



Dear Providers,

Throughout the COVID-19 state of emergency, Health First Colorado (Colorado's Medicaid Program) is temporarily expanding its telemedicine policy to authorize the following:

1. Expanding the definition of telemedicine services to include telephone only and live chat modalities.
2. Authorizing Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services to bill encounters for telemedicine visits
3. Adding specified Physical Therapy, Occupational Therapy, and Home Health, Hospice and Pediatric Behavioral Therapy services to the list of eligible interactive audiovisual telemedicine services.

Existing Telemedicine Policy

Health First Colorado currently defines telemedicine as the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audiovisual communication instead of in-person contact. The list of CPT and HCPCS codes that are already allowed to be provided through telemedicine is available on the [Telemedicine - Provider Information page](#).

For existing telemedicine policy information, including physician services, refer to the Telemedicine Billing Manual, located on the [Billing Manuals web page](#) under the CMS 1500 drop-down. The billing manual provides information on covered services, billing, reimbursement and confidentiality requirements.

Telemedicine does not include consultations provided by facsimile machines, text, email or instant messaging.

COVID-19 State of Emergency Changes to Telemedicine Services

To facilitate the safe delivery of health care services to members throughout the COVID-19 state of emergency, the Department is authorizing three temporary changes to the existing telemedicine policy.

1. Telephone and Live Chat Modalities - Services that are allowed to be provided by telemedicine under the existing policy will no longer be restricted to an interactive audiovisual modality only. Providers may deliver the allowable telemedicine services by telephone or via live chat. All other general requirements for telemedicine services, such as documentation and meeting same standard of care, still need to be met (see below for more details).
2. Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services - For the duration of the COVID-19 state of emergency, Health First Colorado is allowing telemedicine visits to qualify as billable encounters for Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services (IHS). Services allowed under telemedicine may be provided via telephone, live chat, or interactive audiovisual modality for these provider types.
3. Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers - Health First Colorado has expanded the list of providers eligible to deliver telemedicine services to include physical therapists, occupational therapists, hospice, home health providers and pediatric behavioral health providers. Services delivered by these provider types require an interactive audiovisual connection to the member; they cannot be provided using telephone only or live chat.

Requirements for Telemedicine Services:

It is acceptable to use telemedicine to facilitate live contact directly between a member and a provider. Services can be provided between a member and a distant provider when a member is in their home or other location of their choice. Additionally, the distant provider may participate in the telemedicine interaction from any appropriate location.

Other standard requirements for telemedicine services include:

- The reimbursement rate for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person service. [C. R. S. 2017, 25.5-5-320(2)].
- Providers may only bill procedure codes which they are already eligible to bill.
- Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.
- Providers must document the member's consent, either verbal or written, to receive telemedicine services.
- The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine.
- The use of telemedicine does not change prior authorization requirements that have been established for the services being provided.
- Record-keeping and patient privacy standards should comply with normal Medicaid requirements and HIPAA. [Office for Civil Rights \(OCR\) Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)

Billing Guidance:

To receive reimbursement for telemedicine services, providers must follow the following billing practices:

- UB-04 Institutional Claims - Providers must indicate that the service(s) were provided through telemedicine by appending modifier GT to the UB-04 institutional claim form with the service's usual billing codes. This identifies the service as provided via telemedicine during the COVID-19 State of Emergency.
- CMS 1500 Professional Claims - Place of Service code 02 must be indicated on all CMS 1500 professional claims for telemedicine. Only specific CPT/HCPCS are allowed.

More communications will be sent as updates to the policy are available.

Thank you,

Department of Health Care Policy & Financing

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