

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

FQHCs

- Originating sites explicitly allowed for Live Video: Yes
- Distant sites explicitly allowed for Live Video: Yes
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: No
- Allowed to collect PPS rate for telehealth: 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 02/26/2024

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 Statute. 59A-22-49.3(L (6)) (Accessed Feb. 2024).

REQUIREMENTS

Last updated 02/26/2024

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-23-7.12 (Accessed Feb. 2024).

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 Feb. 2024).

PARITY

Last updated 02/26/2024

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

Medicaid

OVERVIEW

Last updated 02/26/2024

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 02/26/2024

Behavioral Health

Telemedicine – the use of electronic information, imaging and communication technologies, including interactive audio, video, 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 when distance separates the patient and the health care provider (NMSA, 1978, Section 24-25-3. C).

Forwarding an image or information to a different provider for interpretation is not considered store-and-forward technology eligible for reimbursement unless it is to obtain information necessary for treating the recipient during the telemedicine session.

Telehealth services – An interactive HIPAA compliant telecommunication system must include both interactive audio and video and be delivered on a real-time basis at both the originating and distant sites, as in subsection M of 8.310.2 NMAC.

The terms telehealth and telemedicine are used interchangeably in the Medicaid program. To qualify as a billable telemedicine service, the system must meet all federal requirements for interactivity using a secure connection and meet HIPAA standards for privacy and security. It is important to note that during this COVID-19 pandemic the federal government has announced that it will not impose penalties for noncompliance with HIPAA rules related to good faith provision of telehealth (such as use of non-HIPAA compliant platforms like Skype or Facetime). For more details about platforms acceptable to the federal government at this time see the U.S. Department of Health and Human Services website: <https://www.hhs.gov/hipaa/forprofessionals/special-topics/emergency-preparedness/notification-enforcement-discretiontelehealth/index.html>

SOURCE: NM Human Services Dept. Behavioral Health Policy and Billing Manual for Providers Treating Medicaid Beneficiaries (2021) p. 27 (Accessed Feb. 2024).

LIVE VIDEO

Last updated 02/26/2024

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 Feb. 2024).

New Mexico Medicaid will reimburse the originating site for services provided under telemedicine at the same rate as when the services are furnished without the use of a telecommunication system.

SOURCE: NM Human Services Dept. Behavioral Health Policy and Billing Manual for Providers Treating Medicaid Beneficiaries (2021) p. 30 (Accessed Feb. 2024).

Telemedicine is also covered by NM Managed Care.

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

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

The alternative benefits package includes telemedicine services.

SOURCE: NM Centennial Care Managed Care Policy Manual, Oct. 1. 2020, (Accessed Feb. 2024).

ELIGIBLE SERVICES/SPECIALTIES

School-Based Services

Telemedicine services provided in accordance with 8.210.2 NMAC [section may be referencing 8.310.2 NMAC instead]. The modifier “GT” should be utilized when billing for services provided via telemedicine.

SOURCE: NM Medicaid Guide for School-Based Services, Revised Aug. 2023 pg. 19. (Accessed Feb. 2024).

Noncovered telemedicine services:

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 Feb. 2024).

MAD covers service plan updates through the participation of interdisciplinary teams.

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 the last element, that is, conducting the final face-to-face meeting with the recipient present when key decisions that result in the updates to the service plan, is a billable event.

SOURCE: NM Administrative Code 8.321.2.9 (L) & (L)(3c). (Accessed Feb. 2024).

Medication Assisted Treatment for Buprenorphine (MAT) services are reimbursable with telemedicine.

See manual for additional requirements, including online prescribing requirements.

SOURCE: NM Behavioral Health Policy and Billing Manual for Providers, 2021, (Accessed Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

Behavioral Health

Distant site – The location where the telemedicine provider is physically located at the time of the telemedicine service. See subsection M of 8.310.2.

SOURCE: NM Human Services Dept. Behavioral Health Policy and Billing Manual for Providers Treating Medicaid Beneficiaries (2021) p. 27 (Accessed Feb. 2024).

ELIGIBLE SITES

School-based services provided via telemedicine are covered.

SOURCE: NM Administrative Code 8.320.6.13(I). (Accessed Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

Behavioral Health

Originating site -The location of an eligible Medicaid recipient at the time the service is furnished via an interactive telecommunications system. See subsection M of 8.310.2.

Importantly, a health coverage plan may not impose originating-site restriction (e.g., home) with respect to telemedicine services. There should be no distinguishing between provided telemedicine services to patients in rural locations or those in urban locations, (NMSA, 1978, Section 13-7-14. B).

SOURCE: NM Human Services Dept. Behavioral Health Policy and Billing Manual for Providers Treating Medicaid Beneficiaries (2021) p. 27 (Accessed Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

Indian Health Services and Tribal 638s

A telemedicine communication fee is paid for the originating site at fee schedule rates using the CMS 1500 format; not the OMB rate.

The originating clinical service fee is billed on a UB claim form at the OMB rate.

Both the originating and distant sites may be IHS or tribal facilities with two different locations; or a distant site can be under contract to the IHS or tribal facility. If the distant site is an IHS or tribal facility, the distant site may also bill the OMB rate when the service is typically paid at OMB rates.

SOURCE: NM Behavioral Health Policy and Billing Manual for Providers, pg. 30, (Accessed Feb. 2024).

FQHC

A telemedicine communication fee is paid for the originating site at fee schedule rates using the CMS 1500 format; not the encounter rate. The originating clinical service fee is billed on a UB claim form if for evaluation or therapy and on a CMS 1500 if for a special service and reimbursed at the encounter rate.

SOURCE: NM Behavioral Health Policy and Billing Manual for Providers, pg. 30, (Accessed Feb. 2024).

STORE-AND-FORWARD

Last updated 02/26/2024

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 Feb. 2024).

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 Feb. 2024).

ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 02/26/2024

POLICY

No Reference Found

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 02/26/2024

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 Feb. 2024).

MAD covers service plan updates through the participation of interdisciplinary teams.

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 the last element, that is, conducting the final face-to-face meeting with the recipient present when key decisions that result in the updates to the service plan, is a billable event.

SOURCE: NM Administrative Code 8.321.2.9 (L)(3c). (Accessed Feb. 2024).

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 Feb. 2024).

CONSENT REQUIREMENTS

Last updated 02/26/2024

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 Feb. 2024).

MAD covers service plan updates through the participation of interdisciplinary teams.

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 the last element, that is, conducting the final face-to-face meeting with the recipient present when key decisions that result in the updates to the service plan, is a billable event.

SOURCE: NM Administrative Code 8.321.2.9 (L)(3c). (Accessed Feb. 2024).

OUT OF STATE PROVIDERS

Last updated 02/26/2024

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 Feb. 2024).

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 Feb. 2024).

MISCELLANEOUS

Last updated 02/26/2024

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 Feb. 2024).

Under 21 U.S.C. § 802(54)(A),(B), for most (DEA-registered) Practitioners in the United States, including Qualifying Practitioners and Qualifying Other Practitioners ("Medication Assisted Treatment Providers"), who are using FDA approved Schedule III-V controlled substances to treat opioid addiction, the term "practice of telemedicine" means the practice of medicine in accordance with applicable Federal and State laws, by a practitioner (other than a pharmacist) who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient using a telecommunications system referred to in (42 CFR § 410.78(a)(3)) which practice is being conducted in a few unique situations. See manual for more details.

SOURCE: NM Human Services Dept. Behavioral Health Policy and Billing Manual for Providers Treating Medicaid Beneficiaries (2021) p. 28 (Accessed Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

Professional Requirements

DEFINITIONS

Last updated 02/26/2024

“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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

Teledentistry (Will be Repealed July 1, 2024)

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 Feb. 2024).

“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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

CONSENT REQUIREMENTS

Last updated 02/26/2024

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 Feb. 2024).

ONLINE PRESCRIBING

Last updated 02/26/2024

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 Feb. 2024).

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 Feb. 2024).

CROSS-STATE LICENSING

Last updated 02/26/2024

Emergency Rules – Telemedicine 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 telemedicine license must submit the required fees as specified in 16.10.9.8 NMAC and documentation.

See regulation for process details.

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 Admin Code, Sec. 16.10.2.11, (Accessed Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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 Feb. 2024).

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.

Required documentation.

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 Feb. 2024).

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 Feb. 2024).

LICENSURE COMPACTS

Last updated 02/26/2024

Member of the Nurse Licensure Compact.

SOURCE: Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Feb. 2024).

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

PROFESSIONAL BOARDS STANDARDS

Last updated 02/26/2024

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

SOURCE: NM Administrative Code 16.26.2.20. (Accessed Feb. 2024).

New Mexico Medical Board has telemedicine license requirements.

SOURCE: NM Administrative Code 16.10.11. (Accessed Feb. 2024).

MISCELLANEOUS

Last updated 02/26/2024

New Mexico is also the home of Project ECHO.

SOURCE: University of New Mexico School of Medicine. Project ECHO. (Accessed Jun. 2023).

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 Feb. 2024).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 02/26/2024

A visit is a face-to-face encounter between a center client and a physician, physician assistant, nurse practitioner, nurse midwife, visiting nurse, qualified clinical psychologist or qualified clinical social worker.

Encounters with more than one health professional and multiple encounters with the same health professional on the same day and at a single location constitute a single visit, except when one of the following conditions exist:

- After the first encounter, the client suffers illness or injury requiring additional diagnosis or treatment;
- The client has a dental visit, or medical visit and another health visit (e.g., a face-to-face encounter between the client and a clinical psychologist, clinical social worker, or other health professional for mental health services listed in Subsection C of 8.310.4.12 NMAC

SOURCE: NM Administrative Code 8.310.4.15. (Accessed Feb. 2024).

MODALITIES ALLOWED

Last updated 02/26/2024

Live Video

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.

- A federally qualified health center (as defined in section 1861 (aa)(4) of the Act).

SOURCE: NM Administrative Code 8.310.2.12 (M)(a). (Accessed Feb. 2024).

See: NM Medicaid Live Video

Store and Forward

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 consultations that do not require a face-to-face live encounter between patient and telemedicine provider.

The Administrative Code does not explicitly state reimbursement for FQHCs.

SOURCE: NM Administrative Code 8.310.2.12 (M). (Accessed Feb. 2024).

See: NM Medicaid Store-and-Forward

Remote Patient Monitoring

No Reference Found

See: NM Medicaid Remote Patient Monitoring

Audio-Only

No explicit reference to FQHCs being reimbursed for audio-only services although NM Medicaid will reimburse certain providers for limited professional services delivered by telephone without video.

See: NM Medicaid Email, Phone and Fax

SAME DAY ENCOUNTERS

Last updated 02/26/2024

Encounters with more than one health professional and multiple encounters with the same health professional on the same day and at a single location constitute a single visit, except when one of the following conditions exist:

- After the first encounter, the client suffers illness or injury requiring additional diagnosis or treatment;
- The client has a dental visit, or medical visit and another health visit (e.g., a face-to-face encounter between the client and a clinical psychologist, clinical social worker, or other health professional for mental health services listed in Subsection C of 8.310.4.12 NMAC

SOURCE: NM Administrative Code 8.310.4.15. (Accessed Feb. 2024).

ELIGIBLE ORIGINATING SITE

Last updated 02/26/2024

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.

- A federally qualified health center (as defined in section 1861 (aa)(4) of the Act).

SOURCE: NM Administrative Code 8.310.2.12 (M)(a). (Accessed Feb. 2024).

See: NM Medicaid Live Video Eligible Sites

ELIGIBLE DISTANT SITE

Last updated 02/26/2024

An originating clinical service fee is billed at the encounter rate.

SOURCE: NM Behavioral Health Policy and Billing Manual for Providers, pg. 30, (Accessed Feb. 2024).

All specialized behavioral health services provided within the HRSA-approved scope of practice of the FQHC will be paid using the prospective payment system rate.

SOURCE: NM Behavioral Health Policy and Billing Manual for Providers, pg. 33, (Accessed Feb. 2024).

See: NM Medicaid Live Video Distant Sites

FACILITY FEE

Last updated 02/26/2024

A telemedicine communication fee is paid for the originating site at fee schedule rates using the CMS 1500 format; not the encounter rate. The originating clinical service fee is billed at the encounter rate.

SOURCE: NM Behavioral Health Policy and Billing Manual for Providers, pg. 30, (Accessed Feb. 2024).

PPS RATE

Last updated 02/26/2024

An originating clinical service fee is billed at the encounter rate.

SOURCE: NM Behavioral Health Policy and Billing Manual for Providers, pg. 30, (Accessed Feb. 2024).

All specialized behavioral health services provided within the HRSA-approved scope of practice of the FQHC will be paid using the prospective payment system rate.

SOURCE: NM Behavioral Health Policy and Billing Manual for Providers, pg. 33, (Accessed Feb. 2024).

HOME ELIGIBLE

Last updated 02/26/2024

FQHC services furnished off-site (including those furnished to a person who is an inpatient of a hospital or nursing facility) will be considered FQHC services only if the physician's agreement with the FQHC requires that he or she seek compensation from the FQHC.

SOURCE: NM Administrative Code 8.310.4.12. (Accessed Feb. 2024).

Home Health Reimbursement

Visiting nurse services

Visiting nurse services are covered if the FQHC is located in an area identified by the secretary of health and human services as having a shortage of home health agencies. No additional certification is required beyond the FQHC certification. To be covered, visiting nurse services must be:

- rendered to clients who meet criteria for home health services;
- furnished by a registered nurse, licensed practical nurse, or licensed vocational nurse who is employed by or under contract with the FQHC; and
- furnished under a written plan of treatment that is established and signed by a supervising physician; the plan may also be established by a nurse practitioner, physician assistant, nurse midwife, or specialized nurse practitioner employed by or under contract with the FQHC; the plan must be reviewed every 60 days by the supervising physician and revised as the client's condition warrants;
- visiting nurse services do not include household and housekeeping services or other services that constitute custodial care.

It is unclear whether telehealth can be used to deliver these services.

SOURCE: NM Administrative Code 8.310.4.12. (Accessed Feb. 2024).

FQHC services are covered when provided in outpatient settings only, including a client's place of residence, which may be a skilled nursing facility or a nursing facility or other institution used as a client's home. FQHC services are not covered in a hospital as defined in section 1861(e)(1) of the Act.

SOURCE: NM Administrative Code 8.310.4.14. (Accessed Feb. 2024).

It is unclear whether FQHCs can deliver these services via telehealth. Telehealth is only mentioned in the document in reference to referral to community and social support services.

PATIENT-PROVIDER RELATIONSHIP

Last updated 02/26/2024

No reference found