

TITLE 8 SOCIAL SERVICES
CHAPTER 301 MEDICAID GENERAL BENEFIT DESCRIPTION
PART 2 GENERAL BENEFIT DESCRIPTION

8.301.2.1 ISSUING AGENCY: New Mexico Human Services Department.
[1-1-95; 8.301.2.1 NMAC - Rn, 8 NMAC 4.MAD.000.1, 3-1-06]

8.301.2.2 SCOPE: The rule applies to the general public.
[1-1-95; 8.301.2.2 NMAC - Rn, 8 NMAC 4.MAD.000.2, 3-1-06]

8.301.2.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended and by state statute. See Section 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991).
[1-1-95; 8.301.2.3 NMAC - Rn, 8 NMAC 4.MAD.000.3, 3-1-06; A, 9-15-08]

8.301.2.4 DURATION: Permanent
[1-1-95; 8.301.2.4 NMAC - Rn, 8 NMAC 4.MAD.000.4, 3-1-06]

8.301.2.5 EFFECTIVE DATE: February 1, 1995, unless a later date is cited at the end of a section.
[1-1-95, 2-1-95; 8.301.2.5 NMAC - Rn, 8 NMAC 4.MAD.000.5, 3-1-06; A, 9-15-08]

8.301.2.6 OBJECTIVE: The objective of these rules is to provide policies for the service portion of the New Mexico medical assistance programs.
[1-1-95, 2-1-95; 8.301.2.6 NMAC - Rn, 8 NMAC 4.MAD.000.6, 3-1-06; A, 9-15-08]

8.301.2.7 DEFINITIONS: [RESERVED]

8.301.2.8 MISSION STATEMENT: The mission of the New Mexico medical assistance division (MAD) is to maximize the health status of eligible recipients by furnishing payment for quality health services at levels comparable to private health plans.
[2-1-95; 8.301.2.8 NMAC - Rn, 8 NMAC 4.MAD.002, 3-1-06; A, 9-15-08]

8.301.2.9 GENERAL PROGRAM DESCRIPTION:

A. The New Mexico MAD pays for medically necessary health care services furnished by medical providers who participate in medicaid. See 42 CFR 440.210; Section 27-2-16 NMSA 1978 (Repl. Pamp. 1991). MAD covers a range of medical services, including acute care services, transportation, physician services, home health care, durable medical equipment and medical supplies, tot to teen health checks, pharmacy services, behavioral health services and institutional and community-based long-term care services.

B. MAD covers services which are medically necessary for the diagnosis or treatment of illnesses, injuries or conditions of an eligible recipient, as determined by the MAD or its designee. All services must be furnished within the limits of medicaid benefits, within the scope and practice of the provider as defined by state law and in accordance with applicable federal, state, and local laws and regulations. Any claim submitted to MAD for reimbursement is subject to review by MAD or its designee to verify the medical necessity of the service.
[2-1-95; 8.301.2.9 NMAC - Rn, 8 NMAC 4.MAD.601 & A, 3-1-06; A, 9-15-08]

HISTORY OF 8.301.2 NMAC: [RESERVED]