

SCHOOL-BASED SERVICES FOR RECIPIENTS UNDER TWENTY-ONE YEARS OF AGE

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TITLE 8 SOCIAL SERVICES**CHAPTER 320 EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)
SERVICES:****PART 6 SCHOOL-BASED SERVICES FOR RECIPIENTS UNDER TWENTY-ONE YEARS OF
AGE**

8.320.6.1 ISSUING AGENCY: New Mexico Human Services Department
[1/1/95; 8.320.6.1 NMAC - Rn, 8 NMAC 4.MAD.000.1, 11-1-02]

8.320.6.2 SCOPE: The rule applies to the general public.
[1/1/95; 8.320.6.2 NMAC - Rn, 8 NMAC 4.MAD.000.2, 11-1-02]

8.320.6.3 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 the state Human Services Department pursuant to state statute. See NMSA 1978, section 27-2-12 et. seq. (Repl. Pamp. 1991).
[1/1/95; 8.320.6.3 NMAC - Rn, 8 NMAC 4.MAD.000.3, 11-1-02]

8.320.6.4 DURATION: Permanent.
[1/1/95; 8.320.6.4 NMAC - Rn, 8 NMAC 4.MAD.000.4, 11-1-02]

8.320.6.5 EFFECTIVE DATE: January 1, 1994.
[8.320.6.5 NMAC - Rn, 8 NMAC 4.MAD.000.5, 11-1-02]

8.320.6.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medicaid program. These policies describe eligible providers, covered services, noncovered services, utilization review, and provider reimbursement.
[1/1/95, 2/1/95; 8.302.6.6 NMAC - Rn, 8 NMAC 4.MAD.000.6, 11-1-02]

8.320.6.7 DEFINITIONS: [RESERVED]

8.320.6.8 MISSION STATEMENT: The mission of the New Mexico Medical Assistance Division (MAD) is to maximize the health status of medicaid-eligible individuals by furnishing payment for quality health services at levels comparable to private health plans.
[2/1/95; 8.302.6.8 NMAC - Rn, 8 NMAC 4.MAD.002, 11-1-02]

8.320.6.9 SCHOOL-BASED SERVICES FOR RECIPIENTS UNDER TWENTY-ONE YEARS OF AGE: The New Mexico medicaid program (medicaid) pays for medically necessary services furnished to medicaid recipients under twenty-one years of age when the services are part of the recipient's individualized education plan (IEP) or individualized family service plan (IFSP) for treatment (correction, amelioration, or prevention of deterioration) of an identified medical condition. This section describes eligible providers, provider responsibilities, covered services, service limitations, and general reimbursement methodology for school-based services.
[1/1/94; 8.320.6.9 NMAC - Rn, MAD.747 & A, 11-1-02]

8.320.6.10 ELIGIBLE PROVIDERS:

A. Upon approval of New Mexico medical assistance provider participation applications by MAD, local education agencies (LEAs), regional educational cooperatives (RECs), and other state-funded educational agencies (SFEAs) that meet specified requirements are eligible to be reimbursed for furnishing services to medicaid recipients. The LEA, REC, or other SFEA must develop a collaborative plan with the community. Requirements for such plans will be described in written guidelines by MAD. The LEAs, RECs, and other SFEAs that have school nurses are under the oversight of the department of health's district health officer, as provided by state statute (NMSA 1978, Section 24-1-4).

B. The following individual service providers must be employed by, or under contract to, the LEA, REC, or other SFEA when furnishing treatment, and meet other specified qualification criteria:

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(1) Physical therapists licensed by the physical therapy board under the state of New Mexico regulation and licensing department and meeting licensure requirements of the department of education, and physical therapy assistants licensed by the physical therapy board under the state of New Mexico regulation and licensing department, meeting licensure requirements of the department of education and working under the supervision of a licensed physical therapist.

(2) Occupational therapists licensed by the occupational therapy board under the state of New Mexico regulation and licensing department and meeting licensure requirements of the department of education, and occupational therapy assistants licensed by the occupational therapy board under the state of New Mexico regulation and licensing department, meeting licensure requirements of the department of education and working under the supervision of a licensed occupational therapist.

(3) Speech pathologists licensed by the board of speech-language pathology and audiology under the New Mexico regulation and licensing department and meeting licensure requirements of the department of education, and speech language pathology apprentices, clinical fellows, and paraprofessionals licensed by the board of speech-language pathology and audiology under the New Mexico regulation and licensing department therapy board, meeting licensure requirements of the department of education and working under the supervision of a licensed speech pathologist.

(4) Audiologists licensed by the board of speech-language pathology and audiology under the regulation and licensing department and meeting licensure requirements of the department of education.

(5) Social work practitioners who meet one of the following requirements:

(a) licensed by the social work examiners board as a licensed master's level independent social work practitioner; or

(b) licensed by the social work examiners board and supervised by a licensed Ph.D., Psy.D., Ed.D. or LISW; and

(c) meeting licensure requirements of the department of education.

(6) Psychologists meeting one of the following requirements:

(a) psychologists (Ph.D., Psy.D., or Ed.D.) licensed by the New Mexico psychologist examiners board and meeting licensure requirements of the department of education; or

(b) master's level practitioners licensed by the New Mexico psychologist examiners board as psychologist associates or licensed by the state department of education as school psychologists and supervised by a psychiatrist or a Ph.D., Psy.D., or Ed.D., who is licensed as a psychologist by the New Mexico psychologist examiners board, and meeting licensure requirements of the department of education.

(7) Physicians and psychiatrists licensed by the board of medical examiners and meeting licensure requirements of the department of education.

(8) Case managers who meet one of the following requirements:

(a) bachelor's degree in social work, counseling, psychology, nursing, or a related health or social services field from an accredited institution and having one year experience serving medically-at-risk children or adolescents.

(b) licensed registered or practical nurse.

(c) individuals with a bachelor's degree in another field and two years of direct experience in serving medically-at-risk children or adolescents.

(9) Licensed professional clinical counselors (LPCC) and licensed professional counselors (LPC), licensed by the New Mexico counseling and therapy practice board and meeting licensure requirements of the department of education.

(10) Licensed marriage and family therapists (LMFT), licensed by the New Mexico counseling and therapy practice board and meeting licensure requirements of the department of education.

(11) Licensed psychiatric clinical nurse specialists (CNS), licensed by the New Mexico board of nursing and meeting licensure requirements of the department of education.

(12) Licensed nutritionists or registered dietitians, licensed by the New Mexico nutrition and dietetics practice board and meeting licensure requirements of the department of education.

(13) Licensed registered and practical nurses, licensed by the New Mexico board of nursing and meeting licensure requirements of the department of education.

[1/1/94; 8.320.6.10 NMAC - Rn, MAD.747.1 & A, 11-1-02; A, 11-1-04]

8.320.6.11 PROVIDER RESPONSIBILITIES:

A. General responsibilities:

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(1) Providers who furnish services to medicaid recipients must comply with all specified medicaid participation requirements. See Section 8.302.1 NMAC, *General Provider Policies*.

(2) Providers must verify that individuals are eligible for medicaid at the time services are furnished.

(3) Providers must appoint a program liaison and backup alternate for each LEA, REC or other SFEA, who will be responsible for receiving and disbursing all communication, information and guidelines from HSD regarding the medicaid school-based services program, including information on, but not limited to, direct services and administrative claiming.

B. Documentation requirements:

(1) Providers must maintain all records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to recipients who are currently receiving medical services or have received medical services in the past. Payment for services billed to MAD that are not substantiated in the recipient's records are subject to recoupment. Documentation must be retained for at least six (6) years from the date of creation or until ongoing audit issues are resolved, whichever is longer. See Section 8.302.1, *General Provider Policies*.

(2) For services covered under this policy, complete copies of the IEPs or IFSPs, with the ITP portions of the IEPs or IFSPs signed by the primary care provider (PCP), must be maintained as part of the required records.

C. Record availability: The provider must, on request, promptly furnish to the human services department, the secretary of health and human services, or the state medicaid fraud control unit any information under documentation requirements, stated above, including patient and employee records and any information regarding payments claimed by the provider furnishing services. Failure to provide records on request may result in a denial of claims.

[1/1/94; 8.320.6.11 NMAC - Rn, MAD.747.2 & A, 11-1-02; A, 11-1-04]

8.320.6.12 ELIGIBLE RECIPIENTS: Medicaid covers medically necessary treatment furnished to recipients under twenty-one (21) years of age who have a medicaid-reimbursable service identified in their IEP or IFSP.

[1/1/94; 8.320.6.12 NMAC - Rn, MAD.747.3 & A, 11-1-02]

8.320.6.13 COVERED SERVICES: Medicaid covers the following services when medically necessary and furnished by specified providers in school settings:

A. Therapy services: Medicaid covers physical, occupational, audiological and speech evaluations, and therapy required for treatment of an identified medical condition.

(1) Services must be medically necessary, must be ordered or authorized by the child's primary care provider (PCP), and must meet the needs specified in the individualized education plan (IEP) or individualized family service plan (IFSP). The services must be necessary for the treatment of the recipient's specific identified condition.

(2) The individualized treatment plan (ITP) portion of the IEP or IFSP must be signed by the child's PCP and be developed in conjunction with qualified physical therapists, occupational therapists, speech therapists, audiologists, nurses or behavioral health providers.

(3) Services require prior authorization by the PCP. The requirement for prior authorization is met when the PCP signs the ITP portion of the IEP or IFSP. For medicaid reimbursement, services must be performed in accordance with the IEP or IFSP that has been signed by the PCP. Frequency and duration of services furnished may not exceed those specified in the IEP or IFSP. Reimbursement is made directly to the LEA, REC, or other SFEA when therapy providers furnish services under contract to the LEA, REC, or other SFEA.

(4) If all the requirements of this section are not met, the services will require prior authorization from MAD or its designee.

B. Mental health services: Medicaid covers counseling, evaluation, and therapy required for treatment of an identified medical condition when furnished by a licensed independent social worker (LISW), licensed marriage and family therapist (LMFT), licensed professional clinical counselor (LPCC), psychiatric clinical nurse specialist (CNS), psychiatrist, psychologist or psychologist associate; or licensed bachelor's level social worker (LBSW), licensed master's level social worker (LMSW), or licensed professional counselor (LPC) supervised by a Ph.D., Psy.D., Ed.D. or a LISW. Services provided by LBSWs, LMSWs, and LPCs must be within the scope of their practice respectively and supervised and periodically evaluated. Supervision must adhere to requirements of the practitioner's applicable licensing board. Periodic evaluation must be conducted at least once every twelve (12) service hours or more frequently if indicated by the recipient's condition or applicable

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state/federal regulation, and must be documented in the recipient record, with signature of the supervisor. Based on periodic evaluation, in consultation with the practitioner providing the services, and review of medical records, evaluations must determine and document the extent to which treatment goals are being met and whether changes in direction or emphasis of the treatment are needed. Recipients receiving services from LBSWs, LMSWs and LPCs must be diagnosed by the supervisor. The diagnosis must be documented in the recipient's record with the signature of the supervisor. Mental health services include regularly scheduled, structured counseling or therapy sessions for recipients under twenty-one (21) years of age, recipients and their parents, or multi-family groups.

(1) Services must be medically necessary, must be ordered or authorized by the child's primary care provider (PCP), and must meet the needs specified in the individualized education plan (IEP) or the individualized family service plan (IFSP).

(2) The individualized treatment plan (ITP) portion of the IEP or IFSP must be signed by the child's primary care provider (PCP) and be developed in conjunction with a qualified therapist. The services must be necessary for the treatment of the recipient's specific identified condition. Facilitation of the development of age-appropriate social skills may be part of the treatment plan.

(3) Services require prior authorization by the PCP. The requirement for prior authorization is met when the PCP signs the ITP portion of the IEP or IFSP. For medicaid reimbursement, services must be performed in accordance with the IEP or the IFSP that has been signed by the PCP. Frequency and duration of services furnished may not exceed those specified in the IEP or IFSP. Reimbursement is made directly to the LEA, REC or other SFEA when mental health providers furnish services under contract to the LEA, REC or other SFEA.

(4) If all the requirements of this section are not met, the services will require prior authorization from MAD or its designee.

C. Nutritional assessment and counseling: Medicaid covers nutritional assessment and counseling when furnished by licensed nutritionists or dietitians for recipients who have been referred for a nutritional need. A nutritional assessment consists of an evaluation of the nutritional needs of individuals based upon appropriate biochemical, anthropometric, physical, and dietary data, including a recommendation for appropriate nutritional intake.

(1) Services must be medically necessary, must be ordered or authorized by the child's primary care provider (PCP) and must meet the needs specified in the individualized education plan (IEP) or individualized family service plan (IFSP).

(2) The individualized treatment plan (ITP) portion of the IEP or IFSP must be signed by the child's primary care provider (PCP) and developed in conjunction with licensed nutritionists or registered dietitians.

(3) Services require prior authorization by the PCP. The requirement for prior authorization is met when the PCP signs the ITP portion of the IEP or IFSP. For medicaid reimbursement, services must be performed in accordance with the IEP or IFSP that has been signed by the PCP. Frequency and duration of services furnished may not exceed those specified in the IEP or IFSP. Reimbursement is made directly to the LEA, REC or other SFEA when licensed nutritionists or registered dietitians furnish services under contract to the LEA, REC or other SFEA.

(4) If all the requirements of this section are not met, the services will require prior authorization from MAD or its designee.

D. Transportation services: Medicaid covers transportation services for recipients who must travel from the school to receive a covered service from a medicaid provider, when the service is unavailable in the school setting and when the service is medically necessary and is identified in the recipient's individualized education plan (IEP) or individualized family service plan (IFSP). Medicaid covers transportation to and from the school on the date a medically necessary service is furnished in the school setting for recipients who have disabilities, if all of the following conditions are met:

(1) Services must be medically necessary, must be ordered or authorized by the child's primary care provider (PCP), and must meet the needs specified in the IEP or the IFSP.

(2) The individualized treatment plan (ITP) portion of the IEP or IFSP must be signed by the child's primary care provider (PCP).

(3) Services require prior authorization by the primary care provider (PCP). For medicaid reimbursement, services must be performed in accordance with the IEP or IFSP that has been signed by the PCP. The requirement for prior authorization is met when the PCP signs the ITP portion of the IEP or IFSP. Frequency and duration of services furnished may not exceed those specified in the IEP or IFSP. Reimbursement is made directly to the LEA, REC or other SFEA when transportation services are furnished under contract to the LEA, REC or other SFEA.

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- (4) Medical services are furnished on the specific day on which transportation is furnished.
- (5) Medical services furnished on that date are specified in the ITP portion of the IEP or IFSP.
- (6) The recipient requires transportation in a vehicle adapted to serve the needs of the recipient.
- (7) If all the requirements of this section are not met, the services will require prior authorization

from MAD or its designee.

E. **Case management:** Medicaid covers case management services furnished in school settings to recipients who are medically at risk. Medicaid pays for services furnished by a single case management service provider during a given time period. "Medically at risk" refers to individuals who have a diagnosed physical or mental health condition which has high probability of impairing cognitive, emotional, neurological, social, or physical development.

(1) Services must be medically necessary, must be ordered or authorized by the child's primary care provider (PCP) and must meet specified needs identified in the individualized education plan (IEP) or individualized family service plan (IFSP).

(2) The individualized treatment plan (ITP) portion of the IEP or IFSP must be signed by the child's primary care provider (PCP) and developed in conjunction with a qualified case manager.

(3) Services require prior authorization by the PCP. For Medicaid reimbursement, services must be performed in accordance with the IEP or IFSP that has been signed by the PCP. The requirement for prior authorization is met when the PCP signs the ITP portion of the IEP or IFSP. Frequency and duration of services furnished may not exceed those specified in the IEP or IFSP. Reimbursement is made directly to the LEA, REC or other SFEA when case management providers furnish services under contract to the LEA, REC or other SFEA.

(4) Services must be coordinated with the child's Medicaid managed care organization (MCO) if the child is enrolled in managed care.

(5) Medicaid covers the following case management services:

(a) Assessment of the recipient's medical, social and functional abilities at least every six (6) months, unless more frequent reassessment is indicated by the recipient's condition.

(b) Development and implementation of a comprehensive plan of care that helps the recipient retain or achieve the maximum degree of independence.

(c) Mobilization of the use of "natural helping" networks, such as family members, church members, community organizations, support groups, friends, and the school, if the recipient is able to attend.

(d) Coordination and monitoring of the delivery of services, evaluation of the effectiveness and quality of the services, and revision of the plan of care as necessary.

(e) All services must be delivered to be eligible for Medicaid reimbursement.

(6) If all the requirements of this section are not met, the services will require prior authorization from MAD or its designee.

(7) Recipients have the freedom to choose a case management service provider. Medicaid pays for only *one* case management provider to furnish services during a given time period. If a recipient has a case manager or chooses to use a case manager who is not employed or under contract to the LEA, REC or other SFEA, the LEA, REC or other SFEA must coordinate with the case manager in the development of the individualized treatment plan (ITP).

F. **Nursing:** Medicaid covers nursing services required for treatment of an identified medical condition that qualifies a child for an individualized education plan (IEP) or individualized family service plan (IFSP) when provided by a licensed registered or practical nurse.

(1) Services must be medically necessary, must be ordered or authorized by the child's primary care provider (PCP), and must meet the needs specified in the individualized education plan (IEP) or individualized family service plan (IFSP).

(2) The individualized treatment plan (ITP) portion of the IEP or IFSP must be signed by the child's PCP and developed in conjunction with a registered nurse. The services must be necessary for the treatment of the recipient's specific identified condition.

(3) Services require prior authorization by the PCP. The requirement for prior authorization is met when the PCP signs the ITP portion of the IEP or IFSP. For Medicaid reimbursement, services must be performed in accordance with the IEP or IFSP that has been signed by the PCP. Frequency and duration of services furnished may not exceed those specified in the IEP or IFSP. Reimbursement is made directly to the LEA, REC or other SFEA when registered or licensed practical nurses furnish services under contract to the LEA, REC or other SFEA.

(4) Nursing services require professional nursing expertise and are provided by a licensed registered nurse (RN) or licensed practical nurse (LPN), and must be provided in accordance with the New Mexico Nursing

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Practice Act . Only those skilled nursing tasks that are approved by the medical assistance division (MAD) may be eligible for reimbursement.

(5) If all the requirements of this section are not met, the services will require prior authorization from MAD or its designee

G. **Administrative activities:** Medicaid covers the cost of certain administrative activities that directly support efforts to provide health-related services to medicaid-eligible children and youth with special education and health care needs. These administrative activities include, but are not limited to, providing information about medicaid programs and how to access them, facilitating the eligibility determination process, assisting in obtaining transportation and translation services when necessary to receive health care services, making referrals for medicaid-reimbursable services, and coordinating and monitoring medical services that are covered by medicaid.

(1) Payment for these allowable administrative activities is contingent upon the following:

(a) the LEA, REC or other SFEA must complete a provider participation agreement (PPA) and be approved by the human services department as a medicaid provider of school-based health services;

(b) the LEA, REC or other SFEA must enter into a joint powers agreement (JPA) with the human services department and agree to abide by the terms and conditions of the JPA; and

(c) the LEA, REC or other SFEA must submit claims for allowable administrative activities in accordance with federal and state medicaid regulations, policies and guidelines; the centers for medicare and medicaid services (CMS) *Medicaid School-Based Administrative Claiming Guide*, May 2003, and any revisions thereto; and the *New Mexico Medicaid Guide for School-Based Services*, November 2004, and any revisions thereto.

(2) Administrative claiming is subject to compliance reviews and audits conducted by HSD and/or CMS. In signing the medicaid provider participation agreement, the LEA, REC or other SFEA, as a medicaid provider, agrees to cooperate fully with HSD and/or CMS in the performance of all reviews and audits and agrees to comply with all review and audit requirements.

[1/1/94; 8.320.6.13 NMAC - Rn, MAD.747.4 & A, 11-1-02; A, 11-1-04]

8.320.6.14 INDIVIDUALIZED TREATMENT PLAN:

A. The objectives, duration, and providers of medical treatment furnished to all medicaid recipients in school settings must be specified in an individualized treatment plan (ITP). The plan is developed by the LEA REC or other SFEA in conjunction with recipients, recipients' families, and applicable service providers. The ITP portion of the IEP or IFSP must be reviewed and signed at least annually by the PCP to meet requirements for prior authorization of services provided to the recipient. If this review and PCP signature are not performed annually, the service will require prior authorization by MAD or its designee.

B. The ITP utilizes the recipient's health history, medical and educational evaluations and recommendations by the PCP and other medical providers, as applicable. The ITP is a plan of care agreed upon by the parents or legal guardians, evaluating therapists, the IEP or IFSP committee, and the recipient's teacher, all of whom are included in the IEP or IFSP. If medical needs are identified in the IEP or IFSP, the medical portion of the IEP or IFSP is the recipient's individualized treatment plan. The ITP must be incorporated into the IEP or IFSP.

[1/1/94; 8.320.6.14 NMAC - Rn, MAD.747.7 & A, 11-1-02; A, 11-1-04]

8.320.6.15 NONCOVERED SERVICES: Services furnished in school settings are subject to the limitations and coverage restrictions that exist for other medicaid services. See 8.301.3 NMAC [MAD-602], *General Noncovered Services*. Medicaid does not cover the following specific services:

A. services classified as educational;

B. services to non-medicaid eligible individuals;

C. services furnished by practitioners outside their area of expertise;

D. vocational training that is related solely to specific employment opportunities, work skills or work settings;

E. services that duplicate services furnished outside the school setting, unless determined to be medically necessary, and given prior authorization by the medical assistance division or its designee;

F. services not identified in the recipient's IEP or IFSP, and not authorized by the recipient's PCP;

G. transportation that a recipient would otherwise receive in the course of attending school; and

H. transportation for a recipient with special education needs under the Individuals with Disabilities Education Act (IDEA), who rides the regular school bus to and from school with other non-disabled children.

[1/1/94; 8.320.6.15 NMAC - Rn, MAD.747.5 & A, 11-1-02; A, 11-1-04]

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8.320.6.16 PRIOR AUTHORIZATION AND UTILIZATION REVIEW: All medicaid services are subject to utilization review for medical necessity and program compliance. Reviews may be performed before services are furnished, after services are furnished and before payment is made, or after payment is made. See 8.302.5 NMAC [MAD-705], *Prior Authorization And Utilization Review*. Once enrolled, providers receive instructions and documentation forms necessary for prior authorization and claims processing.

A. **Prior authorization:** Certain procedures or services identified in the utilization review instructions may require prior authorization from MAD or its designee. See specific requirements specified in 8.320.6.13 NMAC, *Covered Services*. Services for which prior authorization was obtained remain subject to utilization review at any point in the payment process.

B. **Eligibility determination:** Providers must verify that individuals are eligible for medicaid at the time services are furnished.

C. **Reconsideration:** Providers who disagree with denials of prior authorization requests or other review decisions can request a re-review and a reconsideration. See 8.350.2 NMAC [MAD-953], *Reconsideration Of Utilization Review Decisions*.

[1/1/94; 8.320.6.16 NMAC - Rn, MAD.747.6, 11-1-02; A, 11-1-04]

8.320.6.17 REIMBURSEMENT:

A. The LEA, REC, or other SFEA must submit claims for reimbursement on the HCFA 1500 or its successor form. See 8.302.2 NMAC [MAD-702], *Billing For Medicaid Services*. Once enrolled, providers receive instructions on documentation, billing, and claims processing.

B. Reimbursement to the LEA, REC or other SFEA for covered services furnished by individual practitioners is made at the lesser of the following:

- (1) the specific practitioner's billed charge; or
- (2) the MAD fee schedule for the specific service.

(a) The practitioner's billed charge must be his or her usual and customary charge for the service.

(b) "Usual and customary" charge refers to the amount which an individual practitioner charges the general public in the majority of cases for a specific procedure or service.

C. Reimbursement to the LEA, REC or other SFEA is not contingent upon billing a third party payor first, when the client has other insurance. The medicaid program is generally the payor of last resort. However, if medical services are included in a disabled child's IEP, an exception is created under 42 USC 1396b(c), 20 USC 1412(a)(12) and 34 CFR 300.142. Therefore, if medical services are contained in a child's IEP and the child is eligible for medicaid and the services are covered by medicaid, then medicaid is permitted to pay for such services.

[1/1/94; 8.320.6.17 NMAC - Rn, MAD.747.8 & A, 11-1-02; A, 11-1-04]

HISTORY OF 8.320.6 NMAC:

Pre NMAC History: The material in this part was derived from that previously filed with the Commission of Public Records - State Records Center and Archives.

MAD-747 School Based Services For Recipients Under Twenty-one Years of Age, 12/16/94.

History of Repealed Material: [RESERVED]