



New Mexico Specific Information

This document contains information specific to the State of New Mexico. Please refer to the Provider Reference Guide for general information regarding plan administration.

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1.1 Notice of Updates

Notice of updates published TBD.

- Added UnitedHealthcare Dual Complete[®] H0294-049-000 effective 01/01/2025.

1.2 Covered Benefits – UnitedHealthcare Community Plan of New Mexico Turquoise Care (Medicaid)

Plan ID(s): UDNMM-TC20, UDNMM-TC21

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> ▪ 1 service date every 12 months ages 20 and under. ▪ 1 service date every 24 months ages 21 and older.
Exam Replacement	<ul style="list-style-type: none"> ▪ Covered in accordance with eyeglass replacement benefit frequencies when the member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement frame and lenses are met.
Necessary Medical Services	<ul style="list-style-type: none"> ▪ Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Frame	<ul style="list-style-type: none"> ▪ 1 unit every 12 months ages 20 and under. ▪ 1 unit every 24 months ages 21 and older. ▪ Frames are covered more frequently when: <ul style="list-style-type: none"> ▪ an ophthalmologist or optometrist has documented a medical condition that requires replacement; or ▪ other situations that will be reviewed on a case-by-case basis
Lenses	<ul style="list-style-type: none"> ▪ 2 units (1 pair) every 12 months ages 20 and under. ▪ 2 units (1pair) every 24 months ages 21 and older. ▪ Lenses are covered more frequently when an ophthalmologist or optometrist recommends a change in prescription due to a medical condition, including, but not limited to cataracts, diabetes, hypertension, glaucoma, or treatment with certain systemic medications affecting vision. The vision prescription must be appropriately recorded on the member's visual examination record and indicated by a diagnosis on the claim. ▪ For the purchase of eyeglasses, the diopter correction must meet or exceed one of the following diopter correction criteria: <ul style="list-style-type: none"> ▪ -1.00 myopia (nearsightedness); ▪ + 1.00 for hyperopia (farsightedness); ▪ 0.75 astigmatism (distorted vision), the combined refractive error of sphere and cylinder to equal 0.75 will be accepted; ▪ ±1.00 for presbyopia (farsightedness of aging); or ▪ diplopia (double vision) - prism lenses. ▪ When an eligible recipient's existing prescription is updated and the frequency of replacement lenses meets the requirements above, the lenses may be replaced when there is a minimum 0.75 diopter change in the prescription. The combined refractive error of sphere and cylinder to equal 0.75 will be accepted. An exception is considered for the following: <ul style="list-style-type: none"> ▪ an ophthalmologist or optometrist recommends a change due to a medical condition; or ▪ an eligible recipient over 21 years of age with cataracts; or ▪ an eligible recipient under 21 years of age ▪ Bifocal lenses with a correction of 0.25 or more for distance vision and 1 diopter or more for added power (bifocal lens correction) are covered. ▪ Tinted lenses with filtered or photochromic lenses are covered if the examiner documents one or more of the following disease entities, injuries, syndromes or anomalies in the "comments" section of the visual examination record, and the prescription meets the dioptic correction purchase criteria: <ul style="list-style-type: none"> ▪ aniridia; ▪ albinism, ocular;

Benefit	Benefit Limitations/Criteria
	<ul style="list-style-type: none"> ▪ traumatic defect in iris; ▪ iris coloboma, congenital; ▪ chronic keratitis; ▪ sjogren's syndrome; ▪ aphakia, U.V. filter only if intraocular lens is not U.V. filtered; ▪ rod monochromaly; ▪ pseudophakia; and ▪ other diagnoses confirmed by ophthalmologist or optometrist that is documented on visual examination form ▪ Polycarbonate lenses are covered for: <ul style="list-style-type: none"> ▪ an eligible recipient for medical conditions which require prescriptions for high power lenses; ▪ an eligible recipient with monocular vision; ▪ an eligible recipient who works in a high-activity physical job; ▪ an eligible recipient under 21 years of age; ▪ an eligible recipient 21 years of age or older that has a developmental or intellectual disability ▪ Balance lenses for an eligible recipient under 21 years of age are covered without a prior confirmation in the following situations: <ul style="list-style-type: none"> ▪ lenses used to balance an aphakic eyeglass lens; or ▪ an eligible recipient under 21 years of age is blind in one eye and the visual acuity in the eye requiring correction meets the diopter correction purchase criteria. ▪ Prisms are covered if medically indicated to prevent diplopia (double vision). Documentation is required on the vision examination record. ▪ Lens tempering is covered on new glass lenses only. ▪ Lens edging and lens insertion is covered.
Eyeglass Replacements	<ul style="list-style-type: none"> ▪ Eyeglasses that are lost, broken, or have deteriorated to the point that, in the examiner's opinion, they have become unusable to the eligible recipient, may be replaced for the following: <ul style="list-style-type: none"> ▪ the eligible recipient is under 21 years of age; ▪ the eligible recipient is 21 years of age or older and has a developmental or intellectual disability ▪ The eligible recipient must meet diopter purchase criterion; and an explanation of the loss, deterioration or breakage must be provided. To identify replacement lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for lenses.
Necessary Contact Lenses	<ul style="list-style-type: none"> ▪ Covered as needed ages 20 and under. ▪ 1 pair (2 units) every 24 months ages 21 and older. <ul style="list-style-type: none"> ▪ Contact lenses may be covered more frequently for ages 21 and older if an ophthalmologist or an optometrist recommends a change in prescription due to medical condition affecting vision. ▪ Contact lenses, either the original prescription or replacement, are covered only with a prior confirmation. A request for prior confirmation will be evaluated on dioptic criteria or visual acuity, the eligible recipient's social or occupational need for contact lenses, and special medical needs. The criteria for confirmation of contact lenses are as follows: <ul style="list-style-type: none"> ▪ the eligible recipient must have a diagnosis of keratoconus or diopter correction of +/- 6.00 or higher in any meridian or at least 3.00 diopters of anisometropia; or ▪ monocular aphakics may be provided with one contact lens and a pair of bifocal glasses.
Necessary Contact Lens Replacements	<ul style="list-style-type: none"> ▪ Contact lenses that are lost, broken or have deteriorated to the point that, in the examiner's opinion, they have become unusable to the eligible recipient, may be replaced for the following:

Benefit	Benefit Limitations/Criteria
	<ul style="list-style-type: none"> ▪ the eligible recipient is under 21 years of age; ▪ the eligible recipient is 21 years of age or older and has a developmental or intellectual disability. ▪ The eligible recipient must meet diopter purchase criterion; and an explanation of the loss, deterioration or breakage must be provided.
Repairs	<ul style="list-style-type: none"> ▪ Minor repairs are covered.

1.3 Covered Benefits – UnitedHealthcare Community Plan of New Mexico Alternative Benefit Plan Ages 19-20 (Medicaid)

Plan ID(s): UDNMABP-20

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> ▪ 1 service date every 12 months ages 19 and 20.
Exam Replacement	<ul style="list-style-type: none"> ▪ Covered in accordance with eyeglass replacement benefit frequencies when the member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement frame and lenses are met.
Necessary Medical Services	<ul style="list-style-type: none"> ▪ Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Frame	<ul style="list-style-type: none"> ▪ 1 unit every 12 months ages 19 and 20. ▪ Frames are covered more frequently when: <ul style="list-style-type: none"> ▪ an ophthalmologist or optometrist has documented a medical condition that requires replacement; or ▪ other situations that will be reviewed on a case-by-case basis
Lenses	<ul style="list-style-type: none"> ▪ 2 units (1 pair) every 12 months ages 19 and 20. ▪ Lenses are covered more frequently when an ophthalmologist or optometrist recommends a change in prescription due to a medical condition, including, but not limited to cataracts, diabetes, hypertension, glaucoma, or treatment with certain systemic medications affecting vision. The vision prescription must be appropriately recorded on the member’s visual examination record and indicated by a diagnosis on the claim. ▪ For the purchase of eyeglasses, the diopter correction must meet or exceed one of the following diopter correction criteria: <ul style="list-style-type: none"> ▪ -1.00 myopia (nearsightedness); ▪ + 1.00 for hyperopia (farsightedness); ▪ 0.75 astigmatism (distorted vision), the combined refractive error of sphere and cylinder to equal 0.75 will be accepted; ▪ ±1.00 for presbyopia (farsightedness of aging); or ▪ diplopia (double vision) - prism lenses. ▪ When an eligible recipient’s existing prescription is updated and the frequency of replacement lenses meets the requirements above, the lenses may be replaced when there is a minimum 0.75 diopter change in the prescription. The combined refractive error of sphere and cylinder to equal 0.75 will be accepted. An exception is considered for the following: <ul style="list-style-type: none"> ▪ an ophthalmologist or optometrist recommends a change due to a medical condition; or ▪ an eligible recipient under 21 years of age ▪ Bifocal lenses with a correction of 0.25 or more for distance vision and 1 diopter or more for added power (bifocal lens correction) are covered.

Benefit	Benefit Limitations/Criteria
	<ul style="list-style-type: none"> ▪ Tinted lenses with filtered or photochromic lenses are covered if the examiner documents one or more of the following disease entities, injuries, syndromes or anomalies in the “comments” section of the visual examination record, and the prescription meets the dioptic correction purchase criteria: <ul style="list-style-type: none"> ▪ aniridia; ▪ albinism, ocular; ▪ traumatic defect in iris; ▪ iris coloboma, congenital; ▪ chronic keratitis; ▪ sjogren’s syndrome; ▪ aphakia, U.V. filter only if intraocular lens is not U.V. filtered; ▪ rod monochromaly; ▪ pseudophakia; and ▪ other diagnoses confirmed by ophthalmologist or optometrist that is documented on visual examination form ▪ Polycarbonate lenses are covered for: <ul style="list-style-type: none"> ▪ an eligible recipient for medical conditions which require prescriptions for high power lenses; ▪ an eligible recipient with monocular vision; ▪ an eligible recipient who works in a high-activity physical job; ▪ an eligible recipient under 21 years of age; ▪ Balance lenses for an eligible recipient under 21 years of age are covered without a prior confirmation in the following situations: <ul style="list-style-type: none"> ▪ lenses used to balance an aphakic eyeglass lens; or ▪ an eligible recipient under 21 years of age is blind in one eye and the visual acuity in the eye requiring correction meets the diopter correction purchase criteria. ▪ Prisms are covered if medically indicated to prevent diplopia (double vision). Documentation is required on the vision examination record. ▪ Lens tempering is covered on new glass lenses only. ▪ Lens edging and lens insertion is covered.
Eyeglass Replacements	<ul style="list-style-type: none"> ▪ Eyeglasses that are lost, broken, or have deteriorated to the point that, in the examiner’s opinion, they have become unusable to the eligible recipient, may be replaced for the following: <ul style="list-style-type: none"> ▪ the eligible recipient is under 21 years of age; ▪ The eligible recipient must meet diopter purchase criterion; and an explanation of the loss, deterioration or breakage must be provided. To identify replacement lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for lenses.
Necessary Contact Lenses	<ul style="list-style-type: none"> ▪ Covered as needed ages 20 and under. ▪ Contact lenses, either the original prescription or replacement, are covered only with a prior confirmation. A request for prior confirmation will be evaluated on dioptic criteria or visual acuity, the eligible recipient’s social or occupational need for contact lenses, and special medical needs. The criteria for confirmation of contact lenses are as follows: <ul style="list-style-type: none"> ▪ the eligible recipient must have a diagnosis of keratoconus or diopter correction of +/- 6.00 or higher in any meridian or at least 3.00 diopters of anisometropia; or ▪ monocular aphakics may be provided with one contact lens and a pair of bifocal glasses.
Necessary Contact Lens Replacements	<ul style="list-style-type: none"> ▪ Contact lenses that are lost, broken or have deteriorated to the point that, in the examiner’s opinion, they have become unusable to the eligible recipient, may be replaced.



Benefit	Benefit Limitations/Criteria
Repairs	<ul style="list-style-type: none"><li data-bbox="464 302 1938 326">▪ The eligible recipient must meet diopter purchase criterion; and an explanation of the loss, deterioration or breakage must be provided.<li data-bbox="464 331 793 354">▪ Minor repairs are covered.



1.4 Covered Benefits – UnitedHealthcare Community Plan of New Mexico Alternative Benefit Plan Ages 21 and Older (Medicaid)

Plan ID(s): UDNMABP-20

Benefit	Benefit Limitations/Criteria
Necessary Medical Services	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyeglasses After Cataract Surgery	<ul style="list-style-type: none"> One set of contact lenses or eyeglasses following the removal of the lens from one or both eyes (aphakia).

1.5 Covered Benefits – UnitedHealthcare Dual Complete® NM-Y1 (Medicare) H0294-049 – Effective 01/01/2025

Benefit Plan(s): UDNM-S-DC

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every calendar year.
Necessary Medical Services	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyewear	<ul style="list-style-type: none"> \$400 allowance every calendar year. Allowance may be used toward frames, lenses, lens extras and contact lenses. In-house frame and lenses MUST be used.
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses following cataract surgery with an intraocular lens. Allowance does not apply. To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.
Glaucoma Screening	<ul style="list-style-type: none"> 1 service date every calendar year when member is considered “at-risk” according to the following Medicare definitions of “at-risk”: <ul style="list-style-type: none"> Individuals with a family history of glaucoma Individuals with diabetes mellitus African-Americans ages 50 and older Hispanic-Americans ages 65 and older
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care