

**State Supplement A to Attachment 3.1-A**

Health and approved for participation and enrolled in the New Mexico Medicaid program. Services are provided directly by the special rehabilitation service provider or through subcontractors; and providers shall:

- (a) provide special rehabilitation services under the direction of professionals acting within their scope of practice as defined by State law; and
- (b) provide special rehabilitation services in the most appropriate least restrictive environment; and
- (c) assure that claiming for special rehabilitation services does not duplicate claiming for EPSDT administrative outreach services.

16. Medicaid covers stand-alone vaccine counseling for all pediatric vaccines under EPSDT, including COVID-19.

Item 4b EPSDT Services Included in the State Plan

Services already included in the state plan are described in Attachment 3.1A. Limitation to those services are described in the other sections of State Supplement A to Attachment 3.1A.

Item XII. Transportation

Transportation providers are reimbursed at the lesser of the following:

- a. their usual and customary charge, not to exceed their tariff rates as approved by the state corporation commission; or
- b. the Department fee schedule.

The fee schedule base rate for ground ambulance includes reimbursement for the initial fifteen (15) miles of transport, non-reusable supplies, IV solution, emergency drugs and oxygen.

Effective November 15, 2020, air ambulance procedure codes will be reimbursed at seventy-five percent of the Medicare Air Ambulance fee schedule rate. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of November 15, 2020 and is effective for services provided on or after that date. All rates are published <https://www.hsd.state.nm.us/providers/fee-schedules.aspx>

Item XIII. Services for EPSDT Participants

- a. Services Included in the State Plan

Services included in the state plan are described in Attachment 3.1-A. Payment for these services for treating a condition identified during a screen or partial screen is made using the same methodology described in the corresponding section of the state plan.

- b. Services Not Otherwise Included in the State Plan

Payment for services described in Attachment 3.1-A, Item 4.b. (EPSDT) and not otherwise covered under the state plan but reimbursed pursuant to OBRA 1989 provisions which require the state to treat a condition identified using a screen or partial screen, whether or not the service is included in the state plan, is made as follows:

1. The following services are considered to be professional services and are reimbursed on a fee for service basis according to the fee schedule in attachment 4.19-B, I.
  - (a) Therapy by a speech-language therapist, physical therapist, or occupational therapist, not covered under the state plan
  - (b) Other rehabilitative services and therapy services not covered under the state plan because they are considered maintenance rather than restorative.

- (c) Private duty nursing services, Christian science nurse services, and personal care services.
- (d) Services by licensed master's level practitioners including psychologists, counselors, and social workers, and other individually licensed practitioners.
- (e) Chiropractic services.
- (f) Orthodontic services and other dental services not otherwise covered in the state plan.
- (g) Services provided by school districts and local education agencies. Reimbursement will be at the same rate as other providers of the specific service rendered.
- (h) Services provided by Licensed Alcohol and Drug Abuse Counselors (LADACs).
- (i) **Standalone vaccine counseling.**

**2. Inpatient Institutional Services**

Inpatient services provided by JCAHO accredited institutions are reimbursed using the methodology for specialty hospitals according to the reimbursement principles. of 4.19-A.

**3. Outpatient Institutional Services**

Outpatient services provided by JCAHO accredited institutions are reimbursed using the methodology for outpatient hospital according to the reimbursement principles of 4.19- B, III.

**4. Rural Health Clinic and Federally Qualified Health Center Services**

Services by these providers are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item VIII.

**5. Durable Medical Equipment, Supplies, Prosthetics, and Orthotics**

These items are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item VII.

**6. Case Management**

Case management services are reimbursed in accordance with the reimbursement methodology described in 4.19-B, Item X.