



BlueSaludSM Preauthorization Requirements

Service	Preauthorization required?
Ambulance services <ul style="list-style-type: none"> • Nonemergency ground transportation • Air ambulance 	YES
Behavioral Health care	Call OptumHealth SM New Mexico, 866-660-7185
Bone mass measurement	NO
Case management	YES
Chemical Dependency care	Call OptumHealth New Mexico, 866-660-7185
Colorectal screening exams	NO
Devices (all devices except blood glucose monitors)	YES
Diabetes self-monitoring training and supplies	NO
Diabetic counseling	NO
Diabetic shoes, mycotic nails	YES – member must meet the criteria for routine foot care
Diagnostics <ul style="list-style-type: none"> • Elective MRI, MRA, CT, and PET scans (not through AIM) • Elective nuclear cardiology procedures 	YES
Dialysis	NO
Diapers and underpads	YES – this is a medical benefit, not a pharmacy benefit. After the initial preauthorization, the member receives automatic subsequent authorization.
Dietary and nutritional services	YES
DME, prosthetics, orthotics, and ostomy <ul style="list-style-type: none"> • DME • External prosthetic appliances • Hearing aids • Orthotics 	YES – if greater than \$1,000
Emergency care	NO
Home birth	YES – need release of liability form signed by member
Home health care	YES
Home infusion therapy (HIT)	YES
Hospice care – outpatient	NO
Hospital admissions – inpatient <ul style="list-style-type: none"> • Acute hospital care • Acute rehabilitation facility • Inpatient hospice • Skilled nursing facilities (SNFs) • Subacute care similar to that provided in a SNF 	YES
Immunizations	NO
Laboratory services (outpatient)	NO
Mammograms (annual screening for members over 40)	NO
Medications <ul style="list-style-type: none"> • Injectable medications provided in the physician’s office when greater than \$200 on a single date of service, excluding chemotherapy • Home health care • Home infusion therapy 	YES – check for the latest list of medications requiring prior authorization on bcbsnm.com . Note: <ul style="list-style-type: none"> • Indian Health Service (IHS) is not restricted to formulary. • IHS prior authorization is required to assure use of injectible Specialty Pharmacy medications.
Out-of-network services	YES – not required for Native Americans using IHS facilities, for family planning, or for emergency care.
Outpatient services (outpatient facility-based services not included on this list)	NO

Pap smears and pelvic exams	NO
Personal care services/self-care	YES
Physician office visits	NO
Podiatry services	NO
Private-duty nursing	YES
Prostrate cancer screening exams	NO
Rehabilitation (outpatient)	YES
Temporomandibular joint (TMJ) (not a covered benefit)	NO
<p>Therapies</p> <ul style="list-style-type: none"> • Cardiac – prior to first visit (when provided by participating physician/professional provider) <hr style="width: 40%; margin-left: 0;"/> • Physical, speech, and occupational – prior to first visit (when provided by participating physician/professional provider) <hr style="width: 40%; margin-left: 0;"/> • Early Childhood Evaluation Program (ECEP) developmental evaluations <hr style="width: 40%; margin-left: 0;"/> • Family/infant/toddler (FIT) evaluations <hr style="width: 40%; margin-left: 0;"/> • Preschool Infant Evaluation (PIE) program evaluations 	<p>YES</p> <hr style="width: 40%; margin-left: 0;"/> <p>YES</p> <hr style="width: 40%; margin-left: 0;"/> <p>YES</p> <hr style="width: 40%; margin-left: 0;"/> <p>YES</p> <hr style="width: 40%; margin-left: 0;"/> <p>NO – part of school-based program</p>
<p>Treatments and dental procedures</p> <ul style="list-style-type: none"> • Anesthesia for dental work • Oral surgery • Treatment of injury to sound and natural tooth 	YES
<p>Treatments and medical procedures</p> <ul style="list-style-type: none"> • Carpal tunnel surgery • Cleft lip and palate repair • Infertility treatment (check with BCBSNM) • Pain management procedures • Reconstructive cosmetic procedures • Septoplasty • Transplants <ul style="list-style-type: none"> ○ Evaluation ○ Listing ○ Inpatient transplant • Treatment of varicose veins • Uvulopharyngopaloplasty 	YES

NOTE: Whether the services are Medically Necessary must be determined before an authorization number will be issued. **Claims received that do not have a preauthorization number will be denied.** Providers may not seek payment from the Member when a claim is denied for lack of a preauthorization number.

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