

Services Covered by New Mexico State Employees Plan, 2020

Type of Service	Description of Service and Limitations
Physician Services, Office	Primary Care Physician/Provider (PCP) Office Visit/Exam Copayment (non-preventive) <ul style="list-style-type: none"> ▪ Office Surgery (including casts, splints, etc.)
	Other non-Routine Office Services: Includes services of non-PCP providers (Specialists) <ul style="list-style-type: none"> ▪ Office Surgery ▪ Allergy Tests, Serum ▪ Allergy Injections ▪ Therapeutic Injections (with Physician) ▪ Therapeutic Injections (with Nurse)
	Preventive Services: including immunizations, lab, X-ray, colonoscopies, pap tests, mammograms, immunizations, and other wellness services; smoking/ tobacco cessation counseling, etc.
Diagnostic Testing, Outpatient	PET Scans, CT Scans, MRIs, (unless covered as part of a fixed-dollar copayment during ER visit, admission, etc.) Other Lab, X-Ray, EKGs, diagnostic services
Inpatient Hospital Services, Acute Care	Hospitalization (includes semi-private room, board, drugs, medications, and ancillaries; inpatient physician visits, surgeon, assistant, and anesthesiologist) Related physician services (e.g., anesthesiologist, surgeon)
Outpatient Hospital Services	Surgery – operating and recovery room Observation (nonemergency)
	Other treatment room services not otherwise specified in this Summary
	Related physician services (e.g., anesthesiologist, surgeon)
Emergency Services and Urgent Care	Emergency room or emergency observation room visit
	Urgent care center
	Ambulance (ground and air transport)
Transplants	Bone marrow, heart, heart-lung, liver, lung, pancreas-kidney, and other medically necessary transplants (Case management required. Maximums apply to covered travel and lodging fees.)
Maternity Services	Initial visit to confirm pregnancy
	Physician/midwife services (delivery, prenatal/postnatal care)
	Hospital admission
	Routine nursery care for covered newborn (Child covered from birth but must apply for coverage within 31 days.)

Type of Service	Description of Service and Limitations
Mental Health and Substance Abuse Rehabilitation Services	Outpatient /Office services
	Inpatient services
	Partial hospitalization
	Intensive outpatient program
	Residential treatment center (max. 60 days/year)
Other Office and Home Services	Acupuncture/Spinal Manipulation/Chiropractic Services (limited to 25 visits/year combined)
	Biofeedback (for specified conditions only)
	Cardiac and Pulmonary Rehabilitation
	Chemotherapy, Radiation therapy; Dialysis
	Durable medical equipment, diabetic equipment, and supplies; orthopedic appliances, prosthetics and orthotics (Rental benefits may not exceed the purchase price of a new unit. Supplies limited to a 30-day supply during a 30-day period)
	Hearing exam/test - Adults and Children
	Hearing aids – Adults Only – Age 22 and Older
	Hearing aids – Adults Only – Age 21 and Younger
	Home health care and home I.V. services
	Hospice
	Naprapathy (limited to 25 visits/calendar year)
	Rehabilitation facility and Skilled Nursing facility
	Short-term rehabilitation: outpatient/office Physical, Occupational, and Speech therapies
	Applied Behavioral Analysis for Autism (Habilitative)
	TMJ/CMJ, oral surgery, and dental accident services
Prescription Drugs, Diabetic Supplies, Enteral Nutritional Products, Special Medical Foods, Smoking/Tobacco Cessation	