STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Mexico

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

New Mexico allows the following medical expenses to be deducted from the Patient Paid Amount during the Post-Eligibility Treatment of Income (PETI) determination:

Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including:

1. Medicare and other health insurance premiums, deductibles, or coinsurance charges; and

2. Necessary medical or remedial care recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits on the amounts of these expenses.

A deduction for incurred medically necessary non-covered medical or remedial care expenses will be allowed when the bill is incurred during a period which is no more than three months prior to the month of an approved Institutional Care Medicaid application.

The deduction for medical and remedial care expenses that were incurred as the result of a transfer penalty period is limited to zero.

Deductions are allowed for the following expenses:

1. The non-covered expenses must be prescribed by a medical professional (e.g., a physician, dentist, optometrist etc.).

2. Deductions can be made for routine and emergency dental services.

3, Hearing aids and necessary related services. Deductions can only be made for the following services: (1) Audiogram (2) Ear mold (3) Hearing aid (4) Batteries (5) Hearing aid orientation.

4. Eyeglasses and necessary related services. Deductions can only be made for the following services: (1) Examination and refraction (2) Frame (3) Lenses (bifocal) (4) Lenses (single).

5. Institutional long-term care medical expenses.

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Deductions are not allowed for the following expenses:

1. Payments for cosmetic/elective procedures (e.g., face lifts or liposuction etc.) except when prescribed by a medical professional.

2. Expenses resulting from the failure to obtain prior approval from applicable private insurance, Medicare, or Medicaid.

3. Procedures allowed by Medicaid when prior authorization is denied due to the service being medically unnecessary.

4. Expenses when a third party (including Medicaid) is liable for the expenses, even if provided by an out-of-network provider.

5. General health insurance premiums paid by someone other than the recipient (excluding the community spouse) who is not a financially responsible relative and repayment is not expected to be paid back to the third party by the recipient.