



2025 Optum Care Network of New Mexico Medicare Advantage prior authorization requirements

Effective Jan. 1, 2025

General information

Prior authorization is not required for emergency or urgent care.

Plans with referral requirements: If a member's health plan ID card states *Referral required*, certain services may require a referral from the member's primary care provider and prior authorization obtained by the treating physician.

Out-of-network

All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services and treatment require prior authorization. All out-of-network providers require prior authorization for any service rendered.

To view prior authorization requirements for UHC Medicare Advantage Providers:

Online: uhcprovider.com > Select *Coverage and payments* > Select *Prior Authorization*



Under *Medical professional resources*, select *Advance Notification and prior authorizations*

Medical professional resources

[Crosswalk](#)

For commercial, Individual Exchange, Medicare Advantage, and Community plan members, the crosswalk table will help you determine next steps when you need to provide a service different from the prior authorized service. Note: An X in the table means the crosswalk is available. An N/A in the table means Crosswalk is not available. You can find more helpful details in the [Crosswalk information sheet](#).

[Advance notification and prior authorization requirements](#)

Access the advance notification and prior authorization requirements to help determine a member's coverage.

Under *Advance Notification Prior Authorization Requirements*, scroll down to *Current Requirements by plan type*, select *Medicare Advantage*; click the date link

Current requirements by plan type

Choose one of the following relevant tabs to find the plan information you need.

Commercial

Medicare Advantage


UnitedHealthcare Medicare Advantage,
UnitedHealthcare west Medicare Advantage,
UnitedHealthcare Dual Complete,
Peoples Health

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To view prior authorization requirements for Humana Medicare Advantage Providers:

- **Online:** humana.com/provider/medical-resources/authorizations-referrals/preauthorization-lists > Under *Current preauthorization and notification lists*, select *Medicare and Dual Medicare-Medicaid Plans Preauthorization and Notification List*

Current preauthorization and notification lists

- [January 1, 2025, Part B Step Preferred Drug List](#) 
- [January 1, 2025, Humana Gold Plus Integrated Illinois Dual Medicare-Medicaid Plan Preauthorization and Notification List](#)
- [January 1, 2025, Humana Gold Plus® Integrated Medicare-Medicaid Illinois Long-Term Services and Supports \(LTSS\) Plan Preauthorization and Notification List](#)
- [\(PAL\)](#) 
- [January 1, 2025, Medicare Advantage and Dual Eligible Special Needs Plans Preauthorization and Notification List](#) 

Options: *Medical codes list* and *Medication code list*

After reading the applicability of the preauthorization requirements below, access services, codes and medication by selecting the appropriate link:

[Medicare January 2025 Medical \(physical health\)/ Behavioral health preauthorization list, please click here](#)

[Medicare 2025 Provider Administered Medication preauthorization list, please click here](#)

To view prior authorization requirements for Presbyterian Health Plan Providers:

For Advanced Imaging

Online: onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000035647%20

For Medical and Part B Medications

Online: phs.org/providers/authorizations > Select *Prior Authorization Guide*

- For medical codes, scroll down to the *Services Section* (Medicare Requirements are in the red section)

Certain specialized services and prescription drugs require a prior authorization or inpatient notification before being rendered to patients and members. Prior authorizations and inpatient notifications ensure that patients are receiving the right amount of medically necessary care in the right setting for the insurance plan for which they're enrolled.

Medical

 [Prior Authorization Guide](#) >

- For Part B Medications go to the *Pharmacy Department* in the red section under *Department* > select *Specialty Pharmaceuticals and Medical Drugs List*

Department	Online	Telephone	Fax
Physical Health Services	<ul style="list-style-type: none">• Presbyterian Log In	<ul style="list-style-type: none">• (505) 923-5757, option 4, followed by 1	<ul style="list-style-type: none">• Inpatient Services: (505) 843-3107• Outpatient Services: (505) 843-3047• Long-term Care: (505) 843-3195• University of New Mexico: (505) 843-3108• Home Health Care: (505) 559-1150
Pharmacy Services	<ul style="list-style-type: none">• Presbyterian Log In• List of drugs that have specific rules or requirements for coverage.• Specialty Pharmaceuticals and Medical Drugs List	<ul style="list-style-type: none">• (505) 923-5757, option 3• 1-888-923-5757, option 3	<ul style="list-style-type: none">• (505) 923-5540• 1-800-724-6953

To view prior authorization requirements for Blue Cross providers:

Online: bcbsnm.com/docs/provider/nm/mapd-pa-grid.pdf

To request prior authorization, please submit your request online:

- **Online:** To submit a prior authorization notification, sign in to optumproportal.com > select *Referrals & Prior Authorization*
- **Prior authorization Intake department phone (only if online not available):** 877-370-2845, TTY 711
- **Prior authorization department email:** lcd_um@optum.com

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