



State of New Mexico

Workers' Compensation Administration

Michelle Lujan Grisham
Governor

Heather Jordan
Director

DMAC Special Meeting
June 30, 2025
10:00 – 12:00 at WCA

Committee Members Present

Denise Algire, Albertsons
William Brady, M.D.
Dan Giralmo, NM Mutual
Tomas Granados, Ph.D., Zia Neuropsychology
Robert Lilley, Builders Trust
Eva Pacheco, M.D.
William Ritchie, M.D., NM Orthopedics
Barrie Ross, M.D.

Members Absent

Erika Campos, Hospital Services Corp.
Lisa Romero, CorVel
George Simmons, M.D., UNM

Internal WCA Staff

Richard Adu-Asamoah, Ph.D., ERPB
Evans Addo, Ph.D., ERPB
Alexis, Armijo, COC
Seth Boateng, ERPB
Stephanie Brown-Woods, Comm
Charles Cordova, ERPB
Rinda Dewhirst, GC
Michael Holt, GC
Donna Jojola, MCC
Heather Jordan, Director
Delilah Lesperance, NM Mutual
Catherine Sanchez, MCC
Ruili Yan, ERPB

Heather Jordan – Thanked everyone for coming to the office and for taking time out everyone’s busy schedule to make it here. The meeting will cover various topics including proposed rule changes, fee schedules, and telemedicine. Introductions....

Michael Holt – Our goal is to gather input from doctors and the medical community to shape policies and address issues within the agency.

Mr. Giralmo moved to approve the minutes from 10/10/2024. The motion was seconded by Dr. Ritchie and approved unanimously.

Mr. Holt discussed two proposed changes to the rules:

11.4.7.8 Ground Rules for Billing and Payment: D.8.f. “any other authorized EOB referenced in the HCP fee schedule (reinserted) D.9. Remove “Only the EOBs listed in the HCP fee schedule may be used.”

11.4.7.13 Non-Clinical Services: D.1. Depositions – Change pricing from \$400/hour to \$800/hour prorated in fifteen-minute increments. Change pricing from \$200/hour to \$400/hour for deposition preparation time, prorated in fifteen-minute increments. And D.5. Change \$400/hour to \$800/hour prorated in fifteen-minute increments for deposition testimony.

These changes aim to provide doctors with better compensation for their time and encourage participation in workers’ compensation cases.

Denise Algire – How did they come up with those figures?

Heather Jordan – We are more than half below the recommended change. She did not ask the Economic Research Bureau to do research for her; this is a preliminary discussion. Other states are making between \$1200 - \$1,500 per hour, we thought about going to that rate but it might cripple any movement we may make.

Denise Algire – She thinks this would be an import part of the discussion when this was presented even if we say other states are making between \$1200 - \$1,500 per hour.

Michael Holt – The WCA did an inflation analysis, and it hasn’t been changed since 1990. Even if we did an inflationary analysis it would be more than that.

Dan Giralmo – His office supported the raise last year and we will support the raise this year. Has there been any consideration of capping the length of time?

Michael Holt – He knows judges have a scheduling order but it’s up to the attorneys and the judges. In Part 4 of our rules, we introduced some wording that judges have the authority to sanction attorneys for misbehaving during a deposition. We thought about setting time limits, but we thought it would be too restrictive, every case is too different.

Heather Jordan –We didn’t want to tie any hands on complicated cases.

Dr. Barrie Ross – Currently if it’s a price the first hour, and a lower price for the second hour for reasons I don’t know. Are you eliminating them?

Michael Holt – Yes, we did receive public comment on this same point. Maybe this will motivate the lawyers because they are going to get yelled at by the people paying the bills to speed up in deposition, because that would incentivize to take up the doctor’s time.

Cathy Sanchez – To promote consistency and reduce redundancy, we recommend adopting the nationally recognized Claims Adjustment Remittance Codes and Remittance Advice Remarks Codes to the Explanation of Benefits rather than restricting the codes to those listed in the HCP fee schedule (page 12 of the fee schedule). *MCC proposes accepting CARC and RARC codes beginning in 2026, in addition to the HCP EOB codes with the goal of transitioning fully to these standardized codes soon.*

Michael Holt – There’s a corresponding rule change in part 7. If you’re going to put something on an EOB code, these are the only things you can use. We thought that was very limiting.

Dr. Tomas Granados – Wanted to discuss changes on page 13.

Cathy Sanchez – It’s only a formatting change.

Dr. Tomas Granados and Dr. William Ritchie – Regarding failed appointments: Dr. Ritchie and Dr. Ross propose expanding the policy on recovering lost time from failed appointments to include established patients, noting a higher no-show rate among this group. Currently, the policy only applies to new patients. *The WCA will review relevant data to assess the feasibility of this change.*

Cathy Sanchez – Regarding the change to Radiology on page 24, there needs to be notes included on ultrasounds, so the bill gets paid.

Charles Cordova – Charles presented the new telehealth codes introduced in the AMA CPT book effective January 1, 2025. After reviewing the distinctions between audio-video and audio-only services, the group agreed to adopt CPT codes 98000–98007 for audio/video visits and 98008–98015 for audio-only visits. They also agreed to reference Appendix P and T for modifier 93 and to include additional telehealth service codes. Since applying the RVU methodology to these new codes would reduce reimbursement by roughly 20–32%, the WCA recommends using the allowable maximum charges for the equivalent E/M codes to maintain appropriate payment levels.

The WCA supports and encourages the use of telehealth codes to help address accessibility challenges in rural communities.

Director Jordan noted that telehealth has the potential to greatly benefit rural communities and is collaborating with field offices to explore applying UNM's ECHO model to workers' compensation activities. The group supported the idea and raised the issue of the possibility of two visits or charges in a single day, one from a specialist and one from a primary care provider. Given the accessibility challenges in rural New Mexico, all agreed this is an ideal setting to pilot such an approach.

Michael Holt – Regarding time spent with patients (page 26).

Cathy Sanchez – To help reduce claim denials, MCC recommends adding language to require healthcare providers to document the time spent with patients in their medical notes. These notes accompany claims and support the assigned CPT codes.

Dr. William Ritchie – Inquired whether this applies to all codes—this requirement applies specifically to codes where time exceeds the minimum threshold and affects CPT code selection and associated charges.

MCC will revise the language to improve clarity and ensure easier understanding.

Michael Holt – Addressed a question to Robert Lilley, Builders Trust; are you guys seeing bills that can be submitted from a provider, it seeks a higher amount of reimbursement, but then they don't include the time spent, then you guys deny payment.

Robert Lilley – Confirmed, they do deny the requested reimbursement. This is not one of his job tasks so he's not one hundred percent sure but he believes there's other areas that require time documentation.

Michael Holt – Regarding "Lesser of" Reimbursement Language: Public comments last year asked that we clarify the "lesser of" language to be clear that this applies to all services and not only restricted to the pharmacy charges. Clarification – the provider will be paid the "lesser of" the maximum allowable charges, billed charges, or contracted rates."

For information only. No objections.

Deposition Code: In addition to the proposed updates to allowable deposition rates for physicians, MCC recommends adding CPT code 99075 for billing medical testimony services into the billing instructions.

For information only. No objections.

Dr. Evans Addo – CPT 99455 and 99456 for Impairment Ratings:

Dr. Addo presented his research on CPT codes 99455 and 99456, which are currently reimbursed "by report" and which require a prior approval. The suggestion to establish a standardized rate for a single unit of each code was brought to the WCA as a public comment. He shared data from New Mexico average charges in 2023 which ranged from \$129 to \$1,531 per unit. He also provided charges for the neighboring states.

The group considered several important factors, including case complexity, the timeline of injuries, the volume of medical records, and the involvement of multiple specialists in a single report. Concerns were raised that capping charges might unfairly impact highly complex cases. It would benefit us to determine the hourly rates for these codes for New Mexico only, considering that New Mexico is a poorer state. Members recommended looking into tools such as the ODG risk calculator and data from WCRI to guide appropriate reimbursement levels. Dr. Addo is continuing his research, including an analysis of Fair Health data and a review of RVUs and conversion factors related to hourly rates. Mr. Holt emphasized that this initiative remains in the research phase, with significant work still ahead to fully assess these codes.

Dr. Addo will incorporate the feedback and conduct further research.

Compound Medication; Topical and Repackaged Medication; and

Interpreter: Mr. Holt informed DMAC members that these topics are areas of interest for future exploration. Member input will be sought to guide more in-depth discussions and development.

For information only.

Final Comments and Next Steps: Director Jordan thanked the members for their time and expressed appreciation for their valuable insights. She emphasized the importance of engaging their expertise throughout the year on similar topics.

Next steps include preparing a revised draft of the 2026 HCP Fee Schedule and Billing Instructions, reflecting today's discussions, to present at the next meeting. A public hearing and comment period will follow. The goal is to adopt the fee schedule in December 2025, with implementation set for January 1, 2026.

Adjourn

The meeting was adjourned at 12:09 pm.