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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: 23-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 17, 2024

Dana Flannery
Director
Medical Assistance Division
New Mexico Human Services Department
2025 South Pacheco Drive
Santa Fe, New Mexico 87504-2348

Re: New Mexico State Plan Amendment (SPA) – 23-0017

Dear Director Flannery:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0017. This amendment proposes to add chiropractic services and establishes a Medicaid reimbursement methodology.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.60(b). This letter informs you that New Mexico's Medicaid SPA TN 23-0017 was approved on September 16, 2024, with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New Mexico State Plan.

If you have any questions, please contact Dana Brown at (410) 786-0421 or via email at Dana.Brown@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Valerie.Tapia@hca.nm.gov
Dana.Flannery@hca.nm.gov

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 7

2. STATE

N M

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

~~42 CFR 440.60-1905 (a)(g)(1)(2)~~ 42 CFR 440.60(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 408,136
b. FFY 25 \$ 542,066

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

State Supplement A to Attachment 3.1A page 9

Attachment 4.19B page 3a
Attachment 4.19B page 3a.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

State Supplement A to Attachment 3.1A Page 9(TN No. 12-06B)

Attachment 4.19B Page 3a (TN No. 23-0012)
Attachment 4.19B Page 3a.1 (New)

9. SUBJECT OF AMENDMENT

~~This State Plan Amendment Establishes Medicaid Reimbursement for Chiropractic Services.~~

This State Plan Amendment add chiropractic services and establishes a Medicaid reimbursement methodology.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Dana Flannery

13. TITLE
Medicaid Director

14. DATE SUBMITTED
3/26/2024

15. RETURN TO

Dana Flannery
Medicaid Assistance Division
P.O Box 2348
Santa Fe, NM 87504-2348

FOR CMS USE ONLY

16. DATE RECEIVED

March 26, 2024

17. DATE APPROVED

September 16, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

The state authorized pen & ink changes to Boxes 5 and 9 on 9/16/24.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: NEW MEXICO

Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Category Needy

State Supplement A to Attachment 3.1A
Page 9

Item 6a Podiatrists' Services

- a. Medicaid coverage is limited to the podiatrists' scope of practice as defined by state law.
- b. Foot care services ordinarily considered to be routine are covered only if medically necessary due to the medical condition of the recipient.
- c. Certain procedures are to be performed in the office, clinic or as an outpatient institutional service as an alternative to hospitalization.
- d. Services directed toward the care or correction of a flat foot condition are not covered.
- e. Orthopedic shoes and other supportive devices for the feet are not covered. The exclusion of orthopedic shoes does not apply to such a shoe, however, if it is an integral part of a leg brace.
- f. Surgical or non-surgical treatments undertaken for the sole purpose of correcting a subluxated structure in the foot as an isolated entity are not covered unless documented to be medically necessary. Surgical correction of a subluxated foot structure that is an integral part of the treatment for foot pathology is covered if medically necessary based on the medical condition of the recipient.

Item 6b Optometrists' Services

Orthoptic assessment and treatment are not covered by the New Mexico Medical Assistance Program.

Routine vision exams are allowed only once in a 36-month period except as provided as an EPSDT service or the medical condition of the medical condition of the client requires more frequent examination, treatment or follow up.

Item 6c Chiropractor Services

Chiropractor services are provided by a licensed chiropractor and consist of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the state to perform. Chiropractic services are covered for all individuals who have a primary diagnosis of neck pain, back pain, musculoskeletal pain, or headaches. Coverage of chiropractor services is available in the same amount, duration, and scope for all categorically eligible individuals.

Item 6d Other Practitioner' Services

1. Behavioral Health Practitioners:

- Licensed behavioral health practitioners include: Psychologists, Licensed Professional Clinical Counselors, Licensed Marriage & Family Therapists, School Certified Psychologists, Psychiatric Clinical Nurse Specialists, and Licensed Independent Social Workers.
- Licensed non-independent behavioral health practitioners include: Licensed Master's Level Social Workers, Master's Level Licensed Counselors and other behavioral health practitioners licensed under state law at a licensed community mental health center (CMHC), a certified core service agency (CSA), a federally qualified health center (FQHC) or a tribal 638 compact facility.

TN No: NM-23- 0017
Supersedes TN. NO. 12-06B

Approval Date 09/16/2024
Effective Date 10/01/2024

4. **Licensed Midwives (Lay Midwives):** Payments to licensed midwives are reimbursed at 77% of the physician fee schedule as described in Item I. A of Attachment 4.19 B for global delivery codes; payments for other codes are reimbursed at 100% of the physician fee schedule.

The agency's fee schedule rates were set as of July 1, 2023, and are effective for services provided on or after those dates. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205. Reimbursement for governmental and non-governmental providers are paid the same, uniform rate unless otherwise noted on the payment pages.

5. **Chiropractic Services:** Effective October 1, 2024, chiropractic services are covered for all individuals Pursuant to 440.60(b), chiropractor services are provided by a licensed chiropractor and consist of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform.

Payments to New Mexico chiropractic licensed providers are reimbursed at 100% of the physician fee schedule with an annual benefit limit of \$2,000.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. (ex. case management for persons with chronic mental illness). The agency's fee schedule rate was set as of October 1, 2024 and is effective for services provided on or after that date.

All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

C. Other Services

1. **Ambulatory Surgical Centers Services** - Free standing ambulatory surgical centers are paid at the Medicare fee schedule. For procedures not covered by Medicare, the Department establishes a fee schedule amount equivalent to the amount allowed for procedure of similar complexity.

The agency's fee schedule rates were set as of July 1, 2023, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW MEXICO AND STANDARDS FOR
ESTABLISHING PAYMENT RATES

Attachment 4.19-B
Page 3a.1

2. **Renal Dialysis Facilities** - Renal dialysis facilities are paid at the Medicare fee schedule. For procedures not covered by Medicare, the Department establishes a fee schedule amount equivalent to the amount allowed for procedure of similar complexity.

The agency's fee schedule rates were set as of July 1, 2023 and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205.

3. **Licensed Birth Centers** - Licensed birth centers are paid at the Medicaid fee schedule. The agency's fee schedule rates were set as of July 1, 2023 and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website. Notice of changes to rates will be made as required by 42 CFR 447.205.