



**Michelle Lujan Grisham, Governor**  
Kari Armijo, Cabinet Secretary  
Dana Flannery, Medicaid Director

March 22, 2024

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
Centers for Medicare and Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, MO 64106

Dear Mr. Scott:

Enclosed please find documents related to New Mexico State Plan Amendment (SPA) 24-0001 Biomarker Coverage.

Effective January 5, 2024, New Mexico Medical Assistance Division is adding comprehensive biomarker coverage. These include biomarkers with an NCD or LDC, ones that are recommended by the FDA for pharmacologic monitoring, or ones recommended in a national guideline.

HSD followed a process that included public notification, tribal notification and web posting. Documentation of these activities is attached.

Please refer to the attachments for the transmittal form and notices.

We appreciate your consideration of this state plan amendment. Should you have any questions on this amendment, please contact Valeria Tapia at: [Valerie.Tapia@hsd.nm.gov](mailto:Valerie.Tapia@hsd.nm.gov) or (505) 257-8420.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dana Flannery", is written over a light blue circular stamp.

Dana Flannery  
Medicaid Director  
cc: Dana Brown CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
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TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
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5. FEDERAL STATUTE/REGULATION CITATION
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6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
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8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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9. SUBJECT OF AMENDMENT
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10. GOVERNOR'S REVIEW (Check One)	OTHER, AS SPECIFIED:
GOVERNOR'S OFFICE REPORTED NO COMMENT	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED

15. RETURN TO
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<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED	17. DATE APPROVED

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS
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## State Supplement A to Attachment 3.1 A

### Item 3 Other Laboratory and X-ray Services

- a. A professional component associated with laboratory services is covered only when the work is actually by a pathologist who is not billing for the complete procedure and is covered only for anatomic and surgical pathology (includes cytopathology and histopathology).
- b. Specimen collection fees are covered when drawn by venipuncture or collected by catheterization unless the patient is in a nursing home. Specimen collection fees are not payable for nursing home recipients.
- c. Laboratory tests are not covered if the tests are conveyed from an ordering physician's office to a different physician's office, office laboratory, or non-certified laboratory, or non-certified laboratory. Physicians and other private practitioners may not bill for laboratory tests which are sent to an outside laboratory or other facility.
- d. Laboratory specimen handling or mailing charges are not a benefit of the program.
- e. Individual lab procedures that are routinely considered to be included in a profile or panel must be billed as a panel.
- f. The following services require prior approval (or retrospective approval following an emergency or retrospective eligibility):
  1. Cryogenic service
  2. Outpatient Magnetic Resource Imaging
- g. Biomarker tests that are medically necessary are covered. These include biomarkers with a National Coverage Determination (NCD) or Local Coverage Determination (LCD), recommended by the FDA for pharmacologic monitoring, or ones recommended in a national guideline.

### Item 4b ESDT Services in Excess of Federal Requirements

Nutritional assessment and nutritional counseling.

## VL Clinical Diagnostic Lab Services

Laboratory services are covered under the laboratory benefit. Payment for clinical diagnostic laboratory services does not exceed payment levels specified by Section 1903(i) of the Social Security Act which is the Medicare fee schedule on a per test basis.

Beginning July 1, 2001, the Medicare fee schedule, as updated, is implemented as the Medicaid fee schedule.

For items and services for which there is not a Medicare fee schedule amount, the fee schedule is established by the state agency with consideration given to payment practices of other third-party payers, comments from providers and appropriate professional societies, typical invoice costs from providers, comparison of fee schedule amounts for similar services and items, and/or the usual charges of the providers for services to non-Medicaid patients.

The agency's fee schedule rates for services and items for which there is not an established Medicare fee were set as of March 21, 2011, and are effective for services provided on or after that date.

All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services Department, Medical Assistance Division, Provider Enrollment and Program Policy, Fee for Service, under Fee Schedules, at: <https://www.hsd.state.nm.us/providers/fee-schedules/>.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

**1. Biomarker Coverage (BC).** Biomarker tests are reimbursed on a fee schedule basis when medically necessary. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers (ex. case management for persons with chronic mental illness). The agency's fee schedule rate was set as of January 5, 2024, and is effective for services provided on or after that date.

All rates and any updates or periodic adjustments to the fee schedule are published on the New Mexico Medicaid website at: <https://www.hsd.state.nm.us/providers/fee-for-service/>. Changes to the fee schedule are made with public notice, following the requirements of 42 CFR 447.205.

## VII. Prescribed dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist:

### (1) Dentures

Dentures are covered under the service benefit of "Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses Prescribed by a Physician Skilled in Diseases of the Eye or by an Optometrist". Payment for dentures is made at the lesser of the provider's billed charge or the current Medicaid fee schedule.

The Medicaid fee schedule is established by the state agency with consideration given to payment practices of other third-party payers, comments from providers and appropriate professional societies, typical invoice costs from providers, comparison of fee schedule amounts for similar services and items and/or the usual charges of the providers for services to non-Medicaid patients,

The agency's fee schedule rates were set as of March 21, 2011, and are effective for services provided on or after that date. All rates and any updates or periodic adjustments to the fee schedule are published on the agency's website for the New Mexico Human Services.

TN No 24-0001

Approved \_\_\_\_\_

Supersedes TN. No. HCFA 179 11/01

Effective Date 01/05/2024