

**HEALTH CARE PROFESSIONAL SERVICES
INDIAN HEALTH SERVICE AND TRIBAL 638 FACILITIES
Tribal Consultation version 10.8.13**

**TITLE 8 SOCIAL SERVICES
CHAPTER 310 HEALTH CARE PROFESSIONAL SERVICE
PART 12 INDIAN HEALTH SERVICE AND TRIBAL 638 FACILITIES**

8.310.12.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.310.12.1 NMAC - N, 1-1-14]

8.310.12.2 SCOPE: This rule applies to the general public.
[8.310.12.2 NMAC - N, 1-1-14]

8.310.12.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See NMSA 1978, Sections 27-2-12 et seq.
[8.310.12.3 NMAC - N, 1-1-14]

8.310.12.4 DURATION: Permanent.
[8.310.12.4 NMAC - N, 1-1-14]

8.310.12.5 EFFECTIVE DATE: January 1, 2014, unless a later date is cited at the end of a section.
[8.310.12.5 NMAC - N, 1-1-14]

8.310.12.6 OBJECTIVE: The objective of these rules is to provide instruction for the service portion of the New Mexico medical assistance programs.
[8.310.12.6 NMAC - N, 1-1-14]

8.310.12.7 DEFINITIONS: [RESERVED]
[8.310.12.7 NMAC - N, 1-1-14]

8.310.12.8 MISSION STATEMENT: To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.
[8.310.12.8 NMAC - N, 1-1-14]

8.310.12.9 INDIAN HEALTH SERVICE AND TRIBAL 638 FACILITIES: HSD, through the medical assistance division (MAD), pays for medically necessary health services furnished to an eligible recipient, including American Indian and Alaska Native (AI/AN) eligible recipients. The Indian Health Service (IHS) is a federal agency within the United States Department of Health and Human Services (DHHS) that is responsible for providing health services to AI/ANs based on the unique government-to-government relationship between federally recognized tribes and nations and the federal government. The IHS health care delivery system consists of health facilities owned and operated by IHS, facilities owned by IHS and operated by tribes or tribal organizations under Title I or Title III of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) agreements, and facilities owned and operated by tribes or tribal organizations under such agreements, hereafter referred to as "IHS and tribal 638 facilities". Pursuant to Section 1911 of the Social Security Act [42 U.S.C. 1369j] and the 1996 memorandum of agreement between the IHS and the Centers for Medicare and Medicaid Services (CMS), IHS and tribal 638 facilities are eligible to be reimbursed by MAD for furnishing covered healthcare services to a medical assistance program (MAP) eligible AI/AN recipient.
[8.310.12.9 NMAC - N, 1-1-14]

8.310.12.10 ELIGIBLE PROVIDERS:

A. Health care to a medical assistance program (MAP) eligible recipient is furnished by a variety of providers and provider groups. Reimbursement and billing for these services are administered by MAD. Upon approval of a New Mexico provider participation agreement (PPA) by MAD or its designee, licensed practitioners, facilities and other providers of services that meet applicable requirements are eligible to be reimbursed for furnishing covered services to an eligible recipient. Providers must be enrolled before submitting a claim for payment to the MAD claims processing contractor. MAD makes available on the MAD website, on other program specific websites, or in hard copy format, information necessary to participate in health care programs administered

**HEALTH CARE PROFESSIONAL SERVICES
INDIAN HEALTH SERVICE AND TRIBAL 638 FACILITIES
Tribal Consultation version 10.8.13**

by HSD or its authorized agents, including program rules, billing instructions, utilization review instructions, and other pertinent material. When enrolled, a provider receives instruction on how to access these documents. It is the provider's responsibility to access these instructions, to understand the information provided therein and comply with the requirements. Providers must contact HSD or its authorized agents for answers to billing questions or any of these materials. To be eligible for reimbursement, a provider must adhere to provisions of the MAD PPA and applicable statutes, regulations, rules and executive orders. MAD, or its selected claims processing contractor, issues payment to a provider using electronic funds transfer (EFT) only. Upon approval of the provider's PPA by MAD, the following practitioners and facilities may be enrolled as MAD providers:

- (1) IHS facilities;
- (2) Public Law 93-638 tribal facilities;
- (3) urban indian facilities (follows the rules for a federally qualified health center);
- (4) IHS or tribal 638 facility pharmacies which follow 8.324.4 NMAC; and
- (5) off site locations on federal land and facilities approved by MAD.

B. Practitioners contracted or employed by the above facilities are enrolled as individual providers for rendering services when appropriate.

C. Services rendered must be medically necessary and within the scope of practice of the practitioner or provider and are limited to benefits and services covered by MAD.

D For services provided under the federal public health service, including IHS, rendering providers must meet the requirements of the public health service corp.

[8.310.12.10 NMAC - N, 1-1-14]

8.310.12.11 PROVIDER RESPONSIBILITIES AND REQUIREMENTS:

A. A provider who furnishes services to a MAP eligible recipient must comply with all applicable laws, regulations, rules, standards, and the provisions of the MAD PPA. A provider must adhere to MAD program rules as specified in the New Mexico administrative code (NMAC) and program policies that include, but are not limited to, supplements, billing instructions, and utilization review directions, as updated. The provider is responsible for following coding manual guidelines and CMS correct coding initiatives, including not improperly unbundling or upcoding services.

B. A provider must verify an individual is eligible for a specific MAD service and verify the recipient's enrollment status at time of service as well as determining if a copayment is applicable or if services require a prior authorization. A provider must determine if an eligible recipient has other health insurance. A provider must maintain records that are sufficient to fully disclose the extent and nature of the services provided to an eligible recipient.

C. Services furnished must be within the scope of practice defined by the provider's licensing board, scope of practice act, or regulatory authority.

[8.310.12.11 NMAC - N, 1-1-14]

8.310.12.12 COVERED SERVICES: MAD covers medically necessary services and procedures for diagnosis and treatment of an illness or injury as indicated by the eligible recipient's condition. Services must be furnished within the limits of MAD rules and within the scope of practice of the provider's professional standards.

A. **Outpatient encounters and visits:** An outpatient encounter or visit is face-to-face contact between a practitioner and an eligible recipient as documented in the eligible recipient's medical or behavioral health record. An encounter or visit can occur at an IHS facility, a tribal 638 facility, or a MAD recognized offsite location. To be billable as an encounter, the eligible recipient must be seen by a level of practitioner who would be eligible to be enrolled as a MAD provider or a practitioner comparable to that required by other service and provider rules. Examples include the following: audiologist, behavioral health professional, certified nurse midwife, certified nurse practitioner, clinical nurse specialist, dentist, dental hygienist, licensed dietician, occupational therapist, optometrist, pharmacist clinician, physician assistant, physician, physical therapist, podiatrist, speech therapist and other provider types within their scope of practice as designated by MAD. See 8.310.2 NMAC, 8.310.3 NMAC and 8.321.2 NMAC.

(1) Encounters and visits at the same facility, on the same day, for the same or related diagnosis constitutes a single visit.

(2) Multiple encounters can occur on the same date of service. The following are examples of types of separate encounters:

- (a) an eligible recipient receives a service that is not associated with the initial encounter and

**HEALTH CARE PROFESSIONAL SERVICES
INDIAN HEALTH SERVICE AND TRIBAL 638 FACILITIES
Tribal Consultation version 10.8.13**

the service provided is for a different principal diagnosis; or

(b) an eligible recipient has the same diagnosis and is seen at two different facilities (different provider numbers) and one of the facilities is unable to provide the necessary services for the diagnosis or treatment of the eligible recipient's condition.

B. Inpatient hospital stays: An inpatient hospital stay occurs when an eligible recipient is admitted and stays over night.

C. Services not subject to OMB codes or rates: Some services are covered by MAD when occurring within an IHS or a tribal facility but are not included or billed as the OMB rate. These services are covered to the extent described under applicable rules for the service, and include:

- (1) anesthesia (professional charges);
- (2) ambulatory surgical center facility services;
- (3) targeted case management;
- (4) durable medical equipment;
- (5) hearing appliances (hearing testing is reimbursed at the OMB rate);
- (6) lab charges;
- (7) radiology imaging services;
- (8) physician inpatient hospital visits and surgeries;
- (9) smoking cessation;
- (10) telemedicine's originating site facility fee; and
- (11) vision appliances, including frames, lenses, dispensing, and contacts (vision exams are at the

OMB rate).

D. Behavioral health services:

(1) outpatient behavioral health services billed using the outpatient OMB codes include assessments and evaluations, outpatient therapies, comprehensive community support services (CCSS), and other services as approved by MAD.

(2) other specialized behavior health services may be reimbursed at the MAD fee for service rate or at an OMB rate, as agreed between the facility and MAD.

(3) prior to billing specialized behavioral health services including CCSS, the IHS or tribal 638 facility must submit documentation to MAD demonstrating the ability to adhere to the service definitions and standards for the specific service. See 8.321.2 NMAC.

E. Pharmacy Services: See 8.324.4 NMAC for an IHS and a tribal 638 facility enrolled as a pharmacy. Pharmacy services are not part of the OMB rate.

(1) Pharmacy claims may exceed some days supply limitations if the eligible recipient lives far from an IHS or tribal 638 facility.

(2) IHS and tribal 638 facility pharmacy claims are not subject to formularies or preferred drug lists.

F. Transportation Services: For a detailed description of transportation services, see 8.324.7 NMAC.

[8.310.12.12 NMAC - N, 1-1-14]

8.310.12.13 PRIOR AUTHORIZATION AND UTILIZATION REVIEW: IHS and tribal 638 facilities need not obtain prior authorization for services, but must continue to follow standards of care within its scope of practice and retain documentation in the eligible recipient's medical and behavioral health record. MAD services are subject to utilization review for medical necessity and program compliance. Reviews may be performed before or after services are furnished.

[8.310.12.13 NMAC - N, 1-1-14]

8.310.12.14 NON-COVERED SERVICES: For a detailed description of non-covered MAD service, see 8.310.2 NMAC.

[8.310.12.14 NMAC - N, 1-1-14]

8.310.12.15 REIMBURSEMENT: OMB rates are published annually in the federal register and are applicable to an IHS and a tribal 638 facility. These rates are applied retroactively to their effective date.

A. IHS OMB outpatient and inpatient reimbursement rates include facility fees and professional fees except as described in this rule.

- (1) Outpatient encounters and visits: MAD reimburses outpatient encounters and visits at the OMB

**HEALTH CARE PROFESSIONAL SERVICES
INDIAN HEALTH SERVICE AND TRIBAL 638 FACILITIES
Tribal Consultation version 10.8.13**

outpatient encounter rate.

(2) Inpatient hospital service: MAD reimburses covered inpatient hospital admissions at the medicaid OMB hospital inpatient per diem rate.

B. Services not subject to the OMB rates are reimbursed according to MAD rules for the specific service.

C. **Electronic billing requirements:** Electronic billing of claims is required unless an exemption has been allowed by MAD. Exemptions will be given on a case by case basis with consideration given to barriers faced by the provider in electronic billing, such as small volume for which developing electronic submission capability is impractical. The requirement for electronic submission of claims does not apply when paper attachments must accompany the claim form.

D. **Responsibility for claims:** A provider is responsible for all claims submitted under his national provider identifier (NPI) or another provider number, including responsibility for accurate coding representing the services provided without inappropriately upcoding, unbundling, or billing mutually exclusive codes as indicated by published coding manuals, directives, CMS correct coding initiatives, and MAD NMAC rules.

[8.310.12.15 NMAC - N, 1-1-14]

HISTORY OF 8.310.12 NMAC: [RESERVED]