

New Mexico



At A Glance

MEDICAID REIMBURSEMENT

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

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: Yes

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: NLC
- Consent Requirements: Yes

STATE RESOURCES

1. Medicaid Program: New Mexico Medicaid
2. Administrator: New Mexico Human Services Dept., Medical Assistance Division (MAD)
3. Regional Telehealth Resource Center: Southwest Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 06/01/2025

Telemedicine means the use of telecommunications and information technology to provide clinical health care from a distance. “Telemedicine” allows health care professionals to evaluate, diagnose and treat patients in remote locations using telecommunications and information technology in real time or asynchronously, including the use of interactive simultaneous audio and video or store-and-forward technology, or remote patient monitoring and telecommunications in order to deliver health care services to a site where the patient is located, along with the use of electronic media and health information. “Telemedicine” allows patients in remote locations to access medical expertise without travel.

SOURCE: NM Statutes Annotated. Sec. 59A-22-49.3, 59A-46-50.3, 59A-47-45.3, & 59A-23-7.12 [slight variations exist], (Accessed Jun. 2025).

REQUIREMENTS

Last updated 03/01/2025

An insurer shall provide coverage for services delivered via telemedicine to the same extent that the health insurance plan, policy or contract covers the same services when those services are provided via in-person consultation or contact. An insurer shall not impose any unique condition for coverage of services provided via telemedicine.

An insurer shall not impose an originating-site restriction with respect to telemedicine services or distinguish between telemedicine services provided to patients in rural locations and those provided to patients in urban locations; provided that the provisions of this section shall not be construed to require coverage of an otherwise non-covered benefit.

A determination by an insurer that health care services delivered through the use of telemedicine are not covered under the plan shall be subject to review and appeal.

The provisions of this section shall not apply in the event that federal law requires the state to make payments on behalf of enrollees to cover the costs of implementing this section.

Nothing in this section shall require a health care provider to be physically present with the patient at the originating site unless the consulting provider deems it necessary.

An insurer shall not limit coverage of services delivered via telemedicine only to those health care providers who are members of the health insurance plan, policy or contract provider network where no in-network provider is available and accessible, as availability and accessibility are defined in network adequacy standards issued by the superintendent

Telemedicine services shall be encrypted and conform to state and federal privacy laws.

SOURCE: NM Statutes Annotated. Sec. 59A-22-49.3, 59A-46-50.3, 59A-47-45.3, & 59A-23-7.12 [slight variations exist], (Accessed Jun. 2025).

Because the use of telehealth improves access to quality health care and will generally benefit the citizens of New Mexico, health insurers, health maintenance organizations, managed care organizations and third-party payors offering services to the citizens of New Mexico are encouraged to use and provide coverage for telehealth within the scope of their plans or policies. The state's medical assistance program is also encouraged to include telehealth within the scope of its plan or policy.

SOURCE: NM Statute 24-25-5 & Senate Bill 252 (2025 Session), (Accessed Jun, 2025).

A plan that provides a benefit conditioned on a covered person's receipt of a health care service shall provide that benefit if the service is delivered in-person or virtually. No plan may offer a telemedicine only benefit.

SOURCE: NM Administrative Code Title 13, Ch. 10, 13.10.34.8. (Accessed Jun. 2025).

PARITY

Last updated 06/01/2025

SERVICE PARITY

An insurer shall provide coverage for services provided via telemedicine to the same extent that the health insurance plan, policy or contract covers the same services in-person.

An insurer shall not limit coverage of services delivered via telemedicine only to those health care providers who are members of the health insurance plan, policy or contract provider network where no in-network provider is available and accessible, as availability

and accessibility are defined in network adequacy standards issued by the superintendent.

An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least at the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.

SOURCE: NM Statutes Annotated. Sec. 59A-22-49.3(A), (F) & (I), 59A-46-50.3, 59A-47-45.3 & 59A-23-7.12 (Accessed Jun. 2025).

PAYMENT PARITY

An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least at the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.

An insurer shall not impose any annual or lifetime dollar maximum on coverage for services delivered via telemedicine, other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the health insurance plan, policy or contract, or impose upon any person receiving benefits pursuant to this section any copayment, coinsurance or deductible amounts, or any plan, policy or contract year, calendar year, lifetime or other durational benefit limitation or maximum for benefits or services, that is not equally imposed upon all terms and services covered under the health insurance plan, policy or contract.

SOURCE: NM Statutes Annotated. Sec. 59A-22-49.3 (H) & (I), 59A-46-50.3, 59A-47-45.3 & 59A-23-7.12 (Accessed Jun. 2025).

A plan that provides a benefit conditioned on a covered person's receipt of a health care service shall provide that benefit if the service is delivered in-person or virtually. No plan may offer a telemedicine only benefit.

SOURCE: NM Administrative Code Title 13, Ch. 10, 13.10.34.8. (Accessed Jun. 2025).

Medicaid

OVERVIEW

Last updated 06/01/2025

New Mexico Medicaid reimburses for live video telehealth at the same rate as when services are provided in-person as well as store-and-forward. There is no reference to remote patient monitoring. They will also reimburse for limited professional services delivered by telephone without video.

DEFINITIONS

Last updated 06/01/2025

Medication Assisted Treatment Services in Correctional Settings

Telemedicine: The delivery of health care services through interactive audio, video, or other electronic media used for diagnosis, consultation, or treatment.

SOURCE: NM Administrative Code 8.325.12.7. (Accessed Jun. 2025).

School Based Health Services

“Telehealth” means patient care via a two-way, real-time interactive communication between a patient and a medical or behavioral health provider at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment.

SOURCE: NM Administrative Code 7.30.15.7. (Accessed Jun. 2025).

LIVE VIDEO

Last updated 03/01/2025

POLICY

Reimbursement for professional services at the originating-site and the distant-site are made at the same rate as when the services provided are furnished without the use of a telecommunication system.

SOURCE: NM Administrative Code 8.310.2.12(M)(d). (Accessed Jun. 2025).

Telemedicine is also covered by NM Managed Care.

SOURCE: NM Medical Assistance Division Managed Care Policy Manual, p. 323. Oct. 1, 2020 & Turquoise Care Managed Care Manual, 2024. (Accessed Jun. 2025).

Effective October 1, 2022, New Mexico is updating its State Plan to clarify that telehealth and teleconsultation services are reimbursed at the same rate as face-to-face.

SOURCE: New Mexico State Plan Amendment, NM-22-0021, (Dec. 2022), (Accessed Jun. 2025).

Because the use of telehealth improves access to quality health care and will generally benefit the citizens of New Mexico, health insurers, health maintenance organizations, managed care organizations and third-party payors offering services to the citizens of New Mexico are encouraged to use and provide coverage for telehealth within the scope of their plans or policies. The state's medical assistance program is also encouraged to include telehealth within the scope of its plan or policy.

SOURCE: NM Statute 24-25-5 & Senate Bill 252 (2025 Session), (Accessed Jun, 2025).

Managed Care Program

The benefit package includes telemedicine services as detailed in 8.310.2 NMAC.

SOURCE: NM Admin Code Sec. 8.309.4.16 (Accessed Jun. 2025).

The benefit package includes telemedicine services as detailed in 8.310.2 NMAC. The MCO must:

- promote and employ broad-based utilization of statewide access to Health Insurance Portability and Accountability Act (HIPAA)-compliant telemedicine service systems including, but not limited to, access to text telephones or teletype (TTYs) and 711 telecommunication relay services;
- follow state guidelines for telemedicine equipment or connectivity;
- follow accepted HIPAA and 42 CFR part two regulations that affect telemedicine transmission, including but not limited to staff and contract provider training, room setup, security of transmission lines, etc; the MCO shall have and implement policies and procedures that follow all federal and state security and procedure guidelines;
- identify, develop, and implement training for accepted telemedicine practices;
- participate in the needs assessment of the organizational, developmental, and programmatic requirements of telemedicine programs;
- report to HSD on the telemedicine outcomes of telemedicine projects and submit the telemedicine report; and
- ensure that telemedicine services meet the following shared values, which are ensuring: competent care with regard to culture and language needs; work sites are distributed across the state, including native American sites for both clinical and educational purposes; and coordination of telemedicine and technical functions at either end of network connection.

SOURCE: NM Admin Code 8.308.9.18. (Accessed Jun. 2025).

Provision of telemedicine services does not require that a certified medicaid healthcare provider be physically present with the MAP eligible recipient at the originating site unless the telemedicine consultant at the distant site deems it necessary.

SOURCE: NM Administrative Code 8.310.2.12 (M). (Accessed Jun. 2025).

The MCO is encouraged to use technology, such as telemedicine, to ensure access and availability of services statewide.

SOURCE: NM Administrative Code 8.308.2.12 (Q). (Accessed Jun. 2025).

The alternative benefits package includes telemedicine services.

SOURCE: NM Centennial Care Managed Care Policy Manual, Oct. 1. 2020, (Accessed Jun. 2025).

ELIGIBLE SERVICES/SPECIALTIES

A service provided through telemedicine is subject to the same program restrictions, limitations and coverage which exist for the service when not provided through telemedicine. Telemedicine services are not covered when audio/video technology is used in furnishing a service when the MAP eligible recipient and the practitioner are in the same institutional or office setting.

SOURCE: NM Administrative Code 8.310.2.12 M(4). (Accessed Jun. 2025).

School-Based Services

Telemedicine (Teletherapy) services provided in accordance with 8.210.2 NMAC. The modifier “GT” should be utilized when billing for services provided via telemedicine.

SOURCE: NM Medicaid Guide for School-Based Services, Revised Aug. 2024 pg. 20. (Accessed Jun. 2025).

Medication-Assisted Abortion Services

HSD is adding an option for providing this medical service via telehealth. This service will also be reimbursed at a global rate. The code S0199 with the 95 Modifier will be opened to allow for the telehealth visits for medication-assisted abortion services that include the telehealth visits with counseling. Ancillary services related to the medication assisted abortion are included in the global reimbursement and should not be billed separately. However, services unrelated to the surgical abortion, but provided in the same visit, should be billed separately. For example, if the member receives contraceptive services, vaccines, or behavioral health services those shall be reimbursed separately from the global rate below.

SOURCE: NM Medical Assistance Program Manual, Supplement, Changes to Claim Submittal Process and Rates for Abortion Procedures, Aug. 21, 2023, Number 23-07, (Accessed Jun. 2025).

Crisis Services

Crisis Triage Centers: The following individuals and practitioners must be contracted or employed by the provider agency as part of its crisis triage center service delivery:...

- a charge nurse on duty 24 hours/day, seven days/week this requirement may be met by a through access to a supervising nurse who is available via telehealth.

Community-based Mobile Crisis Intervention Services: All Mobile Crisis Intervention and Mobile Responsive and Stabilization Services must be under the supervision of an independently licensed behavioral health professional who must be available to provide real time clinical assessment in person or via telehealth.

Therapeutic Interventions: Services provided by licensed behavioral health practitioners via telehealth technologies are covered subject to the limitations as set forth in state regulations.

SOURCE: State Plan Amendment, Supplement A to Attachment 3.1A, (Accessed Jun. 2025).

Mobile crisis services are furnished by a multidisciplinary mobile crisis team (MCT) that includes at least two members. The team includes at least one behavioral health care professional able to conduct a mobile crisis screening and assessment within their permitted scope of practice under state law and who may be available via telehealth.

SOURCE: NM Medical Assistance Program Manual, Supplement, Implementation of Mobile Crisis Intervention Services and Mobile Response and Stabilization, Mar. 18, 2024, Number 24-03, (Accessed Jun. 2025).

Mobile Crisis Providers

MCT/MRSS Staffing Requirements – Mobile crisis intervention services are furnished by a multidisciplinary team that includes at least two members. The team includes at least one behavioral health care professional able to conduct a clinical assessment within their permitted scope of practice under state law and who may be available via telehealth.

See supplement for codes for mobile crisis providers.

SOURCE: NM Medical Assistance Program Supplement, Mobile Crisis Providers, Number 24-14, Oct. 7, 2024, (Accessed Jun. 2025).

MAD covers treatment plans, and updates, created with interdisciplinary teams for out-patient recipients meeting the NM state definition for SMI, SED, or SUD in which multiple

provider disciplines are engaged to address co-occurring conditions, or other social determinants of health.

The six elements of teaming may be performed by using a variety of media (with the person's knowledge and consent) e.g., texting members to update them on an emergent event; using email communications to ask or answer questions; sharing assessments, plans and reports; conducting conference calls via telephone; using telehealth platforms conferences; and, conducting face-to-face meetings with the person present when key decisions are made. Only conducting the final face-to-face meeting with the recipient present when key decisions are made that result in the updates to the treatment plan, is a billable event.

SOURCE: NM Administrative Code 8.321.2.9 (L)(3c). (Accessed Jun. 2025).

Mobile Crisis Services: ...

- must be provided by a multidisciplinary team of at least two behavioral health professionals or paraprofessionals, as defined in 8.321.2.9 NMAC, that includes at minimum a RLD board approved clinical supervisor who must be available to provide real-time clinical assessment and clinical support in-person or via telehealth at any time during the initial response.

Mobile crisis intervention services for MCT and MRSS: ...

- services must be delivered by a minimum of a two-person team that includes at minimum a RLD board approved clinical supervisor who must be available to provide real-time clinical assessment and clinical support in-person or via telehealth;

Coverage criteria for CTCs which are outpatient only: ...

- A RN licensed by the NM board of nursing with experience in acute mental health treatment and withdrawal management services, if withdrawal management services are provided. This requirement may be met through access to a supervising nurse who is available via telehealth.
- A part time psychiatric consultant or prescribing psychologist, hours determined by size of center, who is a physician (MD or DO) licensed by the board of medical examiners or board of osteopathy and is board eligible or board certified in psychiatry as described in 8.321.2 NMAC, or a prescribing psychologist licensed by the board of psychologist examiners or psychiatric certified nurse practitioner as licensed by the board of nursing. These services may be provided through telehealth

Medication Assisted Treatment

- An assessment and diagnosis, which may be conducted either in person or via telehealth, by the prescribing practitioner to determine whether the recipient has an opioid use diagnosis and their readiness for change must be conducted prior to starting treatment

Opioid Treatment Program

- Established counselor caseloads based on the intensity and duration of counseling required by each patient. Counseling can be provided in person or via telehealth. Counselor to patient ratios should be sufficient to ensure that patients have reasonable and prompt access to counselors and receive counseling services at the required levels of frequency and intensity.
- The recipient has received an initial medical examination as required by 7.32.8.19 NMAC which may be conducted either in-person or via telehealth.
- in units that provide appropriate privacy and have adequate space, other OTP services, such as counseling, may be provided directly or when permissible through use of telehealth services.
- Other services performed by the agency as listed below are reimbursed separately and are required by (42 CFR Part 8.12 (f)), or its successor. ... an eligible recipient's initial medical examination, which may be conducted in person or via telehealth when rendered by a MAD enrolled licensed practitioner who meets 8.310.2 and 8.310.3 NMAC requirements.

Therapeutic intervention services are subject to the limitations and coverage restrictions that exist for other MAD covered services. See subsection G of 8.321.2.9 NMAC for general non-covered specialized behavioral health services. All services provided while a person is a resident of an institution for mental disease (IMD) are considered content of the institutional service and are not otherwise reimbursable by Medicaid. Services provided by licensed behavioral health practitioners via telehealth technologies are covered subject to the limitations as set forth in state regulations.

SOURCE: NM Administrative Code 8.321.2. (Accessed Jun. 2025).

Crisis Triage Centers – Staffing Requirements

Minimum staffing requirements:...

- The CTC shall have an RN present on-site 24 hours a day, seven days a week or as long as clients are present in programs that do not offer residential services, to provide direct nursing services. This requirement does not apply to CTCs offering 23 hours or less non-residential services; instead these CTCs may have onsite medical professionals who have access to immediate support and supervision by an RN or a higher-level provider in accordance with Section 24-25-1 et al. NMSA 1978 New Mexico Telehealth Act.
- An on-call physician or advanced practice registered nurse shall be available 24 hours a day by phone, and available on-site as needed or through telehealth.
- Consultation by a psychiatrist or prescribing psychologist may be provided through telehealth.

SOURCE: NM Administrative Code 8.321.11.29. (Accessed Jun. 2025).

Medication Assisted Treatment Services in Correctional Settings

Facility contracts with medical service provider (to include onsite or telemedicine resources).

SOURCE: NM Administrative Code 8.321.12.9. (Accessed Jun. 2025).

Staffing Requirements – Correctional Facilities

Correctional facilities shall:

- Develop adequate staffing patterns including healthcare practitioners authorized by law to prescribe, administer, and monitor medication-assisted treatment (to include telehealth-supported clinical review or services if necessary).

SOURCE: NM Administrative Code 8.325.12.11. (Accessed Jun. 2025).

ABA Services

Training and participation by members of the Family Set are also seen as important components. Every Treatment Plan must include ample units of ABA Stage 3 97156 and 97157. For a member of the Family Set who is unable to participate in every ABA Stage 3 session, the BA/Mentored BA is required to provide alternative methods such as the use of telemedicine to encourage the participation of the recipient's Family Set members.

The ABA Treatment Plan must identify all target behaviors that are to be addressed by the ABA Stage 3 practitioners. The following elements are required in the treatment plan:

...

- Be recipient-centered, Family Set-focused, and minimally intrusive, with a focus on family engagement, training, and support; if members of the Family Set cannot face-to-face attend the recipient's sessions, then other opportunities must be explored, such as the members of the Family Set participating via telemedicine (in real-time or through store-and-forward means)

See supplement for additional details.

SOURCE: NM Medical Assistance Program Supplement, Applied Behavior Analysis (ABA) Guidance, Number 24-13, Sept. 17, 2024, (Accessed Jun. 2025).

ABA Telehealth Providers

See Behavioral Health Policy and Billing Manual for specific billing instructions by code.

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, (Accessed Jun. 2025).

Crisis Intervention Services Providers

Mobile crisis intervention services are furnished by a multidisciplinary team that includes at least two members. The team includes at least one behavioral health care professional able to conduct a clinical assessment within their permitted scope of practice under State law and who may be available via telehealth.

MCT/MRSS Dispatch – Telehealth is allowable, however in vivo MCT and MRSS response is preferred. MCT and MRSS providers can use telehealth to ensure rapid response and clinical decision-making to ensure the crisis is resolved safely.

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, pg. 82, (Accessed Jun. 2025).

Crisis Triage Center

The Registered Nurse must be on duty during all hours of operation under whom all services are directed, with the exception of services provided by the physician and the licensed independent mental health practitioner. This requirement may be met through access to a supervising nurse who is available via telehealth. The Registered Nurse must be at least 18 years of age, a licensed RN, and have experience in acute mental health treatment and withdrawal management service if withdrawal management services are provided.

Consultant or Prescribing Psychologist must either be either: 1) A licensed MD or DO; or 2) A licensed prescribing psychologist or psychiatric CNP. These services may be provided through telehealth. Part-time hours are determined by size of CTC.

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, pg. 91-93, (Accessed Jun. 2025).

Dialectical Behavior Therapy

All services provided while a person is a resident of an Institution for Mental Disease (IMD) are considered content of the institutional service and are not otherwise reimbursable by Medicaid. Services provided by licensed behavioral health practitioners via telehealth technologies are covered subject to the limitations as set forth in state regulations. “Telemedicine visits should be an interactive HIPAA compliant telecommunication system and must include both interactive audio and video and be delivered on a real-time basis at the originating and distant sites. Please see NMAC 8.310.2.

Eye Movement Desensitization and Reprocessing (EMDR)

All services provided while a person is a resident of an Institution for Mental Disease (IMD) are considered content of the institutional service and are not otherwise reimbursable by Medicaid. Services provided by licensed behavioral health practitioners via telehealth technologies are covered subject to the limitations as set forth in state regulations. “Telemedicine visits should be an interactive HIPAA compliant telecommunication system and must include both interactive audio and video and be delivered on a real-time basis at the originating and distant sites. Please see NMAC 8.310.2.”

Functional Family Therapy (FFT)

All services provided while a person is a resident of an Institution for Mental Disease (IMD) are considered content of the institutional service and are not otherwise reimbursable by Medicaid. Services provided by licensed behavioral health practitioners via telehealth technologies are covered subject to the limitations as set forth in state regulations.

Inpatient Psychiatric Care in Freestanding Psychiatric Hospitals and Psychiatric Units of Acute Care Hospitals

IMD (institution for mental disease) must facilitate access to treatment for those conditions which cannot be treated at that facility through on-site staff, by either connecting beneficiaries to telemedicine and/or through partnerships with local physical health providers.

Medication for Opioid Use Disorder (MOUD)

The prescribing provider must diagnose the Medicaid member with an opioid use disorder and complete an assessment (including readiness for change). The assessment must also review concurrent medical or behavioral health illnesses and co-occurring substance use disorder (SUD). The assessment and diagnosis can be conducted either in-person or via audio or audio/visual telehealth connection. Telemedicine visits should be an interactive HIPAA compliant telecommunication system and must include both interactive audio and video and be delivered on a real-time basis at the originating and distant sites. Please see NMAC 8.310.2.

Multi-Systemic Therapy (MST)

MST may be billed for in person or telehealth services provided to the child/youth, family or other collateral contacts.

Opioid Treatment Program (OTP)

Establishing SUD counselor caseloads, based on the intensity and levels of frequency, intensity, and duration of counseling agreed upon by each patient. Counseling can be provided in person or via telehealth. “Telemedicine visits should be an interactive HIPAA compliant telecommunication system and must include both interactive audio and video and be delivered on a real-time basis at the originating and distant sites. Please see NMAC 8.310.2. “ Counselor to patient ratios should be sufficient to ensure that patients have reasonable and prompt access to counselors and receive counseling services at the levels of frequency and intensity agreed upon by patients requesting such services.

An individual requesting medication for opioid use disorder treatment services must be assessed by the OTP medical director or health care practitioner with prescribing authority. This assessment may be conducted in person or via telehealth platform.

At the time of admission (and ongoing) each patient receives screening by an appropriately trained staff person, to address suicide risk, danger to self or others, urgent or critical medical conditions, and imminent harm. Initial screening may be conducted via audio-visual telehealth platform under certain conditions (please refer to 42 CFR Part 8 final rule).

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

All services provided while a person is a resident of an Institution for Mental Disease (IMD) are considered content of the institutional service and are not otherwise reimbursable by Medicaid. Services provided by licensed behavioral health practitioners via telehealth technologies are covered subject to the limitations as set forth in state regulations. “Telemedicine visits should be an interactive HIPAA compliant telecommunication system and must include both interactive audio and video and be delivered on a real-time basis at the originating and distant sites. Please see NMAC 8.310.2

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, pg. 105, 110, 112, 141, 154, 159, 190, (Accessed Jun. 2025).

ELIGIBLE PROVIDERS

Reimbursement for professional services at the originating-site and the distant-site are made at the same rate as when the services provided are furnished without the use of a telecommunication system. In addition, reimbursement is made to the originating-site for a real-time interactive audio/video technology telemedicine system fee (where the MAP eligible recipient is located, if another eligible provider accompanies the patient) at the lesser of the provider's billed charge, or the maximum allowed by MAD for the specific service or procedure. If the originating site is the patient's home, the originating site fee should not be billed if the eligible provider does not accompany the MAP eligible recipient. The MAP eligible recipient is not reimbursed for their computer/internet.

SOURCE: NM Administrative Code 8.310.2.12 (M)(d). (Accessed Jun. 2025).

Reimbursement for services at the originating-site (where the MAP eligible recipient is located) and the distant-site (where the provider is located) are made at the same amount as when the services provided are furnished without the use of a telecommunication system. In addition, reimbursement is made to the originating-site for an interactive telemedicine system fee at the lesser of the provider's billed charge; or the maximum allowed by MAD for the specific service or procedure.

SOURCE: NM Administrative Code 8.310.3.11. (Accessed Jun. 2025).

Telehealth Practice Act defines the following as a "health care provider":

- an optometrist;
- a chiropractic physician;
- a dentist;
- a physician;
- a podiatric physician;
- an osteopathic physician;
- a physician assistant;
- a certified nurse practitioner;
- a physical therapist;
- an occupational therapist;
- a speech-language pathologist;
- a doctor of oriental medicine;
- a nutritionist;

- a psychologist;
- a certified nurse-midwife;
- a clinical nurse specialist;
- a registered nurse;
- a dental hygienist;
- a pharmacist;
- a licensed social worker;
- a licensed counselor;
- a community health representative;
- a licensed athletic trainer;
- a certified peer support worker; or
- any other health care professional who has received a medicaid provider identification number from the health care authority

The New Mexico Telehealth Act does not alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

SOURCE: NM Statute 24-25-5 & Senate Bill 252 (2025 Session), (Accessed Jun, 2025).

Mobile Response

Children's Mobile Response and Stabilization Services (MRSS) teams include at least one behavioral health care professional able to conduct a mobile crisis screening and assessment within their permitted scope of practice under state law, who may be available via telehealth.

SOURCE: NM Medical Assistance Program Manual, Supplement, Implementation of Mobile Crisis Intervention Services and Mobile Response and Stabilization, Mar. 18, 2024, Number 24-03, (Accessed Jun. 2025).

Community Health Worker

A CHW service provided in accordance with NMAC 8.310.2.12.M may be billed using one of the following modifiers:

- GT: Interactive telecommunication; or
- 95: Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System.

SOURCE: NM Medical Assistance Program Supplement, Number 24-08, May 31, 2024, (Accessed Jun. 2025).

ABA Services Delivered via Telehealth

New Mexico does not require an in-state AEP/Qualifying Psychologist/BCBA-D/BCBA/BCaBA/RBT/BCAT/noncertified BT to have a telemedicine license. However, if the AEP is an out of state MD/DO, the New Mexico Medical Board does require this practitioner to obtain a telemedicine license (or a full NM medical license).

The BICC, BACB, and New Mexico Regulation and Licensing Department (RLD) psychologist's practice board allows and supports the use of telehealth to deliver ABA services. MAD allows and encourages the utilization of telemedicine to deliver MAD ABA services to assist AEPs and AP agencies provide cost effective and home and community-based services to rural and frontier areas of New Mexico.

SOURCE: NM Medical Assistance Program Supplement, Applied Behavior Analysis (ABA) Guidance, Number 24-13, Sept. 17, 2024, (Accessed Jun. 2025).

Instructions for ABA Telehealth Providers

Telemedicine visits should be an interactive HIPAA compliant telecommunication system and must include both interactive audio and video and be delivered on a real-time basis at the originating and distant sites. Please see NMAC 8.310.2.

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, pg. 25-26, (Accessed Jun. 2025).

Mobile Crisis Providers

Telehealth is allowable, however in vivo MCT and MRSS response is preferred. MCT and MRSS providers can use telehealth to ensure rapid response and clinical decision-making to ensure the crisis is resolved safely.

SOURCE: NM Medical Assistance Program Supplement, Mobile Crisis Providers, Number 24-14, Oct. 7, 2024, (Accessed Jun. 2025).

ELIGIBLE SITES

For telemedicine services, when the originating-site is in New Mexico and the distant-site is outside New Mexico, the provider at the distant-site must be licensed for telemedicine

to the extent required by New Mexico state law and NMAC rules or meet federal requirements for providing services to IHS facilities or tribal contract facilities.

SOURCE: NM Administrative Code 8.310.3.9 (F). (Accessed Jun. 2025).

An interactive HIPAA compliant telecommunication system must include both interactive audio and video and be delivered on a real-time basis at the originating and distant sites. If real-time audio/video technology is used in furnishing a service when the MAP eligible recipient and the practitioner are in the same institutional or office setting, then the practitioner should bill for the service furnished as if it was furnished in person as a face to face encounter. Coverage for services rendered through telemedicine shall be determined in a manner consistent with medicaid coverage for health care services provided through in person consultation. For telemedicine services, when the originating-site is in New Mexico and the distant-site is outside New Mexico, the provider at the distant-site must be licensed for telemedicine to the extent required by New Mexico state law and regulations or meet federal requirements for providing services to IHS facilities or tribal contract facilities. Provision of telemedicine services does not require that a certified medicaid healthcare provider be physically present with the MAP eligible recipient at the originating site unless the telemedicine consultant at the distant site deems it necessary.

SOURCE: NM Administrative Code 8.310.2.12 (M). (Accessed Jun. 2025).

Telemedicine services: MAD covers school-based services provided via telemedicine; see 8.310.2 NMAC.

SOURCE: NM Administrative Code 8.320.6.13(I). (Accessed Jun. 2025).

Telemedicine originating-site

The location of a MAP eligible recipient at the time the service is being furnished via an interactive telemedicine communications system. The origination-site can be any of the following medically warranted sites where services are furnished to a MAP eligible recipient.

- The office of a physician or practitioner.
- A critical access hospital (as described in section 1861 (mm)(1) of the Act).
- A rural health clinic (as described in 1861 (mm)(2) of the Act).
- A federally qualified health center (as defined in section 1861 (aa)(4) of the Act).
- A hospital (as defined in section 1861 (e) of the Act).

- A hospital-based or critical access hospital-based renal dialysis center (including satellites).
- A skilled nursing facility (as defined in section 1819(a) of the Act).
- A community mental health center (as defined in section 1861(ff)(3)(B) of the Act).
- A renal dialysis facility (only for the purposes of the home dialysis monthly ESRD-related clinical assessment in section 1881(b)(3)(B) of the Act).
- The home of an individual (only for purposes of the home dialysis ESRD-related clinical assessment in section 1881(b)(3)(B) of the Act).
- A mobile stroke unit (only for the purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke provided in accordance with section 1834(m)(6) of the Act).
- The home of an individual (only for the purposes of treatment of a substance use disorder or a co-occurring mental health disorder), furnished on or after July 1, 2019, to an individual with a substance use disorder diagnosis.
- The home of an individual when an interactive audio and video telecommunication system that permits real-time visit is used between the eligible provider and the MAP eligible recipient.
- A School Based Health Center (SBHC) as defined by section 2110(c)(9) of the Act.

SOURCE: NM Administrative Code 8.310.2.12 (M)(a). (Accessed Jun. 2025).

Telemedicine distant-site

The location where the telemedicine provider is physically located at the time of the telemedicine service. All services are covered to the same extent the service and the provider are covered when not provided through telemedicine. For these services, use of the telemedicine communications system fulfills the requirement for a face-to-face encounter.

SOURCE: NM Administrative Code 8.310.2.12 (M)(b). (Accessed Jun. 2025).

School Based Health Services

A school-based health center shall be located within a designated clinic space in a school, on a school campus, or adjacent to a school campus within a safe walking distance. School-based health care may also be delivered in a mobile clinic on or near a school campus or offered via telehealth as determined by the school and SBHC sponsoring agency. An SBHC shall operate within an appropriate physical space and comply with all federal, state, and local laws and regulations governing health care practices.

SOURCE: NM Administrative Code 7.30.15.9. (Accessed Jun. 2025).

GEOGRAPHIC LIMITS

No Reference Found

FACILITY/TRANSMISSION FEE

Reimbursement is made to the originating-site for a real-time interactive audio/video technology telemedicine system fee (where the MAP eligible recipient is located, if another eligible provider accompanies the patient) at the lesser of the provider's billed charge, or the maximum allowed by MAD for the specific service of procedure. If the originating site is the patient's home, the originating site fee should not be billed if the eligible provider does not accompany the MAP eligible recipient. The MAP eligible recipient is not reimbursed for their computer/internet.

A telemedicine originating-site communication system fee is covered if the MAP eligible recipient was present at and participated in the telemedicine visit at the originating-site and the system that is used meets the definition of a telemedicine system.

SOURCE: NM Administrative Code 8.310.2.12 M(d). (Accessed Jun. 2025).

Indian Health Services

Originating Site Fee:

A telemedicine originating site fee is covered when the requirements of 8.310.2 NMAC are met;

- Both the originating and distant sites may be IHS or tribal facilities at two different locations or if the distant site is under contract to the IHS or tribal facility and would qualify to be an enrolled provider;
- A telemedicine originating site fee is not payable if the telemedicine technology is used to connect an employee or staff member of a facility to the eligible recipient being seen at the same facility;

However, even if the service does not qualify for a telemedicine originating site fee, the use of telemedicine technology may be appropriate thereby allowing the service provided to meet the standards to qualify as an encounter by providing the equivalent of face-to-face contact.

SOURCE: NM Administrative Code 8.310.12.12. (8) (Accessed Jun. 2025).

STORE-AND-FORWARD

Last updated 03/01/2025

POLICY

MAD will reimburse for services delivered through store-and-forward. To be eligible for payment under store-and-forward, the service must be provided through the transference of digital images, sounds, or previously recorded video from one location to another; to allow a consulting provider to obtain information, analyze it, and report back to the referring physician providing the telemedicine consultation. Store-and-forward telemedicine includes encounters that do not occur in real time (asynchronous) and are consultants that do not require face-to-face live encounter between patient and telemedicine provider.

SOURCE: NM Administrative Code 8.310.2.12 (M). (Accessed Jun. 2025).

Applied Behavior Analysis

If members of the Family Set cannot face-to-face attend the recipient's sessions, then other opportunities must be explored, such as the members of the Family Set participating via telemedicine (in real-time or through store-and-forward means).

Store-and-Forward telemedicine does not occur in real time (asynchronous) and does not require a F2F live encounter with the eligible recipient and the Mentored BA/Mentored BA/BAA/RBT/BCAT and the BA/Mentored BA/Supervising BAA. This technology allows through the transference of digital images, sounds, or previously recorded video sent from the onsite practitioner to the BA/Mentored BA/Supervising BAA to obtain information, analyze it, and report back to the onsite practitioner during their T1026 UD Case Supervision.

SOURCE: NM Medicaid Manual, Applied Behavior Analysis Guidance Supplement, pg. 26, 35. (Accessed Jun. 2025).

ABA Services

To increase rural and frontier ABA Stage 3 services, MAD allows Store-and-Forward telemedicine technology transmissions for ABA Stage 3 97155. Store-and-Forward telemedicine does not occur in real time (asynchronous) and does not require a F2F live encounter with the eligible recipient and the Mentored BA/Mentored BA/BAA/RBT/BCAT and the BA/Mentored BA/Supervising BAA. This technology allows through the transference of digital images, sounds, or previously recorded video sent from the onsite

practitioner to the BA/Mentored BA/Supervising BAA to obtain information, analyze it, and report back to the onsite practitioner during their T1026 UD Case Supervision.

SOURCE: NM Medical Assistance Program Supplement, Applied Behavior Analysis (ABA) Guidance, Number 24-13, Sept. 17, 2024, (Accessed Jun. 2025).

ELIGIBLE SERVICES/SPECIALTIES

ABA Services

MAD allows an AP agency to utilize Store-and-Forward telemedicine technology to provide 100% of Direct 97155 to be rendered when the following requirements are met:

- An AP agency must submit on an annual basis to the MCO or TPA documentation from the AP agency's telemedicine transmission provider cannot provide real-time telemedicine transmissions between the recipient's location and the BA's/Mentored BA's/Supervising BAA's location. This must also be documented in the recipient's clinical file.
- 97155 must be increased at least by two 15-minute units or 30 minutes and up to four 15-minute units or 1 hour in addition to the required minimum two 15-minute units or 30 minutes. This would allow the BA/Mentored BA/Supervising BAA to have additional time to discuss and plan with the BAA/RBT/BCAT the implementation of the ABA Treatment Plan and Treatment Protocols.
- The BA/Mentored BA/Supervising BAA must document in the recipient's file that the use to 97155 delivered through Store-and-Forward telemedicine technology meets the needs of the family, recipient and BAA's/RBT's/BCAT's personnel file substantiates the he or she has the expertise to receive 100% 97155 delivered through Store-and-Forward telemedicine technology, and without the use of Store-and-Forward telemedicine technology the recipient could not access ABA Stage 3 services.
- A non-certified BT cannot receive 97155f delivered through Store-and-Forward telemedicine technology.

SOURCE: NM Medical Assistance Program Supplement, Applied Behavior Analysis (ABA) Guidance, Number 24-13, Sept. 17, 2024, (Accessed Jun. 2025).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 06/01/2025

POLICY

No Reference Found

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 06/01/2025

MAD will reimburse eligible providers for limited professional services delivered by telephone without video. No additional reimbursement is made to the originating-site for an interactive telemedicine system fee.

SOURCE: NM Administrative Code 8.310.2.12 M(2). (Accessed Jun. 2025).

MAD covers treatment plans, and updates, created with interdisciplinary teams for out-patient recipients meeting the NM state definition for SMI, SED, or SUD in which multiple provider disciplines are engaged to address co-occurring conditions, or other social determinants of health.

The six elements of teaming may be performed by using a variety of media (with the person's knowledge and consent) e.g., texting members to update them on an emergent event; using email communications to ask or answer questions; sharing assessments, plans and reports; conducting conference calls via telephone; using telehealth platforms conferences; and, conducting face-to-face meetings with the person present when key decisions are made. Only conducting the final face-to-face meeting with the recipient present when key decisions are made that result in the updates to the treatment plan, is a billable event.

SOURCE: NM Administrative Code 8.321.2.9 (L)(3c). (Accessed Jun. 2025).

Multi Systemic Therapy: Weekly supervision must also include one hour of local group supervision and one hour of telephone consultation per week with the MST systems supervisor.

Crisis Stabilization: Services include telephone crisis services; face-to-face crisis intervention in a clinic setting; and outpatient crisis stabilization services.

Community-based Mobile Crisis Intervention Services: Services may also include telephonic follow-up interventions for up to 72 hours after the initial mobile response.

SOURCE: State Plan Amendment, Supplement A to Attachment 3.1A, (Accessed Jun. 2025).

Mobile Crisis Intervention

Mobile crisis intervention services include telephonic follow-up for up to 72 hours after the initial mobile response, which may include, where appropriate, additional intervention and de-escalation services and coordination with and referrals to health, social, emergency services, and other services and supports, as needed.

See supplement for codes for mobile crisis providers.

Crisis providers cannot bill a mobile crisis unit code (H2011), mobile crisis per diem (S9485) and/or MRSS stabilization (S9482) rate on the same day. Crisis providers cannot bill a mobile crisis per diem (S9485) and a telephonic follow-up call (H0030) in the same day.

Authorization for Telephonic Follow-up (H0030) is not required if it follows a mobile crisis intervention service.

SOURCE: NM Medical Assistance Program Supplement, Mobile Crisis Providers, Number 24-14, Oct. 7, 2024, (Accessed Jun. 2025).

MAD pays for a continuum of community-based crisis intervention services which are immediate, and designed to ameliorate, prevent, or minimize a crisis episode or to prevent inpatient psychiatric hospitalization, medical detoxification, emergency department use, multiple system involvement or incarceration. Services are provided to eligible recipients who are unable to use their current coping strategies and need immediate support. Crisis intervention services include telephone crisis services; face-to-face crisis triage and intervention; mobile crisis services; and crisis stabilization services.

See regulation for coverage criteria.

SOURCE: NM Administrative Code 8.321.2. (Accessed Jun. 2025).

Crisis Intervention Services Providers

Crisis Intervention Services are provided to Medicaid members who are experiencing a crisis, defined as a turning point in the course of anything decisive or critical in an individual's life, in which the outcome may decide whether possible negative consequences will follow.

Crisis Intervention Services include:

- Mobile Crisis Intervention Services;
- Telephone Crisis Services;
- Face-to-Face Outpatient Clinic Visits; and
- Crisis Stabilization Services.

Mobile crisis intervention services includes telephonic follow-up for up to 72 hours after the initial mobile response, which may include, where appropriate, additional intervention and de-escalation services, and coordination with and referrals to health, social, emergency services, and other services and supports, as needed.

MRSS includes both immediate crisis response and ongoing stabilization and support services for up to 56 days, as detailed in the MRSS section.

At a minimum, mobile crisis intervention services include: ...

- Telephonic follow-up within 72 hours of the initial response.

Mobile Crisis Intervention Services are crisis services by nature and are not subject to prior approval. Mobile Crisis Intervention (e.g., H2011, S9485) is authorized for no more than 72 hours per episode. Authorization for Telephonic Follow-up (H0030) is not required if it follows a Mobile Crisis Intervention service. The beneficiary's clinical record must reflect resolution of the crisis which marks the end of the current episode. Activities beyond the 72-hour period for MCT must have prior authorization by the State or its designee.

Crisis providers cannot bill a mobile crisis per diem (S9485) and a telephonic follow-up call (H0030) on the same day.

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, pg. 78-82, 84 (Accessed Jun. 2025).

Telephone Crisis Services

Telephone Crisis Services involve screening of calls, evaluation of the crisis situation, provision of counseling and consultation to the crisis callers, referrals to appropriate mental health professionals, and relevant crisis services, and maintenance of crisis communication until a face-to-face response occurs.

Telephone Crisis Services are provided by independently licensed behavioral health practitioners and may include the following staff with the respective qualifications:

- CPSW with one year work experience with individuals with a behavioral health condition(s).
- Bachelor's level community support worker employed by the agency with one year work experience with individuals with a behavioral health condition(s).
- RN with one year work experience with individuals with a behavioral health condition(s).
- Licensed Mental Health Counselor (LMHC) with one year work experience with individuals with a behavioral health condition(s).
- Licensed Master Social Worker (LMSW) with one year work experience with individuals with a behavioral health condition(s).
- Psychiatric physician assistant.

- LADAC; or
- LSAA with one year of work experience with individuals with behavioral health conditions

A licensed independent behavioral health practitioner, that is a RLD board approved Clinical Supervisor or a Psychiatrist may fill the supervisor role.

Telephone Crisis Services must be provided to Medicaid members who are in crisis and to callers who represent or seek assistance for persons in a behavioral health crisis. The agency providing Telephone Crisis Services must establish a toll-free number dedicated to crisis calls for the identified service area and establish a backup crisis telephone system. Calls must be answered by a person trained in crisis response who must document the name of the caller, call center staff, a description of the crisis, intervention provided (e.g., counseling, consultation, referral, etc.), and the date, time, and call duration. The call center must also have processes to screen calls, evaluate the crisis situation, provide counseling and consultation to crisis callers, provide referrals to Mobile Crisis Intervention Services when appropriate, and assurances that face-to-face intervention services are available immediately if clinically indicated either by the telephone service or through formalized agreements with referral sources. When clinically indicated, telephone crisis services must ensure appropriate referrals through the New Mexico Crisis System of Care, including 988, Mobile Crisis Intervention Services, Crisis Triage Centers, etc. Developing or updating the crisis and safety plan is required and needs to be provided to the Medicaid eligible individual (refer to crisis, safety and relapse prevention planning section) during the next face to face session, as appropriate.

Telephone Crisis Service staff are required to complete 20 hours of crisis intervention training that addresses the developmental needs of the full age span of the target population. Training must be provided by a licensed independent mental health professional with two years crisis work experience. Staff are required to complete 10 hours of crisis-related continuing education annually.

Telephone Crisis services are billed with procedure code H2011 U1 for each 15-minute unit, with a maximum of 40 units.

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, pg. 86-87, (Accessed Jun. 2025).

Face-to-Face Outpatient Clinic Crisis Services

Face-to-Face Outpatient Clinic Crisis Services involves crisis assessment, other screening indicated by the assessment, brief intervention or counseling, and referral to

needed resource.

Face-to-Face Outpatient Clinic Services involve a behavioral health provider making an immediate assessment to determine urgent or emergent needs of the person in crisis, which may include a referral to other Crisis Services, or other services as appropriate. The immediate assessment may have already been completed as part of a telephone crisis response. Within the first two hours of the crisis event, the provider will conduct the crisis assessment, stabilize the individual (possibly others), de-escalate the situation, and determine if a higher level of service or other supports are required. Providers will initiate a telephone call or face-to-face follow up contact with an individual in crisis within 24 hours of the initial crisis. Developing or updating the crisis and safety plan is required and needs to be provided to the Medicaid eligible individual (refer to crisis, safety and relapse prevention planning section).

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, pg. 87-88, (Accessed Jun. 2025).

Inpatient Psychiatric Care in Freestanding Psychiatric Hospitals and Psychiatric Units of Acute Care Hospitals

At a minimum, this level of care also provides a support system including medical, psychological, psychiatric, laboratory, and toxicology services within 24 hours by telephone or within 72 hours in person. Emergency services are available at all times, and the program has a direct affiliation with more or less intensive care levels and supportive housing.

Multi-Systemic Therapy (MST)

Clinical supervision must include at a minimum weekly supervision provided by an independently licensed master's level behavioral health practitioner who is MST trained or an MST trained master's level licensed behavioral health professional working in an agency with access to an independently licensed RLD board-approved clinical supervisor supporting the team. This supervision, in accordance with MST supervisory protocol, is provided to team members on topics directly related to the needs of the Medicaid member and their family on an ongoing basis. Weekly supervision must also include one hour of local group supervision and one hour of telephone consultation per week with the MST systems supervisor.

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, pg. 133, 139, (Accessed Jun. 2025).

CONSENT REQUIREMENTS

Last updated 06/01/2025

MAD covers treatment plans, and updates, created with interdisciplinary teams for out-patient recipients meeting the NM state definition for SMI, SED, or SUD in which multiple provider disciplines are engaged to address co-occurring conditions, or other social determinants of health.

The six elements of teaming may be performed by using a variety of media (with the person's knowledge and consent) e.g., texting members to update them on an emergent event; using email communications to ask or answer questions; sharing assessments, plans and reports; conducting conference calls via telephone; using telehealth platforms conferences; and, conducting face-to-face meetings with the person present when key decisions are made. Only conducting the final face-to-face meeting with the recipient present when key decisions are made that result in the updates to the treatment plan, is a billable event.

SOURCE: NM Administrative Code 8.321.2.9 (L)(3c). (Accessed Jun. 2025).

OUT OF STATE PROVIDERS

Last updated 06/01/2025

Instructions for ABA Telehealth Providers

The BICC, BACB, and New Mexico Regulation and Licensing Department (RLD) psychologist's practice board allows and supports the use of telehealth to deliver ABA services and the HCA does not require in-state ABA providers to have a telemedicine license. However, if the AEP is an out-of-state provider, the New Mexico Medical Board does require this practitioner to obtain a telemedicine license (or a full New Mexico medical license).

Telemedicine visits should be an interactive HIPAA compliant telecommunication system and must include both interactive audio and video and be delivered on a real-time basis at the originating and distant sites. Please see NMAC 8.310.2.

SOURCE: New Mexico Health Care Authority Medicaid Behavioral Health Policy and Billing Manual, April 1, 2025, pg. 25-26, (Accessed Jun. 2025).

For telemedicine services, when the originating-site is in New Mexico and the distant-site is outside New Mexico, the provider at the distant-site must be licensed for telemedicine to the extent required by New Mexico state law and regulations or meet federal

requirements for providing services to IHS facilities or tribal contract facilities. Provision of telemedicine services does not require that a certified medicaid healthcare provider be physically present with the MAP eligible recipient at the originating site unless the telemedicine consultant at the distant site deems it necessary.

SOURCE: NM Administrative Code 8.310.2.12 (M). (Accessed Jun. 2025).

For telemedicine services, when the originating-site is in New Mexico and the distant-site is outside New Mexico, the provider at the distant-site must be licensed for telemedicine to the extent required by New Mexico state law and NMAC rules or meet federal requirements for providing services to IHS facilities or tribal contract facilities.

SOURCE: NM Administrative Code 8.310.3.9 (F). (Accessed Jun. 2025).

MISCELLANEOUS

Last updated 06/01/2025

MCOs must:

- Promote and employ broad-based utilization of statewide access to Health Insurance Portability and Accountability Act (HIPAA)-compliant telemedicine service systems including, but not limited to, access to text telephones or teletype (TTYs) and 711 telecommunication relay services;
- Follow state guidelines for telemedicine equipment or connectivity;
- Follow accepted HIPAA and 42 CFR part two regulations that affect telemedicine transmission, including but not limited to staff and contract provider training, room setup, security of transmission lines, etc; the MCO shall have and implement policies and procedures that follow all federal and state security and procedure guidelines;
- Identify, develop, and implement training for accepted telemedicine practices;
- Participate in the needs assessment of the organizational, developmental, and programmatic requirements of telemedicine programs;
- Report to HSD on the telemedicine outcomes of telemedicine projects and submit the telemedicine report; and
- Ensure that telemedicine services meet the following shared values, which are ensuring: competent care with regard to culture and language needs; work sites are distributed across the state, including native American sites for both clinical and educational purposes; and coordination of telemedicine and technical functions at either end of network connection.

The MCO shall participate in project extension for community healthcare outcomes (ECHO), in accordance with state prescribed requirements and standards, and shall:

- Work collaboratively with HSD, the university of New Mexico, and providers on project ECHO;
- Identify high needs, high cost members who may benefit from project ECHO participation;
- Identify its PCPs who serve high needs, high cost members to participate in project ECHO;
- Assist project ECHO with engaging its MCO PCPs in project ECHO's center for Medicare and Medicaid innovation (CMMI) grant project;
- Reimburse primary care clinics for participating in the project ECHO model;
- Reimburse “intensivist” teams;
- Provide claims data to HSD to support the evaluation of project ECHO;
- Appoint a centralized liaison to obtain prior authorization approvals related to project ECHO; and
- Track quality of care and outcome measures related to project ECHO.

SOURCE: NM Administrative Code 8.308.9.18. (Accessed Jun. 2025).

Patient-Centered Initiatives

The New Mexico PCMH will include State-specific goals tailored to the unique needs of communities and patients.

Core components of the New Mexico PCMH Model include:

Clinical:

- Improved access to care through flexible scheduling, accommodating walk-ins, utilization of telemedicine, providing after hours and weekend office hours

SOURCE: NM Centennial-Care Managed Care Policy (2020) pg. 304 (Accessed Jun. 2025).

Referral to Community and Social Support Services

Referrals to community and social support services help overcome access and service barriers, increase self-management skills, and improve overall health. Providers identify available and effective community-based resources and actively link and manage appropriate referrals. Linkages support the personal needs of members and are consistent with the service plan. Community and social support service referral activities may include, but are not limited to:

- Identifying and patterning with community-based and telehealth resources such as medical and behavioral health care, durable medical equipment (DME), legal services, housing, respite, educational and employment supports, financial services, recovery and treatment plan goal supports, entitlements and benefits, social integration and skill building, transportation, personal needs, wellness and health promotion services, specialized support groups, supports

for substance use and prevention and treatment, and culturally-specific programs such as veterans' or IHS and Tribal programs

SOURCE: NM CareLink Health Homes Policy Manual 2021. (Accessed Jun. 2025).

Professional Requirements

DEFINITIONS

Last updated 06/01/2025

“Telehealth” means the use of electronic information, imaging and communication technologies, including interactive audio, video and data communications as well as store-and-forward technologies, to provide and support health care delivery, diagnosis, consultation, treatment, transfer of medical data and education.

SOURCE: NM Statutes Annotated Sec. 24-1G-3. (Accessed Jun. 2025).

Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board

“Telehealth” means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of audiology, speech-language pathology or hearing aid dispensing services to an individual from a provider through hardwire or internet connection.

“Telepractice” means the practice of telehealth.

SOURCE: NM Administrative Code 16.26.1.7(AA) & (BB). (Accessed Jun. 2025).

Osteopathic Medicine

“Telemedicine” means the practice of medicine across state lines using electronic communications, information technology or other means between a licensed osteopathic physician out of state and a patient in New Mexico. Telemedicine involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the traditional interaction of the in-person encounters between a provider and a patient.

SOURCE: NM Administrative Code 16.17.1.7(T). (Accessed Jun. 2025).

Osteopathic Medicine – Licensure

Telemedicine: A limited medical license that allows an osteopathic physician located outside New Mexico to practice osteopathic medicine on patients located in New Mexico.

SOURCE: NM Administrative Code 16.17.2.7, (Accessed Jun. 2025).

Teledentistry

Teledentistry means a dentist's, dental hygienist's or dental therapist's use of electronic information, imaging and communication technologies, including interactive audio, video and data communications as well as store-and-forward technologies, to provide and support dental health care delivery, diagnosis, consultation, treatment, transfer of dental data and education.

SOURCE: NM Statutes Annotated Sec. 61-5A-3 (Accessed Jun. 2025).

“Teledentistry” means a dentist's, dental hygienist's or dental therapist's use of electronic information, imaging and communication technologies, including interactive audio, video and data communications as well as store-and-forward technologies, to provide and support dental health care delivery, diagnosis, consultation, treatment, transfer of dental data and education.”

SOURCE: NMAC Sec. 16.5.1.7 (Accessed Jun. 2025).

Medicine and Surgery Practitioners

“Telemedicine” means the practice of medicine across state lines as defined in the Medical Practice Act, Subsection K of Section 61-6-6 NMSA 1978.

SOURCE: NM Administrative Code 16.10.2.7, (Accessed Jun. 2025).

Categories of Active License

Telemedicine: A limited medical license that allows a physician located outside New Mexico to practice medicine on patients located in New Mexico.

SOURCE: NM Administrative Code 16.10.2.8, (Accessed Jun. 2025).

Related to Medical Cannabis

Telemedicine means the use of telecommunications and information technology to provide clinical health care from a site apart from the site where the patient is located, in real time or asynchronously, including the use of interactive simultaneous audio and video or store-and-forward technology, or off-site patient monitoring and telecommunications in order to deliver health care services.

SOURCE: NM Administrative Code 7.34.3.7 & 7.34.2.7. (Accessed Jun. 2025).

Respiratory Care Practitioners

Telemedicine means the use of telephonic or electronic communications to provide clinical services to patients without an in-person visit.

SOURCE: NM Administrative code 16.23.1.7, (Accessed Jun. 2025).

CONSENT REQUIREMENTS

Last updated 06/01/2025

Medical Ethics

The provision of consultation, recommendation, or treatment during a face-to-face telehealth encounter online, using standard videoconferencing technology, where a medical history and informed consent are obtained and a medical record generated by the practitioner, and a physical examination is:

- Recorded as appropriate by the practitioner, or a practitioner such as a physician, a physician or anesthesiologist assistant, or an advanced practice nurse, with the results communicated to the telehealth practitioner; or
- Waived when a physical examination would not normally be part of a typical physical face-to-face encounter with the patient for the specific services being provided.

SOURCE: NM Administrative Code 16.10.8.8 (6). (Accessed Jun. 2025).

Hearing, Speech and Audiology Practitioners

A licensed audiologist, speech-language pathologist or hearing aid dispenser using telecommunication technology to deliver services to a client shall provide notice to the client, guardian, caregiver and multi-disciplinary team as appropriate, including but not limited to the right to refuse telehealth services, options for service delivery and instruction on filing and resolving complaints.

SOURCE: NM Administrative Code 16.26.2.20(G). (Accessed Jun. 2025).

ONLINE PRESCRIBING

Last updated 06/01/2025

Prescribing, dispensing or administering drugs or medical supplies to a patient when there is no established physician-patient relationship, including prescribing over the internet or via other electronic means that is based solely on an on-line questionnaire is unprofessional conduct, except for:

- Physicians and physician assistants on call for another practitioner, or responsible for another practitioner's patients in an established clinic or office, or acting as locum tenens where a physician-patient relationship has previously been established and documented in the practitioner's or clinic's record;
- Physicians and physician assistants in emergency room or urgent care settings;
- Prescriptions written to prepare a patient for special examination(s) or laboratory testing;
- Prescribing or dispensing for immunization programs;
- The provision of treatment for partners of patients with sexually transmitted diseases when this treatment is conducted in accordance with the expedited partner therapy guidelines and protocol published by the New Mexico department of health; and
- The provision of consultation, recommendation, or treatment during a face-to-face telehealth encounter online, using standard videoconferencing technology, where a medical history and informed consent are obtained and a medical record generated by the practitioner, and a physical examination is:
 - Recorded as appropriate by the practitioner, or a practitioner such as a physician, a physician or anesthesiologist assistant, or an advanced practice nurse, with the results communicated to the telehealth practitioner; or
 - Waived when a physical examination would not normally be part of a typical physical face-to-face encounter with the patient for the specific services being provided.

SOURCE: NM Administrative Code 16.10.8.8(L). (Accessed Jun. 2025).

APRN

Telemedicine may be used by an APRN or other licensed independent healthcare providers for assessment and face-to-face examinations provided that such use complies with any applicable state and federal law and that the quality of the video examination does not adversely affect the face-to-face assessment or diagnosis.

SOURCE: NM Administrative Code 16.12.14.10, (Accessed Jun. 2025).

Related to Medical Cannabis

Qualified patient means a resident of New Mexico who has been diagnosed by a practitioner as having a debilitating medical condition and has received written certification and a registry identification card pursuant to the Lynn and Erin Compassionate Use Act on the basis of having been diagnosed, in person or via telemedicine, by a practitioner as having a debilitating medical condition.

SOURCE: NM Administrative Code 7.34.3.7 & 7.34.2.7. (Accessed Jun. 2025).

CROSS-STATE LICENSING

Last updated 06/01/2025

Expedited License

Prerequisites for licensure: Each applicant for a license to practice as a physician in New Mexico must be of good moral character, hold a full and unrestricted license to practice medicine in another state, and possess the following qualifications:

- have practiced medicine in the United States or Canada immediately preceding the application for at least three years;
- be free of disciplinary history, license restrictions, or pending investigations in all jurisdictions where a medical license is or has been held;
- graduated from a board approved school or hold current ECFMG certification; and
- current certification from a medical specialty board recognized by the ABMS or the AOA-BOS.

Required documentation: Each applicant for a license must submit the required fees as specified in 16.10.9.8 NMAC and the following documentation.

See regulation for process details.

SOURCE: NM Admin Code, Sec. 16.10.2.11, (Accessed Jun. 2025).

Telemedicine License

Each applicant for a telemedicine license must be of good moral character and hold a full and unrestricted license to practice medicine in another state or territory of the United States.

Each applicant for a telemedicine license must submit the required fees as specified in 16.10.9.8 NMAC and the documentation required by 16.10.2.10 NMAC for an expedited license. An applicant for a telemedicine license shall be subject to the same provisions as an applicant seeking an expedited license.

- A completed signed application, with a passport quality photo taken within six months. Applications are valid for one year from the date of receipt.
- Verification of licensure in all states where the applicant holds or has held a license to practice medicine, or other health care profession. Verification must be received directly from the other state(s) board, and must attest to the status, issue date, license number, and other information requested and contained on the form.
- Applicants who have had previous disciplinary or other action against them may be required to meet with the entire board. The board may, in its discretion, issue a license to practice

medicine across state lines if it finds that the previous disciplinary or other action does not indicate that the physician is a potential threat to the public.

Licensure process. Upon receipt of a completed application, including all required documentation and fees, board staff will request and review an AMA physician profile and FSMB board action databank search. When the application is complete, a member or agent of the board will review and may approve the application. A personal interview is not required unless there is a discrepancy in the application that cannot be resolved.

Initial license expiration. Telemedicine licenses shall be renewed on July 1 following the date of issue. Initial licenses are valid for a period of not more than thirteen months or less than one month.

Exemption from licensure requirements are defined in Section 61-6-17 NMSA of the Medical Practice Act and include a physician licensed to practice under the laws of another state who acts as a consultant to a New Mexico licensed physician on an irregular or infrequent basis not to exceed ten patients per year.

SOURCE: NM Administrative Code 16.10.2.11, (Accessed Jun. 2025).

Medicine and Surgery

The practice of medicine across state lines means:

- the rendering of a written or otherwise documented medical opinion concerning diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic, telephonic or other means from within this state to the physician or the physician's agent; or
- the rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic, telephonic or other means from within this state to the physician or the physician's agent

SOURCE: NM Statutes Annotated. Sec. 61-6-6(K). (Accessed Jun. 2025).

The board shall issue a licensed physician a telemedicine license to allow the practice of medicine across state lines to an applicant who holds a full and unrestricted license to practice medicine in another state or territory of the United States. The board shall establish by rule the requirements for licensure; provided that the requirements shall not be more restrictive than those required for expedited licensure.

A telemedicine license shall be issued for a period not to exceed three years and may be renewed upon application, payment of fees as provided in Section 61-6-19 NMSA 1978 and

compliance with other requirements established by rule of the board.

SOURCE: NM Statutes Annotated, 1978 Sec. 61-6-11.1 (Accessed Jun. 2025).

A board may issue a temporary or other provisional license, including an expedited license, to a person licensed in another licensing jurisdiction, which may be limited as to time, practice or other condition of a regular license. If a board requires licensees to carry professional or occupational liability or other insurance, the board shall require the applicant for a temporary or provisional license to show evidence of having required insurance that will cover the person in New Mexico during the term of the temporary or provisional license. Each board shall provide information on the board's website that describes the insurance requirements for practice in New Mexico, if applicable.

SOURCE: NM Statutes Annotated, 1978 Sec. 61-1-31.2 (Accessed Jun. 2025).

The board may grant an expedited license to a qualified applicant licensed in another state or territory of the United States, the District of Columbia or a foreign country as provided in Section 61-1-31.1 NMSA 1978. The board shall process the application as soon as practicable but no later than thirty days after the out-of-state medical or osteopathic physician files an application for expedited licensure accompanied by any required fee if the applicant:

1. holds a license that is current and in good standing issued by another licensing jurisdiction approved by the board; and
2. has practiced medicine or osteopathy as a licensed physician for at least three years.

See statute for additional details.

SOURCE: NM Statutes Annotated, 1978 Sec. 61-6-13 & 61-14-10 (Accessed Jun. 2025).

Upon application of an out-of-state licensed social worker, the board shall license a qualified applicant for the licensure level sought as provided in Section 61-1-31.1 NMSA 1978.

The board shall process the application as soon as practicable but no later than thirty days after the out-of-state social worker submits a complete application for expedited licensure accompanied by any required fee. See statute for additional details.

SOURCE: NM Statutes Annotated, 1978 Sec. 61-31-13 (Accessed Jun. 2025).

Osteopathic Medicine

The Board of Osteopathic medicine offers a limited telemedicine license that allows an osteopathic physician located outside New Mexico to practice osteopathic medicine on

patients located in New Mexico. The annual fee is \$100.

SOURCE: NM Administrative Code 16.17.2.8, (Accessed Jun. 2025).

Telemedicine

A limited medical license that allows a physician located outside New Mexico to practice medicine on patients located in New Mexico.

SOURCE: NM Administrative Code 16.10.2.8 (Accessed Jun. 2025).

Audiologist, Speech-language Pathologist or Hearing Aid Dispensers

An audiologist, speech-language pathologist or hearing aid dispenser licensed in New Mexico may use telecommunication technology to deliver services to a person residing in New Mexico who is physically present at a different location from the provider at the time services are received, so long as the services delivered through use of telecommunication technology meet or exceed the quality of services delivered face-to-face.

An audiologist, speech-language pathologist or hearing aid dispenser who resides outside the boundaries of the state of New Mexico and delivers services or products to residents of New Mexico shall be licensed by the board.

An audiologist, speech-language pathologist or hearing aid dispenser shall not deliver services to a client solely through the use of regular mail, facsimile or electronic mail, although these methods of communication may be used to supplement the face-to-face delivery of services or through the use of telecommunication technology.

SOURCE: NM Administrative Code 16.26.2.20. (Accessed Jun. 2025).

LICENSURE COMPACTS

Last updated 06/01/2025

Member of the Nurse Licensure Compact.

SOURCE: Nurse Licensure Compact. NCSBN. Compact Map, (Accessed Jun. 2025).

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

PROFESSIONAL BOARDS STANDARDS

Last updated 06/01/2025

Speech Language Pathology, Audiology, and Hearing Aid Dispensing Practice Board

SOURCE: NM Administrative Code 16.26.2.20. (Accessed Jun. 2025).

New Mexico Medical Board has telemedicine license requirements.

SOURCE: NM Administrative Code 16.10.11. (Accessed Jun. 2025).

Telehealth Practice Act defines the following as a “health care provider”:

- an optometrist;
- a chiropractic physician;
- a dentist;
- a physician;
- a podiatric physician;
- an osteopathic physician;
- a physician assistant;
- a certified nurse practitioner;
- a physical therapist;
- an occupational therapist;
- a speech-language pathologist;
- a doctor of oriental medicine;
- a nutritionist;
- a psychologist;
- a certified nurse-midwife;
- a clinical nurse specialist;
- a registered nurse;
- a dental hygienist;
- a pharmacist;
- a licensed social worker;
- a licensed counselor;
- a community health representative;
- a licensed athletic trainer;

- a certified peer support worker; or
- any other health care professional who has received a medicaid provider identification number from the health care authority

The New Mexico Telehealth Act does not alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

Nothing in the New Mexico Telehealth Act shall be construed to alter supervision requirements set forth by a health care provider's applicable licensing board. A health care provider shall provide telehealth services under the same level of supervision required for in-person practice.

SOURCE: NM Statute 24-25-5 & Senate Bill 252 (2025 Session), (Accessed Jun, 2025).

MISCELLANEOUS

Last updated 06/01/2025

New Mexico is also the home of Project ECHO.

SOURCE: University of New Mexico School of Medicine. Project ECHO. (Accessed Jun. 2025).

The delivery of health care via telehealth is recognized and encouraged as a safe, practical and necessary practice in New Mexico. No health care provider or operator of an originating site shall be disciplined for or discouraged from participating in telehealth pursuant to the New Mexico Telehealth Act. In using telehealth procedures, health care providers and operators of originating sites shall comply with all applicable federal and state guidelines and shall follow established federal and state rules regarding security, confidentiality and privacy protections for health care information.

SOURCE: NM Statutes Annotated Sec. 24-25-4. (Accessed Jun. 2025).