

State Supplement A to Attachment 3.1A

- h. Drug items are not covered under the program when they are included in another provider's reimbursement (example: Floor stock medication in a nursing facility already included in the facilities reimbursement.)
- i. Flu and pneumococcal vaccines are covered when prescribed in accordance with the seasonal recommendations of the Public Health Services.
- j. COVID vaccines are covered in accordance with Federal requirements.

TN No. 20-0023

Approval Date _____

Supersedes TN No. TN 10-12

Effective Date _____

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

Citation

Family Planning Benefits

1905(a)(4)(C) **4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.**

Provided: No limitations With limitations

Please describe any limitations:

Family planning services are limited to contraceptive management and related services. Non-covered services include procreative management, hysterectomy, and pregnancy termination.

4.c.(ii) Family planning-related services provided under the above State Eligibility Option

Services generally provided as part of, or as follow-up to, a family planning visit for contraceptive management, including but not limited to: screening and treatment of sexually transmitted disease; HPV vaccine; treatment of lower genital and urinary tract infections, treatment of complications of contraception; annual office visit for men (including physical, laboratory tests, and contraceptive counseling); services provided as part of, or as follow-up to, a sterilization procedure; mammogram (with prior authorization); ovarian cyst identification and treatment (with prior authorization); COVID vaccine and vaccine administration.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of NEW MEXICO
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Attachment 4.19-B
Page ii.c

Effective Date of Payment

E&M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 3, 2014. All rates are published at <https://www.hsd.state.nm.us/providers/fee-schedules.aspx>

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014 but not prior to December 31, 2014. All rates are published at <https://www.hsd.state.nm.us/providers/fee-schedules.aspx>

COVID-19 Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 22, 2021. This includes coverage for the COVID-19 vaccine and vaccine administration in accordance with Medicare's billing and reimbursement guidance for administration of the COVID-19 vaccine. All rates are published at <https://www.hsd.state.nm.us/providers/fee-schedules.aspx>

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