




State of New Mexico  
Medical Assistance Program Manual  
**Supplement**



**DATE:** September 5, 2023 **NUMBER:** 23-09

**TO:** ALL NON-EMERGENCY MEDICAL TRANSPORTATION PROVIDERS PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM

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**THROUGH:** ANNABELLE MARTINEZ, ACTING DEPUTY DIRECTOR, MEDICAL ASSISTANCE DIVISION

**SUBJECT:** NON-EMERGENCY TRANSPORTATION (NEMT) REFERRALS FOR OUTSIDE OF THE HOME COMMUNITY

The New Mexico Human Services Department, Medical Assistance Division (HSD/MAD) is issuing this Supplement to provide guidance on updates to NMACs [8.324.7](#) & [8.310.2](#), when NEMT is provided to a Medicaid eligible recipient outside of the home community effective July 1, 2023.

1. MAD is increasing the outside of the home community travel mileage from 65 miles to 120.
  - a. NMAC will now read:
    - i. 8.324.7 - If a MAP eligible recipient must travel over 120 miles from his or her home community to receive medical or behavioral health care, the transportation provider must obtain and retain in its billing records written verification from the referring provider or the service provider.
    - ii. 8.310.2 – Preparation of referrals for travel outside the home community: If a MAP eligible recipient must travel over 120 miles from his or her home community to receive medical care, the transportation provider must obtain a written verification from the referring provider or from the service provider containing the following information for the provider to retain with their billing records.
2. MAD is increasing the frequency requirement for obtaining referrals for continued out-of-community from six (6) months to twelve (12) months.
  - a. NMAC will now read:
    - i. 8.324.7 Referrals and referral information must be obtained from a MAD provider. For continued out-of-community, non-emergency transportation, the required information must be obtained every twelve months.

HSD will allow providers who have met the requirements listed above and who provide transportation services to Medicaid eligible recipients within dates of service July 1, 2023, to the present. HSD will allow providers 90 days from the date on the supplement to submit a claim and avoid a timely filing denial. HSD will review the claims submitted or resubmitted prior to this Supplement to ensure the claims are paid based on the direction in this Supplement. The above guidance relates to fee-for-service claims submission, claims will be reprocessed starting from July 1, 2023 and no action from providers will be required. For managed care claims, please follow guidance provided by each MCO.

This Supplement will sunset when HSD approves and finalizes updates to NMAC 8.324.7 and 8.310.2.

For questions regarding this guidance, please contact the Medical Assistance Division, Benefits and Reimbursement Bureau at [MADInfo.HSD@hsd.nm.gov](mailto:MADInfo.HSD@hsd.nm.gov).