

INDEX

8.325.5 TRANSPLANT SERVICES

8.325.5.1 ISSUING AGENCY1

8.325.5.2 SCOPE1

8.325.5.3 STATUTORY AUTHORITY.....1

8.325.5.4 DURATION.....1

8.325.5.5 EFFECTIVE DATE.....1

8.325.5.6 OBJECTIVE1

8.325.5.7 DEFINITIONS.....1

8.325.5.8 MISSION STATEMENT1

8.325.5.9 TRANSPLANT SERVICES1

8.325.5.10 ELIGIBLE PROVIDERS1

8.325.5.11 PROVIDER RESPONSIBILITIES.....2

8.325.5.12 COVERED SERVICES2

8.325.5.13 NONCOVERED SERVICES2

8.325.5.14 PRIOR APPROVAL AND UTILIZATION REVIEW.....2

8.325.5.15 REIMBURSEMENT2

This page intentionally left blank

TITLE 8 SOCIAL SERVICES
CHAPTER 325 SPECIALTY SERVICES
PART 5 TRANSPLANT SERVICES

8.325.5.1 ISSUING AGENCY: New Mexico Human Services Department.
[2/1/95; 8.325.5.1 NMAC - Rn, 8 NMAC 4.MAD.000.1, 3/1/12]

8.325.5.2 SCOPE: The rule applies to the general public.
[2/1/95; 8.325.5.2 NMAC - Rn, 8 NMAC 4.MAD.000.2, 3/1/12]

8.325.5.3 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 Section 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991).
[2/1/95; 8.325.5.3 NMAC - Rn, 8 NMAC 4.MAD.000.3, 3/1/12]

8.325.5.4 DURATION: Permanent
[2/1/95; 8.325.5.4 NMAC - Rn, 8 NMAC 4.MAD.000.4, 3/1/12]

8.325.5.5 EFFECTIVE DATE: February 1, 1995
[2/1/95; 8.325.5.5 NMAC - Rn, 8 NMAC 4.MAD.000.5, 3/1/12]

8.325.5.6 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.
[2/1/95; 8.325.5.6 NMAC - Rn, 8 NMAC 4.MAD.000.6, 3/1/12]

8.325.5.7 DEFINITIONS: [RESERVED]

8.325.5.8 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; 8.325.5.8 NMAC - Rn, 8 NMAC 4.MAD.002, 3/1/12]

8.325.5.9 TRANSPLANT SERVICES: Transplant services are covered as an optional medical service for New Mexico medicaid program (medicaid) recipients [42 CFR Section 441.35]. This part describes eligible providers, covered services, service limitations, and general reimbursement methodology.
[2/1/95; 8.325.5.9 NMAC - Rn, 8 NMAC 4.MAD.764, 3/1/12]

8.325.5.10 ELIGIBLE PROVIDERS:

A. Upon approval of New Mexico medical assistance program provider participation agreements by the New Mexico medical assistance division (MAD), providers are eligible to be reimbursed for furnishing transplant services to eligible recipients if they meet one of the following requirements:

- (1) providers who are licensed or certified to furnish specialized transplant medical or surgical services;
- (2) providers licensed as state transplantation centers by the licensing and certification bureau of the New Mexico department of health; or
- (3) providers certified as transplantation centers by the health care financing administration (HCFA).

B. All out-of-state providers and border providers, those facilities or offices located within one hundred (100) miles of the New Mexico border (Mexico excluded), must be New Mexico medicaid providers or be eligible for approval as medicaid providers.

C. Once enrolled, providers receive a packet of information, including medicaid program policies, billing instructions, utilization review instructions and other pertinent material from MAD. Providers are responsible for ensuring that they have received these materials and for updating them as new materials are received from MAD.

[2/1/95; 8.325.5.10 NMAC - Rn, 8 NMAC 4.MAD.764.1, 3/1/12]

8.325.5.11 PROVIDER RESPONSIBILITIES: Providers who furnish services to medicaid recipients must comply with all specified medicaid participation requirements. See 8.302.1 NMAC, *General Provider Policies*. Providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if medicaid recipients have other health insurance. Providers must maintain records which are sufficient to fully disclose the extent and nature of the services furnished to recipients. See 8.302.1 NMAC, *General Provider Policies*.

[2/1/95; 8.325.5.11 NMAC - Rn, 8 NMAC 4.MAD.764.2, 3/1/12]

8.325.5.12 COVERED SERVICES: Medicaid covers medically necessary services which are not considered unproven, investigational or experimental for the condition for which they are intended or used as determined by MAD. See 8.325.6 NMAC, *Experimental or Investigational Procedures, Technologies or Therapies*. Covered transplantation services include hospital, physician, laboratory, outpatient surgical, and other medicaid-covered services necessary to perform the selected transplantation. Due to special medicare coverage available for individuals with end-stage renal disease, medicare eligibility must be pursued by the provider for coverage of a kidney transplant before requesting medicaid reimbursement.

[2/1/95; 8.325.5.12 NMAC - Rn, 8 NMAC 4.MAD.764.3, 3/1/12]

8.325.5.13 NONCOVERED SERVICES: Transplant services are subject to the limitations and coverage restrictions of other medicaid services. See 8.301.3 NMAC, *General Noncovered Services*. Medicaid does not cover any transplant procedures, treatments, use of drug(s), biological product(s), product(s), or device(s) which are considered unproven, experimental, investigational, or not effective for the condition for which they are intended or used. See 8.325.6 NMAC, *Experimental or Investigational Procedures, Technologies or Therapies*.

[2/1/95; 8.325.5.13 NMAC - Rn, 8 NMAC 4.MAD.764.4, 3/1/12]

8.325.5.14 PRIOR APPROVAL AND UTILIZATION REVIEW: All medicaid services are subject to utilization review for medical necessity and program compliance. Reviews can 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, *Prior Authorization and Utilization Review*. Once enrolled, providers receive instructions and documentation forms necessary for prior approval and claims processing.

A. **Prior approval:** Written prior approval must be obtained for all transplants, with the exception of corneas and kidneys. The prior approval process must be started by the recipient's attending physician contacting the MAD utilization review (UR) contractor. Services for which prior approval was obtained remain subject to utilization review at any point in the payment process.

B. **Eligibility determination:** Prior approval of services does not guarantee that individuals are eligible for medicaid. Providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if medicaid recipients have other health insurance.

C. **Reconsideration:** Providers who disagree with prior approval request denials or other review decisions can request a re-review and a reconsideration. See Section MAD-953, *Reconsideration of Utilization Review Decisions*.

[2/1/95; 8.325.5.14 NMAC - Rn, 8 NMAC 4.MAD.764.5, 3/1/12]

8.325.5.15 REIMBURSEMENT:

A. Transplant service providers must submit claims for reimbursement on the HCFA-1500 or UB-92 claim form or their successor, as appropriate to the provider type. See 8.302.2 NMAC, *Billing for Medicaid Services*. Once enrolled, providers receive instructions on documentation, billing and claims processing. Reimbursement for professional services is made at the lesser of the following:

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

B. The provider's billed charge must be their usual and customary charge for services.

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

D. Medicaid pays for inpatient hospital services using various reimbursement methodologies. See 8.311.3 NMAC, *Methods and Standards for Establishing Payment Rates - Inpatient Hospital Services*.

E. Reimbursement to out-of-state hospitals for inpatient services is based on the MAD payment schedule, which is seventy percent (70%) of billed charges. Reimbursement to out-of-state hospitals for outpatient services is based on the MAD payment schedule, which is seventy-seven percent (77%) of billed charges. [2/1/95; 8.325.5.15 NMAC - Rn, 8 NMAC 4.MAD.764.6, 3/1/12]

HISTORY OF 8.325.5 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center:

ISD 310.0200, Hospital Services, filed 1/9/80.
ISD 310.0200, Hospital Services, filed 12/8/80.
ISD 310.0200, Hospital Services, filed 12/30/81.
ISD 310.0200, Hospital Services, filed 4/2/82.
ISD 310.0200, Hospital Services, filed 7/8/82.
ISD Rule 310.0200, Hospital Services, filed 4/5/83.
ISD Rule 310.0200, Hospital Services, filed 2/15/84.
ISD Rule 310.0200, Hospital Services, filed 4/26/84.
ISD Rule 310.0200, Hospital Services, filed 2/21/86.
MAD Rule 310.02, Hospital Services; filed 12/1/87.
MAD Rule 310.02, Hospital Services, filed 4/27/88.
MAD Rule 310.02, Hospital Services, filed 5/23/88.
MAD Rule 310.02, Hospital Services, filed 8/18/88.
MAD Rule 310.02, Hospital Services, filed 3/20/89.
MAD Rule 310.02, Hospital Services, filed 7/2/90.
MAD Rule 310.02, Hospital Services, filed 3/27/92.
MAD Rule 310.02, Hospital Services, filed 4/21/92.
MAD Rule 310.02, Hospital Services, filed 5/1/92.
MAD Rule 310.02, Hospital Services, filed 7/14/93.
MAD Rule 310.02, Hospital Services, filed 3/10/94.
MAD Rule 310.02, Hospital Services, filed 6/15/94.
MAD Rule 310.02, Hospital Services, filed 12/8/94.

History of Repealed Material:

MAD Rule 310.02, Hospital Services, filed 12/8/94 - Repealed effective 2/1/95.