

COVID-19 Frequently Asked Questions for Providers

1. What is the difference between Telehealth and Telemedicine?

The terms telehealth and telemedicine are used interchangeably in the Medicaid program. At HSD, we use these terms to refer to the use of interactive simultaneous audio and/or video by a health care provider to deliver health care services at a site other than the site where the patient is located. This includes the use of electronic media for consultation relating to the health care diagnosis or treatment of the patient in real time or through the use of store-and-forward technology.

See NM Statute 59A-22-49.3 or reference:

[https://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20310/8_310_2%20Revised\(1\).pdf](https://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20310/8_310_2%20Revised(1).pdf)

2. Can Physical health therapies such as Occupational, Physical and Speech services be rendered using telemedicine?

Answer:

Yes, Providers (for example: provider who can bill E&M services, physicians, mid-level providers, OT, PT, and SLPs) can continue to bill their services as they are currently doing. A service provided via telehealth would be billed using one of the following modifiers. (Reimbursement will remain the same and will not be affected by the use of the modifier.)

- GQ: service was delivered via an asynchronous telecommunication system, Telehealth,
- GT: service was delivered via an interactive audio and video telecommunication system, (or)
- 95: synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System.

Other Telehealth Billing Options:

- **Non-physician** codes: 98966-98968- Telephone Services (for example: OT, PT, SLPs).
- **Qualified non-physician** codes: G2061-G2063- healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during 7 days, 5-10 minutes (for example: OT, PT, SLPs).

Please refer to <https://nmmedicaid.portal.conduent.com/static/covid.htm>, COVID-19 Guidance for Centennial Care 2.0 MCOs, for the billing guidance when using telemedicine.

- 3. I have a caregiver with our Personal Care Agency; their driver's license has expired. Is there any way to give the individual an extension to have the license or state issued ID renewed in light of the fact that MVDs are closed due to COVID-19?**

Answer:

Provider agencies should track those caregivers whose IDs have already expired and allow them to continue to work for the agency. The provider agency should remind their employed caregivers to check their IDs and renew online, prior to the expiration date.

Additional MVD guidance:

<http://www.mvd.newmexico.gov/uploads/files/Questions%20and%20Answers.pdf>

- 4. Are the “physician” telephone calls only limited to physicians, or can they also be used by mid-levels?**

Answer:

Any clinician who can bill Evaluation and Management (E&M) services can use the “physician telephone services” codes. The reimbursement rate may vary depending on the rendering provider type on the claim.

- 5. Is there a centralized Telemedicine Resource for those who do not have services through their insurance or for those who don't have insurance?**

Answer:

Please refer to their respective insurance carrier website to access information available for telemedicine or call the primary physician for assistance.

For those who do not have an insurance carrier, you may visit

<https://www.yes.state.nm.us/yesnm/home/index> for reference to apply for Medicaid.

You may also visit <https://www.bewellnm.com/> for other insurance options.

- 6. Tele-dentistry - synchronous; real-time encounter D9995 – Is this applicable for all age groups? Are there any benefit limitations?**

Answer:

Yes, this is applicable to all ages. No, there are no benefit limitations.

- 7. Will facilities implementing telehealth under COVID-19 be allowed to utilize their non-independent clinicians (LMSWs)?**

Answer:

Yes, as long as the non-independent clinicians are being appropriately supervised by a licensed clinician.

8. Can we utilize Zoom for client contacts?

Answer:

Covered health care providers may use popular applications that allow for video chats, including but not limited to Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Refer to the US DHHS Office of Civil Right FAQs on Telehealth and HIPAA at:
<https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

9. A currently unlicensed psychologist is working under the supervision of a licensed clinical psychologist at a 638. She is going to take the EPPP exam for licensing in or around July for her licensed clinical psychologist. Can she practice in NM under a licensed clinical psychologist while she is waiting for her licensure?

Answer:

Yes, HSD is allowing for billing of post-doctoral unlicensed psychologists under supervision of a NM licensed psychologist.

10. Do we need some sort of authorization to say we are a telehealth provider?

Answer:

No. HSD is opening billing codes so they can be provided telephonically. This is not considered traditional telehealth. HSD is finalizing the list of approved codes and additional guidance is located at:

<https://nmmedicaid.portal.conduent.com/static/covid.htm>

11. Where can we find the most updated Information related to COVID-19 guidance?

Answer:

You can find all updated information and guidance related to information about COVID-19 at these two links:

Department of Health at:

<https://cv.nmhealth.org/>

Medicaid related information:

<https://nmmedicaid.portal.conduent.com/static/covid.htm>

12. Can Telephone Triage calls be billed using the CPT codes 98966-98968, when the service is provided by a Registered Nurse (RN), Licensed Practical Nurse (LPN) or Medical Assistant (MA)?

Answer: An RN can provide Telephone Triage calls when the RN is overseen by a physician, NP or PA. The Telephone Triage calls can be billed using CPT codes 98966-98968; the rendering requirement provider information on the claim must reflect the overseeing provider's NPI and/or Medicaid Provider ID number.

The CPT codes 98966-98968 require a qualified health care professional for assessment and management. An assessment or management of care is not within standard of practice for an LPN and a MA is not required to be certified/licensed by the state of NM therefore is not recognized as a qualified professional.

Note: The following LPN standard of practice

"Licensed practical nursing" means the practice of a directed scope of nursing requiring basic knowledge of the biological, physical, social and behavioral sciences and nursing procedures, which practice is at the direction of a registered nurse, physician or dentist licensed to practice in this state. This practice includes but is not limited to:

- contributing to the assessment of the health status of individuals, families and communities;
- participating in the development and modification of the plan of care;
- implementing appropriate aspects of the plan of care commensurate with education and verified competence;
- collaborating with other health care professionals in the management of health care; and
- participating in the evaluation of responses to interventions.

<i>Nonphysician Telephone Services (for example: OT, PT, SLPs)</i>		
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment. (5-10 minutes of medical discussion)	\$12.05
98967	Same as above (11-20 minutes of medical discussion)	\$23.78
98968	Same as above (21-30 minutes of medical discussion)	\$34.88

13. Question: Can a provider (MD, NP or PA) use the Physician Telephone services CPT code 99441-99443 when they are on-call answering patient’s symptoms telephone call and the office is closed?

Answer:

No, 99441-99443 are E&M services. The appropriate CPT code to use is G2012.

G2012	Brief communication technology - based service (e.g., virtual check -in) by a physician or other qualified health care professional who can report E&M services, provided to an established patient, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment - 5-10 minutes of medical discussion or just "brief check-in by MD/QHP" for short, used in medical care.	\$13.03
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14. Would it be acceptable to provide a face to face visit with a patient, in a different location, via teller window drive through?

Answer:

While a member should not be turned away, the OCR guidance issued related to HIPAA requirements of drive thru services does not allow this.

OCR Guidance:

<https://www.hhs.gov/about/news/2020/04/09/ocr-announces-notification-enforcement-discretion-community-based-testing-sites-during-covid-19.html>

15. Question from Rural Health Clinic (RHC): RHC’s are not authorized to bill E/M codes to Medicaid or Medicare under the Rural Health Clinic designation. The only code authorized for billing telehealth services as a Rural Health Clinic is G0071, which is defined below. The presenter stated we needed to hold all of our RHC claims until more information is published. She stated she knows we will not be paid our all-inclusive rate, but we will receive a portion of it.

Answer:

Definition of G0071: “Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote

evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only”

LOD #31 (see table below) and supplement provides guidance to RHC providers.

G0071 is not a covered service at this time.

<i>Telehealth Billing for Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Hospital-Based RH Cs (HBRHCs), and the Indian Health Service (IHS)</i>		
<p>Face to face Encounter Revenue Code and/or Revenue Code 780 with HCPCS Q3014</p>	<p>Telemedicine General classification: Scenario 1: A telehealth service that is rendered with the patient present should be billed using the appropriate clinic visit revenue code. The telehealth service must be reported separately using revenue code 0780 and HCPCS code Q3014-Telehealth Originating Site -Facility Fee Scenario 2: A service rendered through telehealth only should be billed as a single line of service using their current face-to-face encounter revenue code and HCPCS code Q3014 to identify this as a telehealth service.</p>	<p>Scenario 1: Reimbursed the encounter/OMB rate plus the telehealth HCPCS fee schedule rate.</p> <p>Scenario 2: Reimbursed at the encounter/OMB rate</p>

16. Can timely filing be waived for billing?

Answer:

The Medicaid program is not waiving the timely filing requirement at this time.