Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H., Director

Special COVID-19 Letter of Direction #13-1

Date: **February 1, 2022** (Effective Date March 1, 2020)

To: **Centennial Care 2.0 Managed Care Organizations**

From: **Nicole Comeaux, Director, Medical Assistance Division**
Neal Bowen, Director, Behavioral Health Services Division

Subject: **Special Provisions for Telehealth Services during the COVID-19 emergency Repeal and Replace Special COVID-19 LOD #13**

Title: **Telehealth Services during the COVID-19 emergency**

The purpose of this Letter of Direction (LOD) is to provide guidance and directives to the Centennial Care 2.0 Managed Care Organizations (MCOs) for modification of services and program standards related to the national public health emergency associated with the 2019 Novel Coronavirus (COVID-19) outbreak. The purpose of these changes is to assure the continuation of essential services to Medicaid patients without disruption or delay while following Centers for Disease Control and Prevention (CDC) direction to maximize social distancing for the duration of the public health emergency (PHE).

1. New Codes for Telephonic Visits and E-Visits:

Effective March 1, 2020 and for the duration of the COVID-19 Public Health Emergency, HSD has broadened access to Medicaid telehealth services so that patients can receive a wider range of services from their doctors without having to travel to a healthcare facility. Providers must maintain appropriate documentation of all services rendered.

HSD is directing the MCOs to direct providers to render telehealth services in all settings, including the member's home, through the termination of the declaration of the emergency, in lieu of in-person care to reduce the risk of spreading COVID-19 through face-to-face contact.

HSD is committed to working collaboratively with the New Mexico Licensure Board to clarify and confirm that, for the duration of the emergency, conducting an online exam for a patient that has not yet been established with the practice is not considered "unprofessional or dishonorable conduct" per 16.10.8.8 NMAC.

In accordance with existing policy, providers are expected to maintain all appropriate medical records. Any medical records requiring in person presence (e.g., height, weight, etc.) are to be noted in the record as "Excused per state declaration re: COVID-19".

Services must be provided by a practitioner who is contracted with the MCO and within the provider's normally allowed scope of practice.

HSD is aligning with the Medicare guidance for telehealth services for the duration of the public health emergency.

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

For telehealth services rendered in the following settings, please refer to **Table 1** of this LOD.

2. **Telehealth/Physical Health Services:**
   HSD has activated/added new codes (CPT, HCPCS or Revenue Code) to encourage the use of telephonic visits and e-visits in lieu of in-person care. These codes will remain an option for all provider types for the duration of the emergency.

   These codes and rates can be found in Table 1.

   The providers have (should be given) two options to bill their services:

   - Providers may bill as they are currently doing using one of the modifiers listed in Table 1. The use of a telehealth modifier will identify the service rendered via telehealth. Reimbursement will not be affected by using a telehealth modifier and services will be reimbursed with the same rates as face-to-face that are currently established for such services; **or**

   - Providers may bill using one of the telehealth codes listed in Table 1.

3. **Teledentistry:**

   HSD is expanding services for teledentistry. Please refer to Table 1 of this LOD.

4. **Telehealth/Physical Health services rendered in Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Hospital-Based RHCs (HBRHCs), and the Indian Health Service (IHS):** Please refer to Table 1 of this LOD.

5. **Telephonic and Telehealth Behavioral Health (BH) TABLE 2:**

   The MCOs are directed to allow behavioral health (BH) providers to bill for telephonic/ telehealth e-visits using the same codes and rates that are currently established for providing such services in a face-to-face setting. Authorized codes can be found in Table 2 of this LOD.

This new authorization for telephone services is in addition to existing arrangements for behavioral health telehealth services.

This will remain an option for providers through the termination of the emergency declaration and applies to both initiation of care and treatment of established patients. Initiation of care can be for any reason, including member self-referral.

Telephonic BH visits must be synchronous; that is, consisting of live voice conversation with the patient or family. Asynchronous or "store and forward" visits are not payable under this provision.

For the purposes of MCO reporting and accountability, telephonic and telehealth BH visits will count per the service categorization logic included in *Centennial Care MCO Financial and Utilization Reports, General Instructions for the Categorization and Reporting of Health Care Service Expenses*. This provision will apply through the termination of the emergency declaration.

The existing Supportive Housing HCPC codes remain in effect at this time and will continue to be billed as previously instructed.

6. **Applied Behavior Analysis (ABA) Services:**
   The MCOs are directed to allow ABA providers to bill for telephonic and telehealth visits using the authorized codes identified in Table 2 of this LOD.

7. **Nursing Facilities/Skilled Nursing Facilities:**
   Telehealth for Specialty Services including Behavioral Health Services in the nursing facility where the nursing facility makes available the use of their equipment for the visit can bill a separate line item with the Revenue code 0949 and HCPCS Q3014 for the Telehealth Originating Site Facility Fee during the duration of the Public Health Emergency.

Recognizing that the telehealth flexibilities afforded under the COVID-19 public health emergency have had great success in expanding access and availability of services to our members, HSD will explore every opportunity to extend these flexibilities after the PHE is declared over, as reasonable and appropriate.

Table 1. Authorized Telehealth Codes

Code	Description	Medicaid FFS Rate
Physical Health Services		
	MCOs should allow all providers (for example: physicians, mid-level providers, OT, PT, SLPs, providers who can bill E&M services, Emergency Department visits and others) to continue to bill their services as they are currently. Reimbursement will not be affected using a modifier. Some providers may be limited to a percentage of the rate. Reimbursement to CNPs and CNSs who are in independent practice are limited to 90 percent (90%) of the MAD fee schedule amount allowed for physicians providing the same service. A service provided via telehealth would be billed using one of the following modifiers. • GQ: Telehealth store and forward (or) • GT: Interactive telecommunication (or) • 95: Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System.	At the same reimbursement rate as face-to-face encounters/visits.
(or) Other Telehealth Options		
Physician Telephone Services		
Physician Telephone Services (for example: provider who can bill E&M services, physicians, mid-level providers). Some providers may be limited to a percentage of the rate. Reimbursement to CNPs and CNSs who are in independent practice are limited to 90 percent (90%) of the MAD fee schedule amount allowed for physicians providing the same service. Note: During the COVID-19 emergency, the following codes can be used for both new and established patients.		
99441	Telephone Evaluation and Management (E&M) service provided by a physician to an established patient, parent or guardian not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.	$55.34
99442	Same as above - 11-20 minutes of medical discussion	$101.71
99443	Same as above - 21-30 minutes of medical discussion	$135.63
Non-physician Telephone Services (for example: OT, PT, SLPs)		

Code	Description	Medicaid FFS Rate
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment - 5-10 minutes of medical discussion	$12.05
98967	Same as above - 11-20 minutes of medical discussion	$23.78
98968	Same as above - 21-30 minutes of medical discussion	$34.88
Interprofessional Consultation Codes		
99451	Reported by the consultant, allowing him/her to access data/information through the electronic health record, in addition to telephone or internet - 5 minutes	$33.25
99452	Reported by the requesting/treating physician or qualified health provider (i.e., provider who can bill E&M services, physicians, mid-level providers) - 30 minutes (for example: providers who can bill E&M services, physicians, mid-level providers)- 30 minutes.	$33.25
Real-Time Interactive Audio/Video		
99421	Non face-to-face online digital E&M service for an established patient, for up to 7 days cumulative time during the 7 days - 5-10 minutes	$40.29
99422	Same as above - 11-20 minutes	$67.46
99423	Same as above - 21 or more minutes	$96.23
Other Telehealth Codes – Assessing and Monitoring		
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment.	$11.52
G2012	Brief communication technology - based service (e.g., virtual check-in) by a physician or other qualified health care professional who can report E&M services, provided to an established patient, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment - 5-10 minutes of medical discussion or just "brief check-in by MD/QHP" for short, used in medical care.	$13.03

Code	Description	Medicaid FFS Rate
G2061/98970	Qualified nonphysician (***for example: OT, PT, SLPs)*** healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days - 5-10 minutes.	$10.87
G2062/98971	Same as above - 11-20 minutes.	$19.21
G2063/98972	Same as above - 21 or more minutes.	$30.08
Dental Telehealth Codes		
D9995	Teledentistry synchronous real-time: when the dentist and participant interact as if they were having a face-to-face service. Services that can be provided effectively telephonically without real-time video may also be covered via telehealth. The code will be reimbursed at the same rate as D0140- face-to-face limited oral evaluation (problem focused) service. Providers must continue to maintain appropriate documentation of all services provided and related to medical necessity.	$28.94
Telehealth /Physical Health Billing for Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Hospital-Based RHCs (HBRHCs), and the Indian Health Services (IHS)		
780	Telemedicine General classification Scenario 1: A telehealth service that is rendered with the patient present should be billed using the appropriate clinic visit revenue code. The telehealth service must be reported separately using revenue code 0780 and HCPCS code Q3014- Telehealth Originating Site -Facility Fee. Scenario 2: A service rendered through telehealth only should be billed as a single line of service using their current face-to-face encounter revenue code and HCPCS code Q3014 to identify this as a telehealth service. Dental FQHC billing: Please continue to bill procedure code D0999 and enter a POS 02- Telehealth. Entering revenue code 0780 is not necessary for FQHC dental billing.	Scenario 1: Reimbursed the encounter/OMB rate plus the telehealth HCPCS fee schedule rate. Scenario 2: Reimbursed at the encounter/OMB rate Dental: Reimbursed at the encounter rate

Table 2. Behavioral Health Telehealth Codes

Behavioral Health Services-Telephonic and Telehealth Visits- Authorized Codes

All normal Modifiers should be included on the claim if otherwise required. Providers will continue to use the same reimbursement rate as face-to-face encounters/visits. Providers will continue to use the current rules in place for billing more than one encounter on the same date of service.

TELEPHONIC:
When a service is delivered through Telephonic means, providers are to enter on a CMS 1500 Claim Form Place of Service ***Code 02.*** The services are billable to the MCO and should be paid at the office rate for the service. Telephonic BH visits must be synchronous; that is, consisting of live voice conversation with the patient or family. Asynchronous or "store and forward" visits are not payable under this provision.

TELEHEALTH:
A service provided via telehealth would be billed using one of the following modifiers.

- GQ: Telehealth store and forward (or)
- GT: Interactive telecommunication (or)
- 95: Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System

HCPCS code Q3014:

Code	Description	Rate
Q3014	Telehealth Originating Site Facility Fee	$24.83

Scenario 1: A service rendered through telehealth with the patient/recipient present at the provider's facility or office resulting in a consultation with an outside provider (not employed/contracted), should bill as a single line for the Q3014. The distant site provider will bill the CPT/HCPCS code reflecting the service rendered.

Scenario 2: An encounter between a patient/recipient and their provider, whether the provider is in the office/clinic or not, the provider will bill the CPT/HCPCS code reflecting the service rendered with the appropriate telehealth modifier. The Q3014 code should not be billed in this instance.

Scenario3: A service rendered through telehealth with the patient/recipient at home with a provider present, resulting in a consultation with an outside provider (employed/contracted or not), should bill as a single line for the Q3014. The distance site provider will bill the CPT/HCPCS code reflecting the service rendered.

The effective date for guidance on the use of Q3014 will be the release date of this LOD and no recoupments should take place prior to this release date.

90785	90791	90792	90832	90833	90834
90836	90837	90838	90839	90840	90846
90847	90849	90853	90863	99201	99202
99203	99204	99205	99211	99212	99213
99214	99215	99217	99218	99219	99220
99241	99242	99243	99244	99245	99406
99407	G0175	G0406	G0407	G0408	G0443
G0444	H0015	H0025	H0031	H0038	H0039
H0049	H0050	H2000	H2010	H2011	H2014
H2015	H2017	H2033	S0201	S0220	T1001
T1007					

Rev Codes					
0513	0912				
Applied Behavior Analysis (ABA) Authorized codes					
T1026	0362T	97151	97152	97153	97154
97155	97156	97157	97158		

For Behavioral Health services rendered in a FQHC, in a rural health clinic (hospital based and free standing) and in an Indian Health Service see Table 1 above.