



## Telemedicine - Telehealth Quick Reference Guide

### **Telemedicine General Requirements**

- Telehealth providers (including provider groups, facilities, agencies, or organizations) and health professionals providing telehealth services shall ensure compliance with relevant legislation, regulations, and accreditation requirements for supporting patient/client decision-making and consent, including the confidentiality of the patient's protected health information.
- Telehealth providers and health professionals providing telehealth services shall comply with all relevant safety laws, regulations, and codes for technology and technical safety, as well as those required by HIPAA's Security Rule and HITECH Act.

### **Software/Hardware Requirements for Interactive Telehealth**

Interactive telehealth communication system must include both interactive audio and video and be delivered in real time at the originating and distant site. The software and hardware requirements include:

- Secure telehealth software (FaceTime® and Skype are *not* HIPAA-compliant)
- A computer or mobile device – providers should confirm which devices and operating systems are compatible with their telehealth software vendor
- A microphone – may be external or integrated into your device
- A camera – may be external or integrated into your device
- Internet connection – must be a wired connection or secure Wi-Fi
- Bandwidth – See recommended bandwidth for different types of health care providers at HealthIT.gov: <https://www.healthit.gov/faq/what-recommended-bandwidth-different-types-health-care-providers>

Such services are funded in part with the State of New Mexico.

This guide is informational and not dispositive; final coverage determinations shall be made in accordance with applicable laws and other program requirements, with which providers should be familiar and comply.

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**TABLE 1: Comparison of New Mexico (NM) Medicaid Telemedicine, Medicare Telehealth and NM Commercial Telemedicine Requirements<sup>1</sup>**

Telehealth/ Telemedicine	NM Medicaid	Medicare	NM Commercial Plans & Policies
<b>Regulation or Statute</b>	<p>8.310.2.12.M NMAC; see also 8.308.9.18 NMAC and 4.8.16 of HSD Contract.</p> <p>See HSD Special COVID-19 Letter of Direction #13-1 for Public Health Emergency Exceptions at <a href="https://www.hsd.state.nm.us/lookingforinformation/centennial-care-letters-of-direction/">https://www.hsd.state.nm.us/lookingforinformation/centennial-care-letters-of-direction/</a></p>	<p>42 CFR Section 410.78, see also CMS MLN Booklet Telehealth Services, June 2021</p>	<p>NMSA 1978, Sections 13-7-14, 59A-22-49.3, 59A-23-7.12, 59A-46-50.3 and 59A-47-45.3 (2019); see also Sections 24-25-1, et seq. (2004).</p>
<b>Definitions</b>	<p><b>Distant site</b> means the location where the telemedicine provider is physically located at the time of the telemedicine service.</p> <p><b>Interactive telemedicine communication system</b> means a system that includes both interactive audio and video and be delivered on a real-time basis at the originating and distant-sites.</p> <p><b>Originating site</b> means the location of a Medicaid eligible recipient at the time the service is being furnished via an interactive telemedicine communications system.</p> <p><b>Store and forward technology</b> means 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</p>	<p><b>Asynchronous store and forward technologies</b> means the transmission of a patient’s medical information from an originating site to the physician or practitioner at the distant site. The physician or practitioner at the distant site can review the medical case without the patient being present. An asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient (electronic mail). Photographs visualized by a telecommunications system must be specific to the patient's medical condition and adequate for furnishing or confirming a diagnosis and or treatment plan. Dermatological photographs, for example, a photograph of a skin lesion, may be considered to meet the requirement of a single media format under this provision.</p> <p><b>Distant site</b> means the site at which the physician or practitioner delivering</p>	<p><b>In real time</b> means occurring simultaneously, instantaneously or within seconds of an event so there is little or no noticeable delay between two or more events.</p> <p><b>Originating site</b> means a place at which a patient is physically located and receiving health care services via telemedicine.</p> <p><b>Store and forward technology</b> means electronic information, imaging and communication, including interactive audio, video and data communications, that is transferred or recorded or otherwise stored for asynchronous use.</p> <p><b>Telemedicine</b> means the use of telecommunications and information technology to provide clinical health care at a site distinct from the patient. Telemedicine allows health care</p>

<sup>1</sup> As of the time of publication (March 2022). **Does not include federal or state COVID-19 emergency exceptions.** Subject to change without notice. Not intended to be comprehensive nor does conformance guarantee reimbursement. Please consult source documents at time of service to ensure compliance.

	<p>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.</p>	<p>the service is located at the time the service is provided via a telecommunications system.</p> <p><b>Interactive telecommunications system</b> means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology. A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.</p> <p><b>Originating site</b> means the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. For asynchronous store and forward telecommunications technologies, the only originating sites are Federal telemedicine demonstration programs conducted in Alaska or Hawaii.</p> <p><b>Telehealth</b> means, as defined by The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human</p>	<p>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 may be considered a type of telehealth.</p> <p><b>Telemedicine Provider</b> means a health care provider that delivers telemedicine services from a location remote from an originating site.</p>
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<p><b>Originating Site Location</b></p>	<p>Any medically warranted site where services are furnished to a MAP eligible recipient. The origination-site can include 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 Medicaid eligible recipient.</p>	<p><b>Allowable originating sites include:</b></p> <ul style="list-style-type: none"> <li>• The offices of physicians or practitioners</li> <li>• Hospitals</li> <li>• Critical Access Hospitals (CAHs)</li> <li>• Rural Health Clinics</li> <li>• Federally Qualified Health Centers</li> <li>• Hospital-based or CAH-based Renal Dialysis Centers (including satellites)</li> <li>• Skilled Nursing Facilities (SNFs)</li> <li>• Community Mental Health Centers (CMHCs)</li> <li>• Renal Dialysis Facilities</li> <li>• The home of individual only for purposes of the home dialysis ESRD-related clinical assessment</li> <li>• Mobile Stroke Units</li> <li>• The home of an individual only for 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.</li> <li>• Rural emergency hospitals</li> <li>• The home of a beneficiary for the purposes of diagnosis, evaluation, and/or treatment of a mental health disorder for services furnished on or after the first day after the end of the PHE and the following conditions are met:</li> </ul>	<p>Health plans, insurers or carriers may 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.</p>

		<ul style="list-style-type: none"> <li>○ The physician or practitioner has furnished an item or service in-person, without the use of telehealth within 6 months prior to the initial telehealth service;</li> <li>○ The physician or practitioner has furnished an item or service in-person, without the use of telehealth, at least once within 12 months of each subsequent telehealth service unless, for a particular 12-month period, the physician or practitioner and patient agree that the risks and burdens associated with an in-person service outweigh the benefits associated with furnishing the in-person item or service, and the practitioner documents the reason(s) for this decision in the patient's medical record;</li> <li>○ The above requirements may be met by another physician or practitioner of the same specialty and subspecialty in the same group as the physician or practitioner who furnishes the telehealth service.</li> </ul> <p>Originating sites must be:  <b>Originating sites must be:</b></p> <ul style="list-style-type: none"> <li>● Located in a health professional shortage area that is either outside of a Metropolitan Statistical Area (MSA) or within a rural census tract of an MSA, or</li> <li>● Located in a county that is not included in a Metropolitan Statistical Area, or</li> <li>● An entity participating in a Federal telemedicine demonstration project that has been approved by, or receive funding from, the Secretary regardless of its geographic location.</li> </ul>	
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<p><b>Distant Site Providers</b></p>	<p>Telemedicine providers located in New Mexico must be duly licensed in New Mexico.</p> <p>Out-of-state providers must have an appropriate NM health license or NM telemedicine license (physicians, 16.10.2.11 NMAC) or meet federal requirements for providing services to IHS facilities or tribal contract facilities.</p>	<p><b>Licensed to provide the telehealth service under New Mexico law that includes:</b></p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Nurse practitioners (NPs)</li> <li>• Physician assistants (PAs)</li> <li>• Nurse-midwives</li> <li>• Clinical nurse specialists (CNSs)</li> <li>• Certified registered nurse anesthetists</li> <li>• Clinical psychologists (CPs) and clinical social workers (CSWs)</li> <li>• Registered dietitians or nutrition professionals</li> </ul>	<p>Telemedicine providers located in New Mexico must be duly licensed in New Mexico.</p> <p>Out-of-state providers must have an appropriate NM health license or NM telemedicine license (physicians, 16.10.2.11 NMAC) or meet federal requirements for providing services to IHS facilities or tribal contract facilities.</p>

<p><b>Types of Covered Services</b></p>	<p>See list of Medicaid Telehealth Service Codes in Table 2 of this Quick Reference Guide.</p> <p>All services are covered to the same extent the service and the provider are covered when not provided through telemedicine.</p> <p>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.</p>	<p>List of Medicare Telehealth Services (including those covered during the COVID-19 Public Health Emergency):  <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html</a></p>	<p>Services provided via telemedicine are covered to the same extent that the health plan, insurer, or carrier covers the same services when those services are provided via in-person consultation or contact.</p> <p>See TABLE 3 below for a list of BCBSNM covered telephone, audio-only, online, or store-and-forward billing codes and services.</p>
<p><b>Distant Site Billing and Payment of Service</b></p>	<p>Reimbursement for professional services at the distant site is made at the same rate as when the services provided are furnished without the use of a telecommunication system.</p> <p>Procedure codes must be billed with modifiers GT, GQ, G0 (letter G and number zero) or 95 if the code is not specific for telemedicine or telehealth.</p> <p>GT: Modifier used to indicate telehealth services; via interactive audio and video synchronous telecommunication systems</p> <p>GQ: Modifier used to indicate telehealth services; via asynchronous telecommunications system</p> <p>G0 (letter G and number zero): Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke.</p>	<p>Medicare Claims Processing Manual - Chapter 12  <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf</a></p> <p>Medicare Physician Schedule Look-up Tool:  <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/index.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/index.html</a></p> <p>Must be coded using <b>Place of Service (POS) 02</b> Telehealth Provided Other than in Patient’s Home, or <b>POS 10</b> Telehealth Provided in Patient’s Home, in addition to CPT code or HCPCS.</p> <p><b>Modifier for telephone or audio-only communication after the COVID-19 Public Health Emergency: FQ</b> - The service was furnished using audio-only communication technology</p> <p>Clinical Psychologists and Clinical Social Workers cannot bill for psychiatric diagnostic interview examinations with medical services or medical</p>	<p>Reimbursement for health care services delivered via telemedicine is done on the same basis and at least the same rate that the health plan, insurer or carrier reimburses for comparable services delivered via in-person consultation or contact.</p> <p>BCBSNM billing instructions: Modifiers <b>G0 (letter G and number zero), GT, GQ</b> and <b>95</b> are used to describe the technology used during the telemedicine service and telehealth service. The appropriate modifiers must be appended to the HCPCS or CPT code when the telehealth or telemedicine claims are submitted. Additionally, telehealth or telemedicine professional claims submitted on a CMS 1500 form must be submitted with Place of Service (POS) Code <b>‘02’</b>. POS 02 does <b>not</b> apply to originating site facilities when billing a facility fee (e.g. Q3014).</p>

	<p>95: Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System</p> <p>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.</p>	<p>evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.</p>	<p><i>Note:</i> If a claim is submitted using a telemedicine procedure code, the modifier is not necessary. Only codes that are not traditional telemedicine procedure codes require the modifier.</p>
<p><b>Originating Site Payment of Service</b></p>	<p>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 the Medical Assistance Division (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.</p> <p>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.</p>	<p>See annual Medicare Physician Fee Schedule (MPFS) Final Rule.</p>	<p>Payment for originating site facility fee is not required. The patient's health plan or policy will determine whether such fee is covered.</p>



	Originating site must supply code Q3014 and meet all program requirements to receive originating site payment.		
<b>Must Certified Medical Healthcare Provider be Physically Present at Originating Site?</b>	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.	A telepresenter is not required as a condition of payment unless a telepresenter is medically necessary as determined by the physician or practitioner at the distant site.	A health care provider does not need to be physically present with a patient at the originating site unless the consulting telemedicine provider deems it necessary.
<b>Store-and-Forward (Asynchronous Visit)</b>	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 face-to-face live encounter between patient and telemedicine provider.	Payment permitted for federal telemedicine demonstration programs conducted in Alaska or Hawaii only.	Payment permitted to health care professionals to evaluate, diagnose and treat patients in remote locations using telecommunications and information technology asynchronously, including the use of store-and-forward technology, in order to deliver health care services to a site where the patient is located.
<b>Other</b>	For additional information on providing and billing for behavioral health services provided via telemedicine, see the New Mexico Human Services Department Behavioral Health Policy and Billing Manual at <a href="https://www.hsd.state.nm.us/lookingforinformation/behavioral-health-policy-and-billing-manual/">https://www.hsd.state.nm.us/lookingforinformation/behavioral-health-policy-and-billing-manual/</a>	<b>Medicare Advantage Organizations</b> can offer to their subscribers' additional telehealth benefits not otherwise available in Original Medicare. To determine if a Medicare Advantage plan underwritten and/or administered by BCBSNM includes additional telehealth services as a value-added benefit, please see the applicable Medicare Advantage Care document at <a href="https://www.bcbsnm.com/medicare/tools-resources/forms-documents/mapd-plan-documents">https://www.bcbsnm.com/medicare/tools-resources/forms-documents/mapd-plan-documents</a>	The information outlined in this column applies to New Mexico fully insured group and retail policies and to IBAC plans underwritten and/or administered by BCBSNM. It does <i>not</i> apply to federal health care programs, ASO plans, or health plans, policies, coverage, or contracts intended to supplement major medical group-type coverage, such as Medicare supplement, long-term care, disability income, specified disease, accident-only,

			hospital indemnity or any other limited-benefit health insurance policy.
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**TABLE 2: List of Medicaid Telehealth Service Codes<sup>2</sup>**

Code	Short Descriptor
Any covered CPT code	Telehealth modifier GT, GQ, G0 (letter G and number zero) or 95 must be included
Any covered HCPCS code	Telehealth modifier GT, GQ, G0 (letter G and number zero) or 95 must be included
Q3014	Telehealth originating site facility fee
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via Telehealth
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via Telehealth
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via Telehealth
92227	Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (e.g. diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

**TABLE 3: List of BCBSBM Commercial Telephone, audio-only, online, and store-and-forward billing codes and services**

Code	Short Descriptor
98966	Telephone assessment and management service provided by a qualified <i>nonphysician health care professional</i> to an established patient 5-10 min.
98967	Same as above 11-20 min.
98968	Same as above 21-30 min.
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
98971	Same as above 11-20 min.
98972	Same as above 21 or more min.
99441	Telephone evaluation and management service provided by a <i>physician</i> to an established patient, 5-10 min.
99442	Same as above 11-20 min.
99443	Same as above 21-30 min.
99421	Non face-to-face online digital evaluation and management service for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes
99422	Same as above 11-20 min.
99423	Same as above - 21 or more min.
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment.
G2012	Brief communication technology - based service (e.g., virtual check-in) by a physician or other qualified health care professional who can report E&M services, provided to an established patient, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment - 5-10 minutes of medical discussion or just "brief check-in by MD/QHP" for short, used in medical care.

<sup>2</sup> As of the time of publication (March 2022). Subject to change without notice. Please consult source documents at time of service to ensure compliance.

## Additional References:

1. Center for Connected Health Policy: <http://www.cchpca.org/>
2. American Telemedicine Association: <https://www.americantelemed.org/>
3. New Mexico Telehealth Alliance: <http://www.nmtelehealth.org/>
4. Rural Health Information Hub: <https://www.ruralhealthinfo.org/topics/telehealth>
5. Medicare Learning Network Booklet Telehealth Services: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf>
6. Medicaid.gov: <https://www.medicaid.gov/medicaid/benefits/telemed/index.html>
7. CMS.gov: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/>
8. New Mexico Medicaid Fee Schedules: <https://www.hsd.state.nm.us/providers/fee-for-service/>
9. Telehealth Resource Centers: <https://www.telehealthresourcecenter.org>
10. New Mexico Senate Bill 354 (SB354) from the 2019 Regular Legislative Session relating to New Mexico commercial health care coverage of services provided via telemedicine:  
<https://nmlegis.gov/Legislation/Legislation?chamber=S&legType=B&legNo=354&year=19>