

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 Categorically Needy

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**Item 4c. Family planning services and supplies for individuals of child bearing age.**

- a. The New Mexico Medical Assistance program covers sterilizations including non-emergency and elective sterilizations only when all the requirements of 42 CFR 441 Subpart F are met.
- b. A hysterectomy requires an acknowledgement of the sterilization results of the hysterectomy to be signed by the recipient or her representative prior to the operation.

**Item 5 Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.**

- a. Coverage does not include the services of assistant surgeons furnished in a teaching hospital where there is a resident available to perform the services unless exceptional medical circumstances exist.
- b. Osteo-manipulative therapy is limited to 3 manipulations per month regardless of the area or areas manipulated, unless authorized as medically necessary.

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- c. Coverage of experimental procedures is restricted to heart, liver, and heart-lung transplants. Experimental procedures and services related to experimental procedures, including but not limited to hospitalization, anesthesiology, laboratory tests and x-ray, are covered on a limited basis with prior approval when anticipated to positively affect the recipient's outcome.
  
- d. Cosmetic surgery performed for aesthetic purposes only are not covered.

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- e. Reimbursement for induced abortions is provided only when the physician certifies that the pregnancy was a result of rape or incest or the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition cause or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed.

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**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 services 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 no 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 no 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 client requires more frequent examination, treatment or follow up.

**Item 6d Other Practitioner' Services**

**I. 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.

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- a. The following services are not benefits of the program:
1. Hypnotherapy
  2. Biofeedback
  3. Conditions where a reasonable prognosis does not exist.
  4. Social maladjustments without manifesting psychiatric disorders, including occupational maladjustment, marital maladjustment, sexual dysfunction, and personality disorders.
- b. Coverage of psychiatric or psychological services are allowed only for services in which an eligible provider to patient relationship exists.

**II. Licensed Midwife Services**

Services are limited to those within their scope of practice as authorized by state law.

**III. Certified Nurse Anesthetist's and Anesthesiology Assistant's Services**

Anesthesia services, physician directed and non-physician directed, provided during a surgical procedure covered under the state plan are a benefit of the Medicaid program.

**IV. Other Certified Nurse Practitioners**

Other Certified Nurse Practitioner services are covered regardless of the practitioner's specialty. Surgical procedures are not a benefit of the program when they are not within the practitioner's scope under state law.

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**Item 17 Nurse Midwife Services**

Nurse midwives participating in the Medicaid Program must be licensed by the Board of Nurses as registered nurses and be registered with the Health Services Division of the Department of Health as certified nurse midwives. Services are limited to those within the scope of practice authorized by state law.

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