPT: 97597-97598, 11042- 11047	In- office only

New Mexico Health Connections Precertification Approval Protocols

Prior Authorization is required but will be approved by the medical specialist under the conditions specified		
Service	Criteria/Codes	Comments
ABA Therapy (Applied Behavioral Analysis)	97151 – 97158 or 96150-96159	Auto approve if ADHD, ADD or Autism Dx, otherwise send to Nurse Coordinators
BRCA test	CPT 81211, 81213 (if performed at contracted facility)	
Braces- DME	If ordered by orthopedist CPT: L3980-3984, L3995, L3999, L2112-2116, L2126-36, L4631, L4350-4387	
Breast Prosthetics/Mastectomy bra	L8000 – L8002, L8010, L8015, L8020, L8030, L8032, L8039, L8031 & L8035	Auto approval,4 bra's every year and 4 prosthetics (2 per breast) if foam, or 2 prosthetics (1 per breast) if silicone every 2 years; includes fitting.
Cardiac Rehab	93797-98	Services require Prior Authorization after ten (10) visits.
Continuous Glucose Supplies	CPT: A9276 X365 A9277x3 A9278x90	Approve for 1 year.
Continuous Passive Motion (CPM) Machine	E0935, E0936	Starting within two days following knee arthroplasty or ACL repair for up to 3 weeks.
CPAP Machine 10 month rental	A0601 and E0561-E0562	Approve for 10 months if 30 Day compliance report attached and the report reads usage of >4hours at 70% And first 3 months approved by Nurse/MD
CT Scan abd/pelvis, chest, head, sinus	CPT:74176-78, 71260, 71250, 71270, 74150, 74160, 74170, 70486, 70487, 72192-94, 76380, 70450, 70480	Approve if they have not the same exam in the last 30 days.
Echocardiography Pharmacologic Stress	Ordered by Cardiologist; CPT: 93350, 93351,93352, C8928, C8930	
EGD with Colonoscopy	CPT 43235, 43236 only. Approve only when with being performed with colonoscopy. 43239 for Biopsy	
Electroencephalography (EEG)	Ordered by neurologist; CPT: 95812-95827, 95861	
Electromyography (EMG)	CPT 95860-95875 & 95886	
Eye injections: Avastin, Eylea	J9035, J9400 and administration	Approved if diagnosis of Neovascular (Wet) Age-Related Macular Degeneration (AMD), Diabetic Macular Edema, Macular Edema Following Retinal Vein Occlusion (RVO) or Diabetic Retinopathy in patients with DME
Holter Monitor	CPT 93224 to 93227	Less than 48 hour monitoring
Home sleep Studies	CPT code 95800-95806	Approve for 3 months length.
Myelogram	Ordered by neurologist or orthopedist; CPT: 70010-70015, 72240-72270	
Nerve Conduction Studies (NCV)	Ordered by neurologist or physiatrist; CPT: 95900-95913, 95924-95936	
Paracentesis	49082 - 49084	Auto Approval

New Mexico Health Connections Precertification Approval Protocols

Pharmacological stress Test	Ordered by Cardiologist; CPT: 93016- 93018	
Pediatric oxygen new or renewal	E1390-1392 and age less than 5 years old	Auto approve for 3 months
Punctual plugs	Approve if fail to respond to artificial tears, Restasis or similar medication.	
Oxygen renewals	E1390-E1392	Approve if auth already on file for previous cpt codes. Approve for 1 year if total number of months member has received oxygen is less than 36months.

New Mexico Health Connections Precertification Approval Protocols

Prior auth is needed for the following services will need licensed medical review		
Service	Criteria/Codes	Comments
Albumin Infusion ⁴	Approve as a volume expander in conjunction with therapeutic paracentesis, as needed.	
Chemotherapy or radiotherapy	Approve if treatment plan previously reviewed by MD and comments on case management disclose that specific drug, drug combination and/or radiotherapy treatment is adequate.	
Cochlear Implants	HCPC: L8614 and implantation code: 69930	
Dialysis	CPT: 90935-90947	
Electroconvulsive Therapy	CPT: 90870	
Event Monitoring-Cardiac	93268-93272	Greater the 48 hour monitoring
High Cost Medication	Approve if medication previously approved by MD for maintenance of chronic condition, as long as it is the same dosage (mg, frequency).	
Home Health	All services	
Hyaluronic acid or Hyaluronate derivate arthrocentesis	Approve if criteria met	
Inpatient procedures	All Inpatient services require auth. Pre-cert required if a scheduled procedure.	Notification required for all unscheduled admissions
Lupron	Approve if diagnosis of Prostate Cancer, central precocious puberty or endometriosis (failed NSAID's and OCP's)	
MCOT (mobile Cardiac outpatient monitoring)	93228 and 93229	
Noninvasive Prenatal Testing (cell-free fetal DNA) aneuploidy testing	CPT 81420.	
Oxygen and covered supplies – Initial set up	Approve if criteria met 1) Member has pO ₂ ≤55mmHg or O ₂ sat ≤88% And has diagnosis of CHF, COPD, cystic fibrosis, pulmonary hypertension, erythrocytosis, morning headache, other severe lung disease, or hypoxia-related symptoms or findings that are expected to improve with O ₂ therapy OR 2) Member has pO ₂ of 56-59mmHg or O ₂ sat=89% And diagnosis of CHF, pulmonary hypertension, or hematocrit >56%	
Out of network services	Not covered unless authorized by medical.	All services that can be done in-network must be even with Exception.
Outpatient Surgical Procedures	All outpatient surgery procedures. Examples ESI CPT code 64483, 64484, 62311	These services come with 23 hours observation. Over 23 hours is Inpatient stay- needs notification.
Thyroid Uptake Scan	78014-78018	
Therapeutic paracentesis ¹	Approve therapeutic paracentesis for refractory ascites every 2 weeks, as needed.	

¹ Management of Adult Patients with Ascites Due to Cirrhosis: Update 2012. Bruce A Runyon. American Association for the Study of Liver Diseases. 2012.

New Mexico Health Connections Precertification Approval Protocols

TMJ (Temporomandibular Joint Dysfunction) and CMJ (Craniomandibular Joint)	Plan provides coverage for surgical and non-surgical treatment, subject to the same conditions, limitations, and Prior Authorization procedures that apply to treatment of any other joint	The Plan does not cover orthodontic treatment and appliances, crowns, bridges, and dentures used for treatment of these disorders unless the disorder is caused by recent trauma.
Transcranial Magnetic Stimulation (TMS)	CPT: 90868, 90869, 90870	Max of 34 Visits
Transesophageal echocardiogram	CPT 93312-93318	
YAG laser	Approve if there is capsule thickening or cloudy vision after cataract surgery.	UR Nurse will approve if conditions met; otherwise, give to MD.