**Michelle Lujan Grisham, Governor**
Kari Armijo, Secretary
Alanna Dancis, Acting Medicaid Director

**Letter of Direction #44-4**

**Date:** **July 27, 2026**

**To:** **Turquoise Care Managed Care Organizations**

**From:** **Alanna Dancis, Acting Director, Medical Assistance Division**

**Nick Boukas, Director, Behavioral Health Services Division**

**Subject:** **Continued Post Public Health Emergency (PHE) Telehealth Allowance**

**Title:** **Repeal and Replace LOD 44-3 Post PHE Telehealth Allowance**

The purpose of this Letter of Direction (LOD) is to provide guidance and directive to the Turquoise Care Managed Care Organizations (MCOs) on modification of services and program standards related to the ending of the PHE associated with the 2019 Novel Coronavirus (COVID-19) outbreak. This Turquoise Care LOD issues permanent post PHE guidance. The guidance in this LOD is effective October 1, 2025.

Post-PHE telehealth services will be covered as defined in NMAC 8.310.2-Health Care Professional Services with the following changes listed below. Behavioral/mental telehealth and Teledentistry services can permanently be delivered using audio-only communication platforms.

HCA redefines Telehealth as a two-way, real-time audio-video communications at the originating and distant sites or as a two-way, real-time audio-only communication technology for any telehealth service furnished to a patient in their home, provided that the furnishing physician or practitioner is technically capable of using audio-video communication technology and that the beneficiary is not capable of or does not consent to using audio-video communication technology. However, in general, audio-only telehealth services are only permitted if the beneficiary is in their home. 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. HCA continues to define an interactive HIPAA compliant telecommunication system that must include interactive audio and video or audio only to be delivered on a real-time basis at the originating and distant sites.

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Eligible Providers: New Mexico Medical Assistance Division (MAD) pays for medically necessary health care services furnished by a MAD enrolled medical provider. A provider must be enrolled with New Mexico Medicaid before submitting a claim for payment.

1. Eligible Members: Medicaid Eligible Members.

2. Prior Authorization: No Prior Authorization is required.

3. Billing, Coding and Reimbursement: MAD covers physical health, behavioral health and dental telehealth services in a manner consistent with Medicaid coverage for health care services provided in person. Rates can be found at https://www.hca.nm.gov/providers/feehttps://www.hca.nm.gov/providers/fee-for-service/for-service/

    a. Audio-only (Telephone) Telehealth: When a service is delivered through Telephonic means, providers should use:

        i. Place of Service Code 10: The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. The services are billable to the MCO and should be paid at the office rate for the service.

        ii. Modifier 93: This modifier is used for services rendered via audio-only communication. It is applicable when the service is provided through a telephone or other real-time interactive audio-only telecommunications system.

        iii. 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.

        iv. Teledentistry Synchronous Real-Time Encounter: When the dentist and participant interact as if they were having a face-to-face service MAD will continue to allow ADA Code D9995. Services that can be provided effectively telephonically without real-time video may also be covered via telehealth. Providers must continue to maintain appropriate documentation of all services provided and related to medical necessity. The code D9995 will be reimbursed at the same rate as D0140- face-to-face limited oral evaluation (problem focused) service.

b. Audio-video Telehealth: MAD covers physical health, behavioral health and dental telehealth services in a manner consistent with Medicaid coverage for health care services provided in person.

   i. Place of Service Codes: Apply the correct place of service according to location of patient. MAD covers audio-video telehealth services in the same manner as services provided in person (face-to-face).

   ii. Appropriate Modifier: Audio-video telehealth service should use an appropriate modifier.
   - GQ: Telehealth store and forward (or)
   - GT: Interactive telecommunication (or)
   - 95: Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System.

   iii. Originating Site services: MAD will continue to allow HCPC code Q3014- Telehealth Originating Site-Facility Fee. The rate for HCPC Q3014 is found in special rates at https://www.hca.nm.gov/providers/feehttps://www.hca.nm.gov/providers/fee-for-service/for-service/.

   iv. Teledentistry Synchronous Real-Time Encounter: When the dentist and participant interact as if they were having a face-to-face service MAD will continue to allow ADA Code D9995. Providers must continue to maintain appropriate documentation of all services provided and related to medical necessity. The code D9995 will be reimbursed at the same rate as D0140- face-to-face limited oral evaluation (problem focused) service.

c. 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. The appropriate modifier should be used for billing telehealth services.

4. Claims reprocessing information: HCA/MAD will allow providers to submit claims who have met the requirements listed above and provided to members within dates of service October 1, 2025, to the present and avoid timely filing denials. HCA/MAD will allow providers 90 days from the date on this LOD to submit a claim and avoid a timely filing denial.

This LOD will sunset upon inclusion in the New Mexico Administrative Code (NMAC) 8.310.2 and 8.308.9