

New Jersey



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: No
- Remote Patient Monitoring: No
- Audio Only: No

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: IMLC, NLC, PSY, PTC
- Consent Requirements: Yes

FQHCs

- Originating sites explicitly allowed for Live Video: Yes
- Distant sites explicitly allowed for Live Video: No
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: No
- Allowed to collect PPS rate for telehealth: No

STATE RESOURCES

1. Medicaid Program: New Jersey Medicaid
2. Administrator: New Jersey Dept. of Human Services (Division of Medical Assistance and Health Services)
3. Regional Telehealth Resource Centers: Mid-Atlantic Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 02/02/2024

Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of electronic mail, instant messaging, phone text, or facsimile transmission.

Telehealth means the use of information and communications technologies, including telephones, remote patient monitoring devices or other electronic means to support clinical health care, provider consultation, patient and professional health related education, public health, health administration and other services.

SOURCE: NJ Statute C.26:2S-29 & C.45:1-61. (Accessed Feb. 2024).

REQUIREMENTS

Last updated 02/02/2024

A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered under the plan when delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

A carrier may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation. In no case shall a carrier:

- Impose any restrictions on the location or setting of the distant site used by a health care provider to provide services using telemedicine and telehealth or on the location or setting of the originating site where the patient is located when receiving services using telemedicine and telehealth, except to ensure that the services provided using telemedicine and telehealth meet the same standard of care as would be provided if the services were provided in person;
- Restrict the ability of a provider to use any electronic or technological platform to provide services using telemedicine or telehealth, including, but not limited to, interactive, real-time, two-way audio, which may be used in combination with asynchronous store-and-forward technology without video capabilities, including audio-only telephone conversations, to provide services using telemedicine or telehealth, provided that the platform used:
 - Allows the provider to meet the same standard of care as would be provided if the services were provided in person; and
 - Is compliant with the requirements of the federal health privacy rule set forth at 45 CFR Parts 160 and 164;
- Deny coverage for or refuse to provide reimbursement for routine patient monitoring performed using telemedicine and telehealth, including remote monitoring of a patient's vital signs and routine check-ins with the patient to monitor the patient's status and condition, if coverage and reimbursement would be provided if those services are provided in person, and the provider is able to meet the same standard of care as would be provided if the services were provided in person; or
- Limit coverage only to services delivered by select third party telemedicine or telehealth organizations.

SOURCE: NJ Statute C.26:2S-29. (Accessed Feb. 2024).

PARITY

Last updated 02/02/2024

SERVICE PARITY

A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered under the plan when delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

A health care plan is not prohibited from providing coverage only for services that are medically necessary, subject to the terms and conditions of the plan.

A health care plan may not require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.

SOURCE: NJ Statute C.26:2S-29, (Accessed Feb. 2024).

The above also applies to contracts purchased by the State Health Benefits Commission and the School Employees' Health Benefits Commission.

SOURCE: NJ Statute C.52:14-17.29w & C.52:14-17.46.6h. (Accessed Feb. 2024).

A carrier that offers a health benefit plan in this state shall provide coverage, without the imposition of any cost sharing requirements, including deductibles, copayments or coinsurance, prior authorization requirements, or other medical management requirements, for the following items and services furnished during any portion of the federal state of emergency declared in response to the Coronavirus disease 2019 pandemic:

- Testing for COVID-19, provided that a health care practitioner has issued a medical order for the testing; and
- Items and services furnished to an individual health care provider office visit, including in-person visits and telemedicine and telehealth encounters, urgency care center visits, and emergency department visits, that result in an order for administration of a test for COVID-19, but only to the extent that the items and services relate to the furnishing or administration of the test for COVID-19 or to the evaluation of the individual for purposes of determining the need of the individual for that test.

SOURCE: NJ S2559. (Accessed Feb. 2024).

PAYMENT PARITY

A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered under the plan when delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or

to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

A carrier may limit coverage to services that are delivered by health care providers in the health benefits plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

SOURCE: NJ Statute C.26:2S-29 (Accessed Feb. 2024).

The above also applies to contracts purchased by the State Health Benefits Commission and the School Employees' Health Benefits Commission.

SOURCE: NJ Statute C.52:14-17.29w & C.52:14-17.46.6h. (Accessed Feb. 2024).

A carrier that offers a health benefit plan in this state shall provide coverage, without the imposition of any cost sharing requirements, including deductibles, copayments or coinsurance, prior authorization requirements, or other medical management requirements, for the following items and services furnished during any portion of the federal state of emergency declared in response to the Coronavirus disease 2019 pandemic.

The Commissioner of Health shall conduct a study to assess whether or to what extent coverage and payment for health care services delivered to a covered person through telemedicine or telehealth should be reimbursed at a provider reimbursement rate that equals the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, as well as to assess whether telemedicine and telehealth may be appropriately used to satisfy network adequacy requirements applicable to health benefits plans in New Jersey. See statute for details.

SOURCE: NJ S2559. (Accessed Feb. 2024).

Medicaid

OVERVIEW

Last updated 02/02/2024

New Jersey Medicaid reimburses for live video under certain circumstances. Store-and-forward and remote patient monitoring are not explicitly included in reimbursement; however, it could be covered within the definition of telemedicine. Individual Medicaid managed care plans may have their own individual policies regarding telehealth and telemedicine.

DEFINITIONS

Last updated 02/02/2024

“Telehealth” means the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration.

Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of electronic mail, instant messaging, phone text, or facsimile transmission.

SOURCE: NJ Statute C.30:4D-6K(e) – cites: NJ Statute C.45:1-61, (Accessed Feb. 2024).

Telehealth is defined as the use of electronic communication technologies to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration and other services. Telemedicine and telehealth are often used interchangeably but telemedicine, a subset of telehealth, is considered the clinical application of electronic technology to provide long distance clinical health services. Telehealth is the broader application of communication technology, beyond clinical diagnostics and patient monitoring and shall be used throughout this newsletter to refer to both telemedicine and telehealth services.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018. (Accessed Feb. 2024).

Home Care Services

“Telehealth technology” means the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient, and professional health-related education, public health, and health administration.

Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

SOURCE: NJ Admin Code Title 10:60-1.2, (Accessed Feb. 2024).

LIVE VIDEO

Last updated 02/02/2024

POLICY

The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered when delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

The State Medicaid and NJ FamilyCare programs may limit coverage to services that are delivered by participating health care providers, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

In no case shall the State Medicaid and NJ FamilyCare Programs:

- Impose any restrictions on the location or setting of the distant site used by a health care provider to provide services using telemedicine and telehealth or on the location or setting of the originating site where the patient is located when receiving services using telemedicine and telehealth, except to ensure that the services provided using telemedicine and telehealth meet the same standard of care as would be provided if the services were provided in person;
- Restrict the ability of a provider to use any electronic or technical platform to provide services using telemedicine or telehealth, including but not limited to interactive, real-time, two-way audio, which may be used in combination with asynchronous store-and-forward technology without video capabilities including audio-only telephone conversations, to provide services using telemedicine or telehealth, provided that the platform used:
 - Allows the provider to meet the same standard of care as would be provided if the services were provided in person'

- Is compliant with the requirements of the federal health privacy rule set forth at 45 CFR Parts 160 and 164.
- Deny coverage for or refuse to provide reimbursement for routine patient monitoring performed using telemedicine and telehealth, including remote monitoring of a patient's vital signs and routine check-ins with the patient to monitor the patient's status and condition, if coverage and reimbursement would be provided if those services are provided in person, and the provider is able to meet the same standard of care as would be provided if the services were provided in person; or
- Limit coverage only to services delivered by select third party telemedicine or telehealth organizations.

SOURCE: NJ Statute C.30:4D-6K. (Accessed Feb. 2024).

ELIGIBLE SERVICES/SPECIALTIES

The offsite provider is responsible for determining that the billable service meets all required standards of care. If the provider cannot meet that standard of care via telehealth, the provider shall notify the patient to seek a face-to-face appointment. When a physical evaluation is required, the telehealth provider may utilize an individual licensed to provide physical evaluations (e.g. RN) who is onsite.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 2 (Accessed Feb. 2024).

A provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video communication, if the provider has determined that the provider is able to meet the accepted standard of care provided if the visit was face-to-face.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 2. (Accessed Feb. 2024).

The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered when delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or

organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

The State Medicaid and NJ FamilyCare programs may limit coverage to services that are delivered by participating health care providers, but may not charge any deductible, copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

SOURCE: NJ Statute C.30:4D-6K. (Accessed Feb. 2024).

Psychiatric Services

Telepsychiatry may be utilized by mental health clinics and/or hospital providers of outpatient mental health services to meet their physician related requirements including but not limited to intake evaluations, periodic psychiatric evaluations, medication management and/or psychotherapy sessions for clients of any age.

Before any telepsychiatry services can be provided, each participating program must establish policies and procedures, regarding elements noted in the newsletter, such as confidentiality requirements, technology requirements and consent.

Mental health clinics and hospital providers are limited to billing for services permitted by the Division of Medical Assistance and Health Services.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Feb. 2024).

For the Screening and Outreach Program, the psychiatric assessment maybe completed through the use of telepsychiatry, provided that the screening service has a Division-approved plan setting forth its policies and procedures for providing a psychiatric assessment via telepsychiatry that meets the criteria (see regulation).

SOURCE: NJAC 10:31-2.3. (Accessed Feb. 2024).

Teledentistry

Effective for dates of service on or after July 1, 2023, the Division of Medical Assistance and Health Services (DMAHS) will limit synchronous teledentistry (using CDT code D9995 – synchronous real-time encounter) as a telehealth service to those with intellectual and developmental disabilities, those enrolled in MLTSS, and homebound individuals. Teledentistry must be billed with CDT code D0140 – limited oral evaluation – problem focused.

- For Federally Qualified Health Centers – the encounter code (D0120 with modifier 22), along with D9995 and D0140, must be billed for the same date with all services submitted on the same claim.
- For All Other Providers – both D9995 and D0140 must be billed for the same date with both services submitted on the same claim.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 33, No. 13, Aug. 2023, p. 1, 3. (Accessed Feb. 2024).

ELIGIBLE PROVIDERS

In no case shall the State Medicaid and NJ FamilyCare Programs:

- Impose any restrictions on the location or setting of the distant site used by a health care provider to provide services using telemedicine and telehealth or on the location or setting of the originating site where the patient is located when receiving services using telemedicine and telehealth, except to ensure that the services provided using telemedicine and telehealth meet the same standard of care as would be provided if the services were provided in person.

SOURCE: NJ Statute C.30:4D-6K. (Accessed Feb. 2024).

Telepsychiatry

The practitioner may be offsite but must be a practitioner currently licensed to practice within the State of New Jersey. When consumers receiving telepsychiatry services are under the care of a multidisciplinary treatment team, the psychiatrist or psychiatric APN providing telepsychiatry services must have regular communication with them and be available for consultation.

The clinician cannot bill for services directly.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Feb. 2024).

Local Education Agency Behavioral Health Services

NJ Medicaid or a managed care organization contracted with the Division to provide benefits to Medicaid beneficiaries, shall reimburse a local education agency for behavioral health services covered under Medicaid, delivered in-person or via telehealth, and provided to a student who is an eligible Medicaid beneficiary. Services provided under this subsection shall be:

- Reimbursable by Medicaid regardless of whether the student participates in an Individualized Education program, 504 Accommodation Plan, Individualized Health Care Plan, or Individualized Family Service Plan; or whether the covered services are provided at no charge to the student; and
- Provided by a licensed medical practitioner approved as a Medicaid provider or a local education agency approved as a Medicaid provider.

A local education agency shall utilize Medicaid reimbursement payments issued under this section to provide behavioral health services for students and their families which may include behavioral health assessment, case management, health education, and social emotional learning. The division, in conjunction with the Department of Education and the Department of the Treasury, shall assist a local education agency in implementing a plan to submit Medicaid claims for covered behavioral health services and obtain Medicaid reimbursements under this section.

SOURCE: NJ A3334 (2023 Session). (Accessed Feb. 2024).

Home Health Agencies

All telehealth services shall be provided in accordance with N.J.S.A. 45:1-61 through 66 and N.J.A.C. 13:35-6B.

All telehealth services shall be in addition to, and not in lieu of, direct patient care.

Clinical notes of all telehealth services shall be incorporated into the patient's medical/health record according to the agency's policies and procedures.

SOURCE: NJ Administrative Code 8:42-6.7. (Accessed Feb. 2024).

ELIGIBLE SITES

For the provision of services, providers are expected to follow the same rules they would follow if the patient visit was face-to-face. This includes instances when a license is for an entity such as an independent clinic. This license is for a specific address and is not tied to specific personnel. In this instance, the service may only be billed when provided at the address listed on the license. When billed by the clinic, the service provider (for example a physician) may provide services from a remote location but the patient must receive those services while physically present at the independent clinic (licensed location). Independent practitioners have a person specific license that is not tied to a specific address. Services billed by independent practitioners do not have location

restrictions. The patient and/or the provider may be at any location as long as the provider is licensed to practice in New Jersey.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 2 (Accessed Feb. 2024).

A provider must use the new Facility Code value of “10” for “Telehealth Provided in a Patient’s Home”. In addition, the description for the existing Facility Code “02” has been changed and must be reported when “Telehealth is Provided in Other Than a Patient’s Home”. The assignment of these Facility Code changes is applicable to both Fee-For-Service and encounter claims.

SOURCE: NJ Division of Medical Assistance and Health Services. Medicaid Alert 2023-02, Apr. 2023. (Accessed Feb. 2024).

Psychiatric Services

A patient must receive services at the mental health clinic or outpatient hospital program and the mental health clinic/hospital must bill for all services under their Medicaid provider number. The clinician cannot bill for services directly.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013 (Accessed Feb. 2024).

In no case shall the State Medicaid and NJ FamilyCare Programs:

- Impose any restrictions on the location or setting of the distant site used by a health care provider to provide services using telemedicine and telehealth or on the location or setting of the originating site where the patient is located when receiving services using telemedicine and telehealth, except to ensure that the services provided using telemedicine and telehealth meet the same standard of care as would be provided if the services were provided in person;

SOURCE: NJ Statute C.30:4D-6K. (Accessed Feb. 2024).

GEOGRAPHIC SITES

No Reference Found

FACILITY/TRANSMISSION FEE

All costs associated with the provision of telehealth services, including but not limited to the contracting of professional services and the telecommunication equipment, are the responsibility of the provider and are not directly reimbursable by NJFC.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 4 (Accessed Feb. 2024).

STORE-AND-FORWARD

Last updated 02/02/2023

POLICY

“Asynchronous store and forward technology” is defined as the acquisition and transmission of a patient’s medical information either to, or from, an originating site to the provider at the distant site, where the provider can review the information without the patient being present. Information includes transmission of images, diagnostics, data and other information necessary to the medical process.

A provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video communication, if the provider has determined that the provider is able to meet the accepted standard of care provided if the visit was face-to-face. The interactive audiovisual equipment must provide for two-way communication at a minimum bandwidth of 384 kbps (kilobits per second).

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018. (Accessed Feb. 2024).

The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered when delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

The State Medicaid and NJ FamilyCare programs may limit coverage to services that are delivered by participating health care providers, but may not charge any deductible,

copayment, or coinsurance for a health care service, delivered through telemedicine or telehealth, in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.

In no case shall the State Medicaid and NJ FamilyCare Programs:

- Restrict the ability of a provider to use any electronic or technical platform to provide services using telemedicine or telehealth, including but no limited to interactive, real-time, two-way audio, which may be used in combination with asynchronous store-and-forward technology without video capabilities including audio-only telephone conversations, to provide services using telemedicine or telehealth, provided that the platform used:
 - Allows the provider to meet the same standard of care as would be provided if the services were provided in person'
 - Is compliant with the requirements of the federal health privacy rule set forth at 45 CFR Parts 160 and 164.

SOURCE: NJ Statute C.30:4D-6K. (Accessed Feb. 2024).

Asynchronous store-and-forward means the acquisition and transmission of images, diagnostics, data, and medical information either to, or from, an originating site or to, or from, the health care provider at a distant site, which allows for the patient to be evaluated without being physically present.

SOURCE: NJ Statute C.30:4D-6K(e) – cites: NJ Statute C.45:1-61. (Accessed Feb. 2024).

ELIGIBLE SERVICES

No reference found.

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 02/02/2024

POLICY

The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered when delivered through in-person contact and consultation in New Jersey. Reimbursement payments under this section may be provided either to the individual practitioner who delivered the reimbursable services, or to the agency, facility, or organization that employs the individual practitioner who delivered the reimbursable services, as appropriate.

[Remote patient monitoring is included in definition of telehealth.]

In no case shall the State Medicaid and NJ FamilyCare Programs:

- Deny coverage for or refuse to provide reimbursement for routine patient monitoring performed using telemedicine and telehealth, including remote monitoring of a patient's vital signs and routine check-ins with the patient to monitor the patient's status and condition, if coverage and reimbursement would be provided if those services are provided in person, and the provider is able to meet the same standard of care as would be provided if the services were provided in person.

SOURCE: NJ Statute C.30:4D-6K – cites: NJ Statute C.45:1-61. (Accessed Feb. 2024).

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 02/02/2024

Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system. Sessions may not be recorded.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 2 (Accessed Feb. 2024).

Telemedicine does not include the use, in isolation, of electronic mail, instant messaging, phone text or facsimile transmission.

In no case shall the State Medicaid and NJ FamilyCare Programs:

- Restrict the ability of a provider to use any electronic or technical platform to provide services using telemedicine or telehealth, including but not limited to interactive, real-time, two-way audio, which may be used in combination with asynchronous store-and-forward technology without video capabilities including audio-only telephone conversations, to provide services using telemedicine or telehealth, provided that the platform used:
 - Allows the provider to meet the same standard of care as would be provided if the services were provided in person'
 - Is compliant with the requirements of the federal health privacy rule set forth at 45 CFR Parts 160 and 164.

SOURCE: NJ Statute C.30:4D-6K(e) – cites: NJ Statute C.45:1-61. (Accessed Feb. 2024).

Statewide Mobile Behavioral Health Crisis Response Team

Mobile crisis response teams shall be community-based and may incorporate the use of: emergency medical technicians and other health care providers, to the extent a medical response is needed; law enforcement personnel, to the extent that the crisis cannot be resolved without the presence of law enforcement, provided that, whenever possible, the mobile crisis response team shall seek to engage the services of law enforcement personnel who have completed training in behavioral health crisis response; and other professionals as may be necessary and appropriate to provide a comprehensive response to a behavioral health crisis.

Notwithstanding the requirement that mobile crisis response teams be community based, nothing in this section shall be construed to prohibit the provision of crisis

intervention services via telephone, video chat, or other appropriate communications media, if the use of these media are necessary to provide access to a needed service in response to a particular behavioral health crisis, and the provision of services using telephone, video chat, or other media is consistent with the needs of the person experiencing the behavioral health crisis.

Each mobile crisis response team shall submit a monthly report to the Department of Human Services identifying, for the preceding month: the number of dispatch calls the team received; the number of dispatch calls the team responded to; the number of dispatch calls that included a response by emergency medical services providers, law enforcement, or both; the proportion of total services that were provided in person, via telephone, via video call, and via other means; the number of mobile crisis responses that resulted in referrals for services and the types of services that were referred; the number of responses that did not result in a referral or follow-up service; to the extent possible, information regarding the nature of the mobile crisis responses that did and did not result in a referral or follow-up service; and any other information as shall be required by the Commissioner of Human Services.

SOURCE: NJ Statute C.26:2MM-7. (Accessed Feb. 2024).

CONSENT REQUIREMENTS

Last updated 02/02/2024

Consumers must provide informed consent to participate in any service utilizing telepsychiatry. Should a client choose not to participate, they must be made aware of other face to face options and services. If they choose to participate, the clients must be informed and aware of the location of the psychiatrist/APN providing the telepsychiatry service.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Feb. 2024).

In regard to NJ Medicaid or a managed care organization contracted with the Division reimbursing a local education agency for behavioral health services delivered in-person or via telehealth, under a system to submit Medicaid claims for such covered behavioral health services, the system shall include the requirement for a local education agency to obtain parental or guardian consent prior to billing Medicaid for any service provided under this section.

SOURCE: NJ A3334 (2023 Session). (Accessed Feb. 2024).

OUT OF STATE PROVIDERS

Last updated 02/02/2024

The patient and/or the provider may be at any location as long as the provider is licensed to practice in New Jersey.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 28, No. 17, Sept. 2018. (Accessed Feb. 2024).

A psychiatrist or psychiatric APN may be off-site, but must be licensed in the State of New Jersey.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Feb. 2024).

MISCELLANEOUS

Last updated 02/02/2024

See Newsletter for specific documentation, prescribing and technology requirements, as well as requirements to meet the standard of care as a traditional face-to-face visit.

A mental health screener, screening service, or screening psychiatrist subject to the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.) shall not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes, and shall not be required to request and obtain a waiver from existing regulations, prior to engaging in telemedicine or telehealth.

An initial face-to-face visit is not required to establish a provider-patient relationship. The provider must review and be familiar with the patient's history and medical records, when applicable, prior to the provision of any telehealth services.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 3-4 (Accessed Feb. 2024).

Psychiatric Services

If a physical evaluation is required as part of a psychiatric assessment, the hosting provider must have a registered nurse available to complete and share the results of the physical evaluation.

NJ Medicaid does not reimburse for any costs associated with the provision of telepsychiatry services including but not limited to the contracting of professional

services and the telecommunication equipment are the responsibility of the provider and are not directly reimbursable by New Jersey Medicaid.

Additional requirements are listed in the telepsychiatry memo.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013. (Accessed Feb. 2024).

Professional Requirements

DEFINITIONS

Last updated 02/02/2024

Telemedicine means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider. Telemedicine does not include the use, in isolation, of audio-only telephone conversations, electronic mail, instant messaging, phone text, or facsimile transmission. (NOTE: In some professions the definition also includes mental health services).

“Telehealth” means the use of information and communications technologies, including telephones, remote client monitoring devices, or other electronic means, to support clinical health care, provider consultation, client and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.).

SOURCE: NJ Statute C.45:1-61. NJ Administrative Code, Title 13, 13:30-9.2 (Dentistry), 13:34-6A.2 (Marriage and Family Therapist), 13:34-32.2 (Marriage and Family Therapy Examiners), 13:34C-7.2 (Alcohol and Drug Counselor), 13:35-8.22 (Hearing Aid Dispensers), 13:35-9.22 (Accupuncture), 13:35-2A.19 (Physicians), 13:35-2C.2 (Physician Assistants), 13:35-6B.2 (Medical Examiners), 13:35-12A.2 (Electrologists), 13:37-8A.2 (Nursing), 13:39A-10.2 (Physical Therapy), 13:42-13.2 (Psychological Examiners), 13:44G-15.2 (Social Workers), 13:44C-11.2 (Audiology & Speech Language Pathology), 13:44F-11.2 (Respiratory Care), 13:44H-11.2 (Orthotics & Prosthetics), 13:44K-7.2 (Occupational Therapy), 13:44L-7.2 (Polysomnography), 13:35-14.20 (Genetic Counseling), 13:44-4A.2 (Veterinarians). (Accessed Feb. 2024).

“Telehealth” means the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support

clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.).

“Telemedicine” means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a State-certified psychoanalyst who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening State-certified psychoanalyst, and in accordance with the provisions of P.L. 2017, c. 117 (N.J.S.A. 45:1-61 et seq.). “Telemedicine” does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

SOURCE: 13:42A-8.2 (Psychoanalysts) (Accessed Feb. 2024).

CONSENT REQUIREMENTS

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At the time the patient requests health care services to be provided using telemedicine or telehealth, the patient shall be clearly advised that the telemedicine or telehealth encounter may be with a health care provider who is not a physician, and that the patient may specifically request that the telemedicine or telehealth encounter be scheduled with a physician. If the patient requests that the telemedicine or telehealth encounter be with a physician, the encounter shall be scheduled with a physician. See statute for requirements if the health care provider is not a physician.

Following the provision of services using telemedicine or telehealth, the patient’s medical information shall be entered into the patient’s medical record, whether the medical record is a physical record, an electronic health record, or both, and, if so requested by the patient, forwarded directly to the patient’s primary care provider, health care provider of record, or any other health care providers as may be specified by the patient. For patients without a primary care provider or other health care provider of record, the health care provider engaging in telemedicine or telehealth may advise the patient to contact a primary care provider, and, upon request by the patient, shall assist the patient with locating a primary care provider or other in-person medical assistance that, to the extent possible, is located within reasonable proximity to the patient. The health care provider engaging in telemedicine or telehealth shall also refer the patient to appropriate follow up care where necessary, including making appropriate referrals for in-person care or emergency or complementary care, if needed. Consent may be oral,

written, or digital in nature, provided that the chosen method of consent is deemed appropriate under the standard of care.

Consent for the waiver of in-person examination for the prescription of Schedule II controlled substances for a minor from the patient's parent or guardian is also required.

SOURCE: NJ Statute C.45:1-62. (Accessed Feb. 2024).

Prior to an initial contact with a patient for the purpose of providing services to the patient using telemedicine or telehealth, a licensee shall:

- Provide the client the opportunity to sign a consent form that authorizes the licensee to release records of the encounter to the patient's primary care provider or other health care provider identified by the client.

SOURCE: NJ Administrative Code 13:30-9.4 (Dentist), 13:34-6A.4 (Marriage and Family Therapist), 13:34-32. (Marriage and Family Therapy Examiners), 13:34C-7.4 (Alcohol and Drug Counselor), 13:35-2C.4 (Physician Assistant), 13:35-12A4 (Electrologists), 13:35-6B.4 (Physicians), 13:35-8.24 (Hearing Aid Dispensers) 13:35-10.29 (Athletic Trainer) 13:37-8A4 (Nurses), 13:39A-10.4 (Physical Therapist & Physical Therapist Assistant), 13:44C-11.4.13:44-4A.4 (Veterinarians), 13:44C-11.4 (Audiology & Speech-Language Pathologist), 13:44F-11.4 (Respiratory Care), 13:44H-11.4 (Orthotics & Prosthetics), 13:44K-7.4 (Occupational Therapy), 13:44L-7.4 (Polysomnography) (Accessed Feb. 2024).

ONLINE PRESCRIBING

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Unless specifically prohibited or limited by federal or State law, a health care provider who establishes a proper provider-patient relationship with a patient may remotely provide health care services to a patient through the use of telemedicine. A health care provider may also engage in telehealth as may be necessary to support and facilitate the provision of health care services to patients. Nothing in this section shall be construed to allow a provider to require a patient to use telemedicine or telehealth in lieu of receiving services from an in-network provider.

Any health care provider who uses telemedicine or engages in telehealth while providing health care services to a patient, shall: (1) be validly licensed, certified, or registered, pursuant to Title 45 of the Revised Statutes, to provide such services in the State of New Jersey; (2) remain subject to regulation by the appropriate New Jersey State licensing board or other New Jersey State professional regulatory entity; (3) act in compliance with existing requirements regarding the maintenance of liability insurance; and (4) remain subject to New Jersey jurisdiction.

Telemedicine services may be provided using interactive, real-time, two way communication technologies or, subject to the requirements of below, asynchronous store-and-forward technology.

A health care provider engaging in telemedicine or telehealth may use asynchronous store-and-forward technology to provide services with or without the use of interactive, real-time, two-way audio if, after accessing and reviewing the patient's medical records, the provider determines that the provider is able to meet to meet the same standard of care as if the health care services were being provided in person and informs the patient of this determination at the outset of the telemedicine or telehealth encounter.

A health care provider engaging in telemedicine or telehealth shall review the medical history and any medical records provided by the patient. For an initial encounter with the patient, the provider shall review the patient's medical history and medical records prior to initiating contact with the patient. In the case of a subsequent telemedicine or telehealth encounter conducted pursuant to an ongoing provider-patient relationship, the provider may review the information prior to initiating contact with the patient or contemporaneously with the telemedicine or telehealth encounter.

Diagnosis, treatment, and consultation recommendations, including discussions regarding the risk and benefits of the patient's treatment options, which are made through the use of telemedicine or telehealth, including the issuance of a prescription based on a telemedicine or telehealth encounter, shall be held to the same standard of care or practice standards as are applicable to in-person settings. Unless the provider has established a proper provider-patient relationship with the patient, a provider shall not issue a prescription to a patient based solely on the responses provided in an online static questionnaire.

In the event that a mental health screener, screening service, or screening psychiatrist determines that an in-person psychiatric evaluation is necessary to meet standard of care requirements, or in the event that a patient requests an in-person psychiatric evaluation in lieu of a psychiatric evaluation performed using telemedicine or telehealth, the mental health screener, screening service, or screening psychiatrist may nevertheless perform a psychiatric evaluation using telemedicine and telehealth if it is determined that the patient cannot be scheduled for an in-person psychiatric evaluation within the next 24 hours. Nothing in this paragraph shall be construed to prevent a patient who receives a psychiatric evaluation using telemedicine and telehealth as provided in this paragraph from receiving a subsequent, in-person psychiatric evaluation in connection with the same treatment event, provided that the

subsequent in-person psychiatric evaluation is necessary to meet standard of care requirements for that patient.

The prescription of Schedule II controlled dangerous substances through the use of telemedicine or telehealth shall be authorized only after an initial in-person examination of the patient, as provided by regulation, and a subsequent in-person visit with the patient shall be required every three months for the duration of time that the patient is being prescribed the Schedule II controlled dangerous substance. However, the provisions of this subsection shall not apply, and the in-person examination or review of a patient shall not be required, when a health care provider is prescribing a stimulant which is a Schedule II controlled dangerous substance for use by a minor patient under the age of 18, provided that the health care provider is using interactive, real-time, two-way audio and video technologies when treating the patient and the health care provider has first obtained written consent for the waiver of these in-person examination requirements from the minor patient's parent or guardian.

SOURCE: NJ Statute C.45:1-62. (Accessed Feb. 2024).

A provider patient relationship shall include:

- Properly identifying the patient, using at minimum the patient's name, date of birth, phone number, and address.
- Disclosing and validating the provider's identity and credentials, such as license, title, specialty, and board certifications.
- Review of patient's medical history and available medical records, prior to initiating contact and initial encounter.
- Determining whether the provider will be able to meet the same standard of care as care provided in-person, using telehealth or telemedicine, prior to initiating contact, for each unique patient encounter.

See statute for exceptions.

SOURCE: NJ Statute C.45:1-63(3). (Accessed Feb. 2024).

A health care practitioner may initially authorize any qualifying patient for the medical use of cannabis using telemedicine or telehealth, provided that the use of telemedicine or telehealth, rather than an in-person visit, is consistent with the standard of care required for assessment and treatment of the patient's condition. Following the initial authorization, the practitioner may provide continued authorization for the use of medical cannabis via telemedicine or telehealth if the practitioner determines that an in-person visit is not required, consistent with the standard of care. The practitioner may

require in-office consultations if additional consultations are necessary to continue to authorize the patient's use of medical cannabis.

See statute for additional requirements.

SOURCE: NJ Statute C.24:6I-5.1, (Accessed Feb. 2024).

Licensee-client relationship

Prior to providing services through telemedicine or telehealth, a licensee shall establish a licensee-client relationship by:

- Identifying the client with, at a minimum, the client's name, date of birth, phone number, and address. A licensee may also use a client's assigned identification number, Social Security number, photo, health insurance policy number, or other identifier associated directly with the client; and
- Disclosing and validating the licensee's identity, license, title, and, if applicable, specialty and board certifications.

Prior to initiating contact with a client for the purpose of providing services to the client using telemedicine or telehealth, a licensee shall:

- Review the client's medical history and any available medical records that are relevant to the provision of marriage and family services;
- Determine, as to each unique client encounter, whether he or she will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in-person; and
- Provide the client the opportunity to sign a consent form that authorizes the licensee to release client records of the encounter to the client's primary care licensee or other healthcare provider identified by the client.

Notwithstanding (a) and (b) above, marriage and family therapy services may be provided through telemedicine or telehealth without a proper licensee-client relationship if the provision of marriage and family therapy services is:

- For informal consultations with another healthcare provider performed by a licensee outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
- During episodic consultations by a healthcare specialist located in another jurisdiction who provides consultation services, upon request, to a licensee in this State;
- Related to healthcare assistance provided in response to an emergency or disaster, provided that there is no charge for the medical assistance; or

- Provided by a substitute licensee acting on behalf and at the designation of an absent licensee in the same specialty on an on-call or cross-coverage basis.

SOURCE: NJ Administrative Code 13:30-9.4 (Dentist), 13:34-6A.4 (Marriage and Family Therapist), 13:34-32. (Marriage and Family Therapy Examiners), 13:34C-7.4 (Alcohol and Drug Counselor), 13:35-2C.4 (Physician Assistant), 13:35-12A4 (Electrologists), 13:35-6B.4 (Physicians), 13:35-8.24 (Hearing Aid Dispensers) 13:35-10.29 (Athletic Trainer) 13:37-8A4 (Nurses), 13:39A-10.4 (Physical Therapist & Physical Therapist Assistant), 13:44C-11.4.13:44-4A.4 (Veterinarians), 13:44C-11.4 (Audiology & Speech-Language Pathologist), 13:44F-11.4 (Respiratory Care), 13:44H-11.4 (Orthotics & Prosthetics), 13:44K-7.4 (Occupational Therapy), 13:44L-7.4 (Polysomnography). (Accessed Feb. 2024).

Board of Medical Examiners-Limited Licenses Midwifery

Prior to providing services through telemedicine or telehealth, a licensee shall establish a licensee-patient relationship by:

- Identifying the patient with, at a minimum, the patient's name, date of birth, phone number, and address. A licensee may also use a patient's assigned identification number, Social Security number, photo, health insurance policy number, or other identifier associated directly with the patient; and
- Disclosing and validating the licensee's identity, license, title, and, if applicable, specialty and board certifications.

Prior to an initial contact with a patient for the purpose of providing services to the patient using telemedicine or telehealth, a licensee shall review the patient's history and any available records.

Prior to initiating contact with a patient for the purpose of providing services through telemedicine or telehealth, a licensee shall determine whether he or she will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in person. The licensee shall make this determination prior to each unique patient encounter.

Notwithstanding (a), (b), and (c) above, service may be provided through telemedicine or telehealth without a proper licensee-patient relationship if:

- The provision of services is for informal consultations with another healthcare provider performed by a licensee outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
- The provision of services is during episodic consultations by a medical specialist located in another jurisdiction who provides consultation services, upon request, to a licensee in this State;
- A licensee furnishes medical assistance in response to an emergency or disaster, provided that there is no charge for the medical assistance; or

- A substitute licensee, who is acting on behalf of an absent licensee in the same specialty, provides health care services on an on-call or cross-coverage basis, provided that the absent licensee has designated the substitute licensee as an on-call licensee or cross-coverage service provider.

SOURCE: NJ Administrative Code 13:35-2A.21. (Accessed Feb. 2024).

Board of Medical Examiners – Licensed Genetic Counselor

Prior to providing services through telemedicine or telehealth, a licensed genetic counselor shall establish a licensed genetic counselor-patient relationship by:

- Identifying the patient with, at a minimum, the patient's name, date of birth, phone number, and address. A licensed genetic counselor may also use a patient's assigned identification number, Social Security number, photo, health insurance policy number, or other identifier associated directly with the patient; and
- Disclosing and validating the licensed genetic counselor's identity, license, title, and, if applicable, specialty and board certifications.

Prior to an initial contact with a patient for the purpose of providing services to the patient using telemedicine or telehealth, a licensed genetic counselor shall review the patient's history and any available records.

Prior to initiating contact with a patient for the purpose of providing services through telemedicine or telehealth, a licensed genetic counselor shall determine whether he or she will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in person. The licensed genetic counselor shall make this determination prior to each unique patient encounter.

Notwithstanding (a), (b), and (c) above, service may be provided through telemedicine or telehealth without a proper licensed genetic counselor-patient relationship if:

- The provision of services is for informal consultations with another healthcare provider performed by a licensed genetic counselor outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
- The provision of services is during episodic consultations by a medical specialist located in another jurisdiction who provides consultation services, upon request, to a licensed genetic counselor in this State;
- A licensed genetic counselor furnishes medical assistance in response to an emergency or disaster, provided that there is no charge for the medical assistance; or
- A substitute licensed genetic counselor, who is acting on behalf of an absent licensed genetic counselor, provides health care services on an on-call or cross-coverage basis, provided that

the absent licensed genetic counselor has designated the substitute licensed genetic counselor as an on-call licensed genetic counselor or cross-coverage service provider.

SOURCE: NJ Administrative Code 13:35-14.22. (Accessed Feb. 2024).

Board of Psychological Examiners

Prior to providing psychological services through telemedicine or telehealth, a licensee shall establish a licensee-client relationship by:

- Identifying the client with, at a minimum, the client's name, date of birth, phone number, and address. A licensee may also use a client's assigned identification number, Social Security number, photo, health insurance policy number, or other identifier associated directly with the client; and
- Disclosing and validating the licensee's identity, license, title, and, if applicable, specialty and board certifications.

Prior to an initial contact with a client for the purpose of providing psychological services to the client using telemedicine or telehealth, a licensee shall review the client's history and any available records.

Prior to initiating contact with a client for the purpose of providing psychological services through telemedicine or telehealth, a licensee shall determine whether he or she will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the psychological services were provided in person. The licensee shall make this determination prior to each unique client encounter.

Notwithstanding (a), (b), and (c) above, psychological service may be provided through telemedicine or telehealth without a proper provider-client relationship if:

- The provision of psychological services is for informal consultations with another healthcare provider performed by a licensee outside the context of a contractual relationship, or on an irregular or infrequent.
- The provision of services is during episodic consultations by a specialist located in another jurisdiction who provides consultation services, upon request, to a licensee in this State;
- A licensee furnishes assistance in response to an emergency or disaster, provided that there is no charge for the assistance; or
- A substitute licensee, who is acting on behalf of an absent licensee in the same specialty, provides health care services on an on-call or cross-coverage basis, provided that the absent licensee has designated the substitute licensee as an on-call licensee or cross-coverage service provider.

SOURCE: NJ Administrative Code 13:44C-11.4. (Accessed Feb. 2024).

Board of Social Work Examiners

Prior to providing services through telemedicine or telehealth, a licensee shall establish a licensee-client relationship by:

- Identifying the client with, at a minimum, the client's name, date of birth, phone number, and address. A licensee may also use a client's assigned identification number, Social Security number, photo, health insurance policy number, or other identifier associated directly with the client; and
- Disclosing and validating the licensee's identity, license, title, and, if applicable, specialty and board certifications.

Prior to an initial contact with a client for the purpose of providing services to the client using telemedicine or telehealth, a licensee shall review the client's history provided by the client and any records provided by the client.

Prior to initiating contact with a client for the purpose of providing services through telemedicine or telehealth, a licensee shall determine whether he or she will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in-person. The licensee shall make this determination prior to each unique client encounter.

Notwithstanding (a), (b), and (c) above, service may be provided through telemedicine or telehealth without a proper licensee-client relationship if:

- The provision of services is for informal consultations with another healthcare provider performed by a licensee outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
- The provision of services is during episodic consultations by a specialist located in another jurisdiction who provides consultation services, upon request, to a licensee in this State;
- A licensee furnishes assistance in response to an emergency or disaster, provided that there is no charge for the assistance; or
- A substitute licensee, who is acting on behalf of an absent licensee in the same specialty, provides health care services on an on-call or cross-coverage basis, provided that the absent licensee has designated the substitute licensee as an on-call licensee or cross-coverage service provider.

SOURCE: NJ Administrative Code 13:44G-15.4. (Accessed Feb. 2024).

Prescriptions

Board of Medical Examiners-Physician Assistants

Notwithstanding requirements for in-person interaction at N.J.A.C. 13:35-7, a licensee providing services through telemedicine or telehealth may issue a prescription to a patient, as long as the issuance of such a prescription is consistent with the standard of care or practice standards applicable to the in-person setting.

A licensee shall not issue a prescription based solely on responses provided in an online questionnaire, unless the licensee has established a proper licensee-patient relationship pursuant to N.J.A.C. 13:35-2C.4.

Notwithstanding (a) above, and except as provided at (d) below, a licensee shall not issue a prescription for a Schedule II controlled dangerous substance, unless the licensee has had an initial in-person examination of the patient and a subsequent in-person visit with the patient at least every three months for the duration of the time the patient is prescribed the Schedule II controlled dangerous substance.

The prohibition of (c) above shall not apply when a licensee prescribes a stimulant for a patient under the age of 18 years, as long as the licensee is using interactive, real-time, two-way audio and video technologies and the licensee has obtained written consent for a waiver of in-person examination requirements from the patient's parent or guardian.

SOURCE: NJ Administrative Code 13:35-2C.6. (Accessed Feb. 2024).

Board of Medical Examiners

Notwithstanding the requirements for in-person interaction in N.J.A.C. 13:35-7, a licensee providing services through telemedicine or telehealth may issue a prescription to a patient, if the issuance of such a prescription is consistent with the standard of care or practice standards applicable to the in-person setting.

A licensee shall not issue a prescription based solely on responses provided in an online questionnaire, unless the licensee has established a proper licensee-patient relationship pursuant to N.J.A.C. 13:35-6B.4.

Notwithstanding (a) above, and except as provided in (d) below, a licensee shall not issue a prescription for a Schedule II controlled dangerous substance unless the licensee has had an initial in-person examination of the patient and a subsequent in-person visit with the patient at least every three months for the duration of the time the patient is prescribed the Schedule II controlled dangerous substance.

The prohibition of (c) above shall not apply when a licensee prescribes a stimulant for a patient under the age of 18 years, as long as the licensee is using interactive, real-time,

two-way audio and video technologies and the licensee has obtained written consent for a waiver of in-person examination requirements from the patient's parent or guardian.

SOURCE: NJ Administrative Code 13:35-6B.6. (Accessed Feb. 2024).

Board of Veterinary Medical Examiners

A licensee providing services through telemedicine or telehealth may issue a prescription to a patient, as long as the issuance of such a prescription is consistent with the standard of care or practice standards applicable to the in-person setting.

A licensee shall not issue a prescription based solely on responses provided in an online questionnaire, unless the licensee has established a proper licensee-client-patient relationship pursuant to N.J.A.C. 13:44-4A.4.

Notwithstanding (a) above, a licensee shall not issue a prescription for a Schedule II controlled dangerous substance unless the licensee has had an initial in-person examination of the patient and a subsequent in-person visit with the patient at least every three months for the duration of the time the patient is prescribed the Schedule II controlled dangerous substance.

SOURCE: NJ Administrative Code 13:44-4A.6. (Accessed Feb. 2024).

Board of Medical Examiners-Limited Licenses Midwifery

Notwithstanding requirements for in-person interaction in N.J.A.C. 13:35-7, a certified nurse midwife (CNM) with prescriptive authority pursuant to N.J.A.C. 13:35-2A.14 providing services through telemedicine or telehealth may issue a prescription to a patient, as long as the issuance of such a prescription is consistent with the standard of care or practice standards applicable to the in-person setting.

A CNM with prescriptive authority pursuant to N.J.A.C. 13:35-2A.14 shall not issue a prescription based solely on responses provided in an online questionnaire, unless the CNM has established a proper licensee-patient relationship pursuant to N.J.A.C. 13:35-2A.21.

Notwithstanding (a) above, and except as provided in (d) below, a CNM with prescriptive authority pursuant to N.J.A.C. 13:35-2A.14 shall not issue a prescription for a Schedule II controlled dangerous substance unless the CNM has had an initial in-person examination of the patient and a subsequent in-person visit with the patient at least every three months for the duration of the time the patient is prescribed the Schedule II controlled dangerous substance.

The prohibition of (c) above shall not apply when a CNM with prescriptive authority pursuant to N.J.A.C. 13:35-2A.14 prescribes a stimulant for a patient under the age of 18 years, as long as the CNM is using interactive, real-time, two-way audio and video technologies and the CNM has obtained written consent for a waiver of in-person examination requirements from the patient's parent or guardian.

SOURCE: NJ Administrative Code 13:35-2A.23. (Accessed Feb. 2024).

NJ Board of Nursing

An advanced practice nurse providing services through telemedicine or telehealth may issue a prescription to a patient, as long as the issuance of such a prescription is consistent with the standard of care or practice standards applicable to the in-person setting.

An advanced practice nurse shall not issue a prescription based solely on responses provided in an online questionnaire, unless the advanced practice nurse has established a proper licensee-patient relationship pursuant to N.J.A.C. 13:37-8A.4.

Notwithstanding (a) above, and except as provided in (d) below, an advanced practice nurse shall not issue a prescription for a Schedule II controlled dangerous substance unless the advanced practice nurse has had an initial in-person examination of the patient and a subsequent in-person visit with the patient at least every three months for the duration of the time the patient is prescribed the Schedule II controlled dangerous substance.

The prohibition of (c) above shall not apply when an advanced practice nurse prescribes a stimulant for a patient under the age of 18 years, as long as the advanced practice nurse is using interactive, real-time, two-way audio and video technologies and the advanced practice nurse has obtained written consent for a waiver of in-person examination requirements from the patient's parent or guardian.

SOURCE: NJ Administrative Code 13:37-8A.6. (Accessed Feb. 2024).

CROSS-STATE LICENSING

Last updated 02/03/2024

Any health care provider who uses telemedicine or engages in telehealth while providing health care services to a patient, shall:

- Be validly licensed, certified, or registered, pursuant to Title 45 of the Revised Statutes, to provide such services in the State of New Jersey;

- Remain subject to regulation by the appropriate New Jersey State licensing board or other New Jersey State professional regulatory entity;
- Act in compliance with existing requirements regarding the maintenance of liability insurance; and
- Remain subject to New Jersey jurisdiction

SOURCE: NJ Statute C.45:1-62(2)(b). (Accessed Feb. 2024).

A (practitioner) must hold a license or certificate issued by the Board if he or she:

- Is located in New Jersey and provides health care services to any client located in or out of New Jersey by means of telemedicine or telehealth; or
- Is located outside of New Jersey and provides health care services to any client located in New Jersey by means of telemedicine or telehealth.

Notwithstanding N.J.S.A. 45:1-62 and (c) above, a healthcare provider located in another state who consults with a licensee in New Jersey through the use of information and communications technologies, but does not direct client care, will not be considered as providing health care services to a client in New Jersey consistent with N.J.S.A. 45:15BB-1 et seq., and will not be required to obtain licensure in New Jersey in order to provide such consultation.

The provisions of (d) above shall not apply when a healthcare provider located in another state provides clinical supervision pursuant to N.J.A.C. 13:44G-8.1.

SOURCE: NJ Administrative Code 13:30-9.1 (Dental), 13:34-6A.1 (Marriage and Family Therapy Examiners), 13:34-32.1 (Marriage and Family Therapy), 13:34D-8.1 (Art Therapists), 13:35-2C.1 (Physician Assistant), 13:35-6B.1 (Physician), 13:35-8.21 (Hearing Aid Dispenser), 13:35-9.21 (Acupuncturist), 13:35-10.26, 13:35-12A.1 (Electrology), 13:35-14-19 (Genetic Counselor), 13:37-8A.1 (Nurse), 13:39A-10.1 (Physical Therapist or Physical Therapist Assistant), 13:42-13.1 (Psychologist), 13:44C-11.1 (Audiologist/Speech Language Pathologist), 13:44F-11.1 (Respiratory Care), 13:44G-15.1 (Social Worker), 13:44H-11.1 (Orthotics & Prosthetics), 13:44K-7.1 (Occupational Therapy), 13:44L-7.1 (Polysomnography). (Accessed Feb. 2024).

A telemedicine or telehealth organization, whether operating as a distant site, originating site, or both, shall register with the Department prior to providing services in the State.

See rule for additional requirements.

SOURCE: NJ Administrative Code 8:53-2.1 (Accessed Feb. 2024).

Alcohol and Drug Counselor

An alcohol and drug counselor must hold a license or certification, as applicable, issued by the Committee, if he or she:

- Is located in New Jersey and provides alcohol and drug counseling to any client located in or out of New Jersey by means of telemedicine or telehealth; or
- Is located outside of New Jersey and provides alcohol and drug counseling to any client located in New Jersey by means of telemedicine or telehealth.

Notwithstanding N.J.S.A. 45:1-62 and (c) above, a healthcare provider located in another state who consults with a licensee in New Jersey through the use of information and communications technologies, but does not direct a client's care, will not be considered as providing health care services to a client in New Jersey consistent with N.J.S.A. 45:2D-1 et seq., and will not be required to obtain licensure in New Jersey in order to provide such consultation.

Credentialed interns, as defined at N.J.A.C. 13:34C-6.1, who engage in telemedicine or telehealth shall do so consistent with P.L 2017, c. 117 (N.J.S.A. 45:1-61 et seq.) and the rules of their respective licensing board.

SOURCE: NJ Administrative Code 13:34C-7.1. (Accessed Feb. 2024).

Veterinary Care

A veterinarian must hold a license issued by the Board if he or she:

- Is located in New Jersey and provides health care services to any patient located in or out of New Jersey by means of telemedicine or telehealth; or
- Is located outside of New Jersey and provides health care services to any patient located in New Jersey by means of telemedicine or telehealth.

Pursuant to N.J.S.A. 45:16-8.1, a veterinarian located in another state who consults on a case with a licensee in New Jersey through the use of information and communications technologies will not be required to obtain licensure in New Jersey in order to provide such consultation.

SOURCE: NJ Admin Code 13:44-4A.1. (Accessed Feb. 2024).

LICENSURE COMPACTS

Last updated 02/02/2024

Member of Nurse Licensure Compact.

SOURCE: NCSBN, Nurse Licensure Compact, (Accessed Feb. 2024).

Member of the Physical Therapy Compact.

SOURCE: Compact Map. Physical Therapy Compact. (Accessed Feb. 2024).

Member of the Psychology Interjurisdictional Compact.

SOURCE: PSYPACT Compact Map (Accessed Feb. 2024).

Member of the Interstate Medical Licensing Compact.

SOURCE: Interstate Medical Licensing Compact. (Accessed Feb. 2024).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 02/03/2024

Orthotics and Prosthetics Board of Examiners

SOURCE: NJ Administrative Code 13:44H-11.1. (Accessed Feb. 2024).

Board of Marriage and Family Therapy Examiners

SOURCE: NJ Administrative Code 13:34-6A & 13:34-32. (Accessed Feb. 2024).

Board of Marriage and Family Therapy Examiners – Art Therapist Advisory Committee

SOURCE: NJ Administrative Code 13:34D-8. (Accessed Feb. 2024).

Board of Nursing

SOURCE: NJ Administrative Code 13:37-8A. (Accessed Feb. 2024).

Audiology and Speech Language Pathology

SOURCE: NJ Administrative Code 13:44C-11. (Accessed Feb. 2024).

Board of Physical Therapy

SOURCE: NJ Administrative Code 13:39A-10. (Accessed Feb. 2024).

Board of Psychological Examiners

SOURCE: NJ Administrative Code 13:42-13. (Accessed Feb. 2024).

Board of Social Work

SOURCE: NJ Administrative Code 13:44G-15. (Accessed Feb. 2024).

Board of Medical Examiners

SOURCE: NJ Administrative Code 13:35-8.21 (Hearing Aid Dispensers), 13:35-6B (Physician), 13:35-2B.3(c), 13:35-2C (Physician Assistant), 13:35-2A (Midwifery) 13:35-12A (Electrologists), 13:35-9.21 (Acupuncture). 13:35-10.26 (Athletic Trainers), 13:35-14.19 (Genetic Counseling) (Accessed Feb. 2024).

Board of Veterinary Medical Examiners

SOURCE: NJ Administrative Code 13:44-4A. (Accessed Feb. 2024).

Registration Standards for Telemedicine and Telehealth Organizations

SOURCE: NJ Administrative Code 8:53-1. (Accessed Feb. 2024).

Occupational Therapy Advisory Council

SOURCE: NJ Administrative Code 13:44K-7. (Accessed Feb. 2024).

Alcohol and Drug Counselor Committee

SOURCE: NJ administrative Code 13:34C. (Accessed Feb. 2024).

New Jersey Board of Dentistry

SOURCE: NJ Administrative Code 13:30-9. (Accessed Feb. 2024).

Board of Respiratory Care

SOURCE: NJ Administrative Code 13:44F-11. (Accessed Feb. 2024).

Certified Psychoanalysts Advisory Committee

SOURCE: NJ Administrative Code 13:42A-8. (Accessed Feb. 2024).

State Board of Polysomnography

SOURCE: NJ Admin Code 13:44L-7. (Accessed Feb. 2024).

MISCELLANEOUS

Last updated 02/03/2024

Telemedicine and Telehealth Organization Registry

Each telehealth or telemedicine organization operating in the State shall annually register with the Department of Health and submit an annual report. See statute for details.

SOURCE: NJ Statute C.45:1-64. (Accessed Feb. 2024).

A telemedicine or telehealth organization, whether operating as a distant site, originating site, or both, shall register with the Department prior to providing services in

the State.

See rule for additional requirements.

SOURCE: NJ Administrative Code 8:53-2.1 (Accessed Feb. 2024).

The Telemedicine and Telehealth Review Commission shall review information reported by telemedicine and telehealth organizations and make recommendations to promote and improve the quality, efficiency, and effectiveness of telemedicine and telehealth services provided by New Jersey.

SOURCE: NJ Statute C.45:1-65. (Accessed Feb. 2024).

All Telehealth and/or Telemedicine companies providing or intending to provide telehealth or telemedicine services in New Jersey must register with the New Jersey Department of Health (Department). The Department of Health has received many inquiries seeking clarification of what constitutes a telemedicine or telehealth organization that is subject to the registration requirement. Please utilize the following guidance in determining whether you are subject to the registration requirement:

- “Telemedicine or telehealth organization” means a business entity organized as a corporation, sole proprietorship, partnership, or limited liability company with the primary purpose of administering services in the furtherance of telemedicine or telehealth. “In furtherance of telemedicine or telehealth” means the organization is involved in the development, production or administration of telehealth technology.
- Any individual licensed or certified to provide healthcare services in person may provide those services (in whole or in part) through telehealth when the provision of such healthcare services is consistent with the standard of care applicable for those services.
- A licensed or certified healthcare provider utilizing telehealth technology as an end-user incidental to the delivery of clinical services is not required to register as a telemedicine or telehealth organization. For example, licensed social workers providing services via video conference technology they did not develop are not required to register.
- Facilities licensed by the New Jersey Department of Health or Private Practices with a physical location used for treatment of patients are not required to register.

See NJ Department of Health website for more information.

SOURCE: NJ Dept. of Health. Telemedicine and Telehealth Organization Registry. (Accessed Feb. 2024).

Statutory Telehealth Practice Standards for Health Care Providers

Telemedicine services shall be provided using interactive, real-time, two-way communication technologies.

A health care provider engaging in telemedicine or telehealth may use asynchronous store-and-forward technology to provide services with or without the use of interactive, real-time, two-way audio if, after accessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care services were being provided in person and informs the patient of this determination at the outset of the telemedicine or telehealth encounter.

See statute for additional telemedicine/telehealth practice standards.

SOURCE: NJ Statute C.45:1-62(c)(2). (Accessed Feb. 2024).

A mental health screener, screening service, or screening psychiatrist subject to C.30:4-27.1:

- Shall not be required to obtain a separate authorization in order to engage in telemedicine or telehealth for mental health screening purposes; and
- Shall not be required to request and obtain a waiver from existing regulations, prior to engaging in telemedicine or telehealth.

SOURCE: NJ Statute C.45:1-62(f). (Accessed Feb. 2024).

Standard of Care

Prior to providing services through telemedicine or telehealth, a licensee shall determine whether providing those services through telemedicine or telehealth would be consistent with the standard of care applicable for those services when provided in-person.

If a licensee determines, either before or during the provision of health care services, that services cannot be provided through telemedicine or telehealth in a manner that is consistent with in-person standards of care, the licensee shall not provide services through telemedicine or telehealth.

A licensee who determines that services cannot be provided through telemedicine or telehealth pursuant to (b) above shall advise the patient to obtain services in-person.

A licensee who provides a diagnosis, treatment, or consultation recommendation, including discussions regarding the risk and benefits of a patient's treatment options, through telemedicine or telehealth shall be held to the same standard of care or practice standards as are applicable to in-person settings.

See administrative code for other requirements, such as fraud and abuse, privacy and notice to patients. (NOTE: Regulations for different professions are very similar though

changes are made to name that specific profession or the services they provide).

SOURCE: NJ Admin Code 13:30-9.3 (Dentist), 13:34-6A.3 & 13:34-32.3 (Marriage and Family Therapy Examiners), 13:34C-7.3 (Alcohol & Drug Counselor), 13:34D-8.2 (Art Therapists), 13:35-2C.3 (Physician Assistants), 13:35-6B.3 (Physician), 13:35-9.23 (Acupuncture), 13:35-12A.3 (Electrologists), 13:35-14.21 (Genetic Counselor), 13:37-8A.3 (Nurse), 13:39A-10.3 (Physical Therapy), 13:42-13.3 (Psychologists), 13:42A-8.3 (Psychoanalysts), 13:44-4A.3 (Veterinarian), 13:44C-11.3 (Audiologist & Speech-Language Pathologists), 13:44F-11.3 (Respiratory Care), 13:44G-15.3 (Social Worker), 13:44H-11.3 (Orthotics & Prosthetics), 13:4K-7.3 (Occupational Therapy), 13:44L-7.3 (Polysomnography). (Accessed Feb. 2024).

Legislation requires the State Board of Agriculture and Department of Agriculture to adopt rules and regulations concerning confinement of breeding pigs and calves raised for veal. The bill allows examination and treatment exceptions for veterinary purposes if performed by or under veterinarian supervision either in-person or via telehealth.

SOURCE: NJ A1970 (2023 Session). (Accessed Feb. 2024).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 02/02/2024

A medical encounter is a face-to-face contact between a beneficiary and a physician or other licensed practitioner acting within his or her respective scope of practice, including a podiatrist, optometrist, chiropractor, advanced practice nurse, or nurse midwife.

SOURCE: NJ Administrative Code 10:66-4.1, (Accessed Feb. 2024).

MODALITIES ALLOWED

Last updated 02/02/2024

Live Video

According to the NJ statute, Medicaid is prohibited from placing restrictions on the location or setting of the distant site. A 2018 newsletter (Vol. 28, No. 17) that was sent to FQHCs (among other providers) indicates reimbursement is provided for live video telehealth. This follows a 2013 Medicaid Newsletter indicating that only psychiatrists and psychiatric advanced practice nurses are eligible for telehealth reimbursement,

while an independent clinic (which includes FQHCs) may be an eligible originating site, although NJ does not reimburse an originating site facility fee.

Additionally, newsletters released in 2020 that apply to FQHCs indicate reimbursement is provided for pediatric and adolescent well care and teledentistry as a response to the COVID emergency. No expiration date for these policies is provided.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter. Vol. 23, No. 21, December 2013, Volume 30, No. 8, Apr 2020, Volume 30, No. 12 & Volume 28, No. 17, Sept. 2018. (Accessed Feb. 2024).

Teledentistry (D9995) can only be billed in conjunction with CDT code D0140 – limited oral evaluation – problem focused. For Federally Qualified Health Centers – the encounter code (D0120 with modifier 22), along with D9995 and D0140, must be billed for the same date with all services submitted on the same claim.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 33, No. 13, Aug. 2023, p. 3. (Accessed Feb. 2024).

See: NJ Medicaid Live Video.

Store and Forward

NJ statute defines store-and-forward, however NJ Medicaid only lists reimbursement for real-time two way audio in combination with asynchronous store-and-forward technology if the provider has determined that they are able to meet the standard of care of face-to-face service. There is no explicit reference to whether or not this applies to FQHCs specifically.

See: NJ Medicaid Store and Forward.

Remote Patient Monitoring

According to statute, NJ Medicaid is required to cover RPM, however CCHP has not found an indication from NJ Medicaid that they have implemented this. Additionally, there is no explicit clarification regarding whether or not FQHCs would be eligible for RPM reimbursement.

See: NJ Medicaid Remote Patient Monitoring.

Audio-Only

Statute states, in no case shall the State Medicaid and NJ Family Care Programs restrict the ability of a provider to use any electronic or technical platform to provide services using telemedicine or telehealth, including but not limited to interactive, real-time, two-way audio, which may be used in combination with asynchronous store-and-forward technology without video capabilities including audio-only telephone conversations, to provide services using telemedicine or telehealth, provided that the platform used:

- Allows the provider to meet the same standard of care as would be provided if the services were provided in person'
- Is compliant with the requirements of the federal health privacy rule set forth at 45 CFR Parts 160 and 164.

However, there is no explicit clarification to whether or not FQHCs can be reimbursed for the audio-only modality.

See: NJ Medicaid Email, Phone and Fax.

SAME DAY ENCOUNTERS

Last updated 02/02/2024

A FQHC may be reimbursed by NJ FamilyCare for more than one encounter for the same patient in the same day, including for a physical health and a behavioral health encounter, as long as “the beneficiary is seen by more than one licensed practitioner for the prevention, treatment or diagnosis of different injuries or illnesses, and practitioners of appropriate different specialties are involved.”

NJ FamilyCare will not reimburse a FQHC for two physical health primary diagnoses on the same day regardless if the services were provided by one or more than one core providers.

SOURCE: NJ Dept. of Human Services, Division of Medical Assistance & Health Services Outpatient Facility Behavioral Health Integration Billing FAQs, p. 8 (Accessed Feb. 2024).

A medical encounter is a face-to-face contact between a beneficiary and a physician or other licensed practitioner acting within his or her respective scope of practice, including a podiatrist, optometrist, chiropractor, advanced practice nurse, or nurse midwife.

- Normally, only one medical encounter is covered per beneficiary, per day. More than one medical encounter is covered, however, when the beneficiary is seen by more than one licensed practitioner for the prevention, treatment or diagnosis of different injuries or illnesses, and practitioners of appropriate different specialties are involved.
- More than one medical encounter is also allowed if a beneficiary leaves the center after having been seen by a practitioner, then returns to the center and is seen by another practitioner on the same day.
- More than two medical encounters during a week for a beneficiary require clear documentation in the beneficiary's medical record demonstrating the medical necessity of the encounter(s).
- Interpretation of results of tests or procedures not requiring face-to-face contact between a beneficiary and a practitioner, and referrals to specialists, do not constitute a medical encounter.

SOURCE: NJ Administrative Code 10:66-4.1, (Accessed Feb. 2024).

Teledentistry (D9995) can only be billed in conjunction with CDT code D0140 – limited oral evaluation – problem focused. For Federally Qualified Health Centers – the encounter code (D0120 with modifier 22), along with D9995 and D0140, must be billed for the same date with all services submitted on the same claim.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 33, No. 13, Aug. 2023, p. 3. (Accessed Feb. 2024).

ELIGIBLE ORIGINATING SITE

Last updated 02/02/2024

NJ statute prohibits NJ Medicaid from imposing restrictions on the location or setting of a distant site.

NJ Medicaid newsletters limits sites to independent clinics (which include FQHCs, mental health clinics, and outpatient hospital programs).

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter. Volume 28, No. 17, Sept. 2018. (Accessed Feb. 2024).

See: NJ Medicaid Live Video Eligible Sites.

ELIGIBLE DISTANT SITE

Last updated 02/02/2024

For the provision of services, providers are expected to follow the same rules they would follow if the patient visit was face-to-face. This includes instances when a license is for an entity such as an independent clinic (which includes FQHC). This license is for a specific address and is not tied to specific personnel. In this instance, the service may only be billed when provided at the address listed on the license. When billed by the clinic, the service provider (for example a physician) may provide services from a remote location but the patient must receive those services while physically present at the independent clinic (licensed location). Independent practitioners have a person specific license that is not tied to a specific address. Services billed by independent practitioners do not have location restrictions. The patient and/or the provider may be at any location as long as the provider is licensed to practice in New Jersey.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 2 (Accessed Feb. 2024).

Teledentistry (D9995) can only be billed in conjunction with CDT code D0140 – limited oral evaluation – problem focused. For Federally Qualified Health Centers – the encounter code (D0120 with modifier 22), along with D9995 and D0140, must be billed for the same date with all services submitted on the same claim.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 33, No. 13, Aug. 2023, p. 3. (Accessed Feb. 2024).

See: NJ Medicaid Live Video Distant Site

FACILITY FEE

Last updated 02/02/2024

All costs associated with the provision of telehealth services, including but not limited to the contracting of professional services and the telecommunication equipment, are the responsibility of the provider and are not directly reimbursable by NJFC.

No explicit reference to FQHCs.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 28, No. 17, Sept. 2018, p. 4 (Accessed Feb. 2024).

See: NJ Medicaid Live Video Facility/Transmission Fee

PPS RATE

Last updated 02/02/2024

Statute requires NJ Medicaid to cover telemedicine or telehealth on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable when services are delivered through in-person contact and consultation, provided the services are otherwise covered when delivered through in-person contact and consultation in New Jersey. There is no explicit confirmation that from NJ Medicaid that this provision has been implemented or that they are reimbursing the PPS rate for FQHCs.

SOURCE: NJ Statute C.30:4D-6K. (Accessed Feb. 2024).

Teledentistry (D9995) can only be billed in conjunction with CDT code D0140 – limited oral evaluation – problem focused. For Federally Qualified Health Centers – the encounter code (D0120 with modifier 22), along with D9995 and D0140, must be billed for the same date with all services submitted on the same claim.

SOURCE: NJ Division of Medical Assistance and Health Services. Newsletter Vol. 33, No. 13, Aug. 2023, p. 3. (Accessed Feb. 2024).

HOME ELIGIBLE

Last updated 02/02/2024

A provider must use the Facility Code value of “10” for “Telehealth Provided in a Patient’s Home”. In addition, the description for the existing Facility Code “02” has been changed and must be reported when “Telehealth is Provided in Other Than a Patient’s Home”. While the alert specifies that the assignment of these Facility Code changes is applicable to both Fee-For-Service and encounter claims it doesn’t not explicitly mention FQHCs.

SOURCE: NJ Division of Medical Assistance and Health Services. Medicaid Alert 2023-02, Apr. 2023. (Accessed Feb. 2024).

PATIENT-PROVIDER RELATIONSHIP

Last updated 02/02/2024

No reference found