

# Colorado

**Medicaid Program:** Colorado Medicaid

**Program Administrator:** Colorado Dept. of Health Care Policy and Financing

**Regional Telehealth Resource Center:** Southwest Telehealth Resource Center [www.southwesttrc.org](http://www.southwesttrc.org)

## Colorado Policy At-a-Glance

| MEDICAID REIMBURSEMENT |                   |                           | PRIVATE PAYER LAW |                | PROFESSIONAL REQUIREMENTS    |                     |
|------------------------|-------------------|---------------------------|-------------------|----------------|------------------------------|---------------------|
| LIVE VIDEO             | STORE-AND-FORWARD | REMOTE PATIENT MONITORING | LAW EXISTS        | PAYMENT PARITY | LICENSURE COMPACTS           | CONSENT REQUIREMENT |
| ✔                      | ✘                 | ✔                         | ✔                 | ✘              | IMLC, NLC, PTC, PSYPACT, EMS | ✔                   |

## Colorado Detailed Policy

|                                   |             |  |
|-----------------------------------|-------------|--|
| Medicaid Telehealth Reimbursement | Summary     | <p>Colorado Medicaid reimburses for live video for medical and mental health services. They also provide reimbursement for remote patient monitoring for patients with certain chronic conditions. Colorado Medicaid requires a member to be present and participating in a telemedicine service, excluding the possibility of utilizing store-and-forward, except in the case of teledentistry for an interim therapeutic restoration.</p>  |
|                                   | Definitions | <p>Telemedicine is not a unique service, but a means of providing services approved by Health First Colorado through live interactive audio and video telecommunications equipment.</p> <p><b>Source:</b> CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual," 5/20. (Accessed Sept. 2020).</p> <p>Telemedicine is the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio or interactive video communication instead of in-person contact.</p> <p><b>Source:</b> "Telemedicine – Provider Information", CO Department of Health Care Policy and Financing. (Accessed Sept. 2020).</p> <p>Telehealth services include the installation and on-going remote monitoring of clinical data through technologic equipment in order to detect minute changes in the client’s clinical status that will allow Home Health agencies to intercede before a chronic illness exacerbates requiring emergency intervention or inpatient hospitalization.</p> <p><b>Source:</b> CO Medical Assistance Program, Home Health Billing Manual, (8/20). (Accessed Sept. 2020).</p> <p>Telehealth allows for the monitoring of a member’s health status remotely via equipment, which transmits data from the member’s home to the member’s home health agency. The purpose of providing telehealth services is to assist in the effective management and monitoring of members whose medical needs can be appropriately and cost-effectively met at home through the frequent monitoring of data and early intervention.</p> <p><b>Source:</b> CO Department of Health Care Policy and Financing. "Home Health Telehealth". (Accessed Sept. 2020).</p> |



CO Medicaid will cover medically necessary medical and surgical services furnished to eligible members.

Telemedicine services may be provided under two arrangements.

- The first arrangement is when a member receives services via a live audio/visual connection from a single provider. This is the predominant arrangement for telemedicine.
- The second arrangement is when a member and a provider are physically in the same location and additional services are provided by a second (distant) provider via a live audio/visual connection. In this arrangement the provider who is present with the member is called the “originating provider”, and the provider located at a different site, acting as a consultant, is called the “distant provider”.

The member must be present during any Telemedicine visit.

It is acceptable to use Telemedicine to facilitate live contact directly between a member and a provider.

**Source:** CO Department of Health Care Policy and Financing. “Telemedicine Billing Manual,” 5/20. (Accessed Sept. 2020).

In-person contact between a health care or mental health care provider and a patient is not required under the state’s medical assistance program for health care or mental health care services delivered through telemedicine that are otherwise eligible for reimbursement under the program. Any health care or mental health care service delivered through telemedicine must meet the same standard of care as an in-person visit. Telemedicine may be provided through interactive audio, interactive video, or interactive data communication, including but not limited to telephone, relay calls, interactive audiovisual modalities, and live chat as long as the technologies are compliant with HIPAA. The health care or mental health care services are subject to reimbursement policies developed pursuant to the medical assistance program. This section also applies to managed care organizations that contract with the state department pursuant to the statewide managed care system only to the extent that:

- Health care or mental health care services delivered through telemedicine are covered by and reimbursed under the Medicaid per diem payment program; and
- Managed care contracts with managed care organizations are amended to add coverage of health care or mental health care services delivered through telemedicine and any appropriate per diem rate adjustments are incorporated.

Reimbursement rate must be, at minimum, the same as a comparable in-person services.

**Source:** CO Revised Statutes 25.5-5-320 & HB 20-1230. (Accessed Sept. 2020).

#### **Interim Therapeutic Restorations**

In-person contact between a health care provider and a recipient is not required under the state’s medical assistance program for the diagnosis, development of a treatment plan, instruction to perform an interim therapeutic restoration procedure, or supervision of a dental hygienist performing an interim therapeutic restoration procedure. A health care provider may provide these services through telehealth, including store-and-forward, and is entitled to reimbursement for the delivery of those services via telehealth to the extent the services are otherwise eligible for reimbursement under the program when provided in person. The services are subject to the reimbursement policies developed pursuant to the state medical assistance program.

**Source:** CO Revised Statutes 25.5-5-321.5. (Accessed Sept. 2020).



Colorado Medicaid will reimburse for medical and mental health services delivered through telemedicine that are otherwise eligible for reimbursement under the program.

Health care or mental health care services includes speech therapy, physical therapy, occupational therapy, hospice care, home health care and pediatric behavioral health care.

**Source:** CO Revised Statutes 25.5-5-320 & SB 20-212 (2020 Session). (Accessed Sept. 2020).

Services may be rendered via telemedicine when the service is:

- A covered Health First Colorado benefit,
- Within the scope and training of an enrolled provider's license, and
- Appropriate to be rendered via telemedicine.

All services provided through telemedicine shall meet the same standard of care as in-person care.

Refer to 'Telemedicine Website' for list of billing codes.

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.

Providers may only bill procedure codes which they are already eligible to bill.

Health First Colorado does not pay for provider education via telemedicine.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual", 5/20, & "Telemedicine – Provider Information". (Accessed Sept. 2020).

The following are listed under the covered services heading in the Telemedicine Manual:

- Physician services may be provided as telemedicine
- 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.

Place of Service 02 should be used to report services delivered via telecommunication, where the member may be in their home and the provider may be at their office. See webpage for list of codes.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine – Provider Information", CO Department of Health Care Policy and Financing. (Accessed Sept. 2020).

Procedure codes listed below under "Telemedicine Modifier GT" will receive an additional \$5.00 to the fee listed on the most recent Health First Colorado Fee Schedule when billed using modifier GT.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).

### Durable Medical Equipment Encounters

Face-to-face encounters for durable medical equipment, prosthetics, orthotics, and supplies may be performed via telehealth if available.

**Source:** CO Department of Health Care Policy and Financing. "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies", 7/19. (Accessed Sept. 2020).

### Pediatric Behavioral Therapy

Pediatric Behavioral Therapists are not listed as a provider type that can bill the facility fee (Q3014) or GT modifier. However, if the provider believes that providing behavioral therapy via telemedicine is medically appropriate in the situation and within the scope of their license/training, then doing so is allowed. In this case, the provider will not be paid the fee associated with Q3014 or GT modifier.

**Source:** CO Department of Health Care Policy and Financing. "Pediatric Behavioral Therapies Billing Manual", 3/19. (Accessed Sept. 2020).



Eligible Services / Specialties

**Screening Brief Intervention Treatment**

Screening Brief Intervention Treatment may be provided via simultaneous audio and video transmission with a member.

**Source:** CO Department of Health Care Policy and Financing. "Screening, Brief Intervention and Referral to Treatment", 3/19. (Accessed Sept. 2020).

**Education-Only Services**

Colorado Medicaid provides reimbursement for education-only services provided through telemedicine. This includes services such as Diabetes Self-Management Education and Support (DSMES) and tobacco cessation counseling.

**Source:** CO Department of Health Care Policy and Financing. Provider Bulletin B1900434. Aug. 2019. (Accessed Sept. 2020).

Education-only services was removed from the list of "Not Covered Services" section in the provider manual in June 2019.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).

Eligible Providers

The following provider types may bill using modifier GT:

- Physician
- Clinic
- Osteopath
- Doctorate Psychologist
- MA Psychologist
- Physician Assistant
- Nurse Practitioner

A primary care provider (PCP) is eligible to be reimbursed as the 'originating provider' when present with the patient. In order for a PCP to be reimbursed as a distant provider, the PCP must be able to facilitate an in-person visit in the state of CO if necessary for treatment of the member's condition.

A specialist is eligible to be an originating provider (if present with the patient) or distant provider.

The distant provider may participate in the telemedicine interaction from any appropriate location.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).

A telemedicine service meets the definition of a face-to-face encounter for a rural health clinic, Indian health service, or federally qualified health center. The reimbursement rate for a telemedicine service provided by a rural health clinic or federal Indian health service or federally qualified health center must be set at a rate that is no less than the medical assistance program rate for a comparable face-to-face encounter or visit.

**Source:** CO Statute, Sec. 25.5-5-320 & Senate Bill 20-212 (2020 Session). (Accessed Sept. 2020).

Eligible Sites

If no originating provider is present during a Telemedicine Services appointment, then the location of the originating site is at the member's discretion and can include the member's home. However, members can be required to choose a location suitable to delivery of telemedicine services that may include adequate lighting and environmental noise levels suitable for easy conversation with a provider.

Services can be provided via telemedicine between a member and a distant provider when a member is located in their home or other location of their choice.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).



Eligible Sites

A primary care provider (PCP) is eligible to be reimbursed as the ‘originating provider’ when present with the patient. In order for a PCP to be reimbursed as a distant provider, the PCP must be able to facilitate an in-person visit in the state of CO if necessary for treatment of the member’s condition.

A specialist is eligible to be an originating provider (if present with the patient) or distant provider.

**Source:** CO Department of Health Care Policy and Financing. “Telemedicine Billing Manual” 5/20. (Accessed Sept. 2020).

Telemedicine can work:

- From a provider office: You can connect through video with a provider in another office. Both offices must have telemedicine equipment.
- From your home or other location like a library: You may be able to use your mobile phone, tablet or desktop computer to connect to a provider. Health First Colorado will not pay for the equipment.

**Source:** CO Department of Health Care Policy and Financing. “Telemedicine”. (Accessed Sept. 2020).

**Speech Therapy**

Telemedicine POS (02) is an allowed place of service code.

**Source:** CO Department of Health Care Policy and Financing. “Speech Therapy”, 7/20. (Accessed Sept. 2020).

Geographic Limits

No reference found.

Facility/Transmission Fee

In some cases, the originating provider site will not be providing clinical services, but only providing a site and telecommunications equipment. In this situation, the telemedicine originating site facility fee is billed using procedure code Q3014.

Originating providers bill as follows:

- If the originating provider is making a room and telecommunications equipment available but is not providing clinical services, the originating provider bills Q3014 (the procedure code for the telemedicine originating site facility fee).
- If the originating provider also provides clinical services to the member, the provider bills the rendering provider’s appropriate procedure code and bills Q3014.
- The originating provider may also bill, as appropriate, on the UB-04 paper claim form or as an 837I transaction for any clinical services provided on-site on the same day that a telemedicine originating site claim is made. The originating provider must submit two separate claims for the member’s two separate services.

Providers eligible for the originating site facility fee include:

- Physician
- Clinic
- Osteopath
- Doctorate Psychologist
- MA Psychologist
- Physician Assistant
- Nurse Practitioner

Provider types not listed above may facilitate Telemedicine Services with a distant provider but may not bill procedure code Q3014. Examples include Nursing Facilities, Intermediate Care Facilities, Assisted Living Facilities, etc.



# Medicaid Telehealth Reimbursement

|                   |                               |   |
|-------------------|-------------------------------|---|
| Live Video        | Facility/Transmission Fee     | <p>Using modifier GT with specific codes adds \$5.00 to the fee listed for the service. A specific list of eligible codes is provided in the manual. Other codes can be billed, but don't pay the telemedicine transmission fee.</p> <p><b>Source:</b> CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).</p> <p>The state department shall establish rates for transmission cost reimbursement for telemedicine services, considering, to the extent applicable, reductions in travel costs by health care or mental health care providers and patients to deliver or to access such services and such other factors as the state department deems relevant.</p> <p><b>Source:</b> CO Revised Statutes 25.5-5-320(3). (Accessed Sept. 2020).</p> <p><b>Pediatric Behavioral Therapy</b><br/>Pediatric Behavioral Therapists are not listed as a provider type that can bill the facility fee or GT modifier. However, if the provider believes that providing behavioral therapy via telemedicine is medically appropriate in the situation and within the scope of their license/training, then doing so is allowed. In this case, the provider will not be paid the fee associated with Q3014 or GT modifier.</p> <p><b>Source:</b> CO Department of Health Care Policy and Financing. "Pediatric Behavioral Therapies Billing Manual" 3/19. (Accessed Sept. 2020).</p> |
|                   | Policy                        | <p>The member must be present during any Telemedicine visit.</p> <p><b>Source:</b> CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).</p> <p>In-person contact between a health care provider and a recipient is not required under the state's medical assistance program for the diagnosis, development of a treatment plan, instruction to perform an interim therapeutic restoration procedure, or supervision of a dental hygienist performing an interim therapeutic restoration procedure. A health care provider may provide these services through store-and-forward transfer and is entitled to reimbursement for the delivery of those services via telehealth to the extent the services are otherwise eligible for reimbursement under the program when provided in-person. The services are subject to the reimbursement policies developed pursuant to the state medical assistance program.</p> <p><b>Source:</b> CO Revised Statutes 25.5-5-321.5. (Accessed Sept. 2020).</p>   |
| Store-and-Forward | Eligible Services/Specialties | <p>Limited reimbursement allowed for an interim therapeutic restoration in teledentistry.</p> <p><b>Source:</b> CO Revised Statutes 25.5-5-321.5. (Accessed Sept. 2020).</p>  |
|                   | Geographic Limits             | No reference found.   |
|                   | Transmission Fee              | No reference found.   |



Policy

Telehealth monitoring is available for members who are eligible through the Home Health benefit and should not be billed as telemedicine.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).

The CO Medical Assistance Program will reimburse for home health care or home and community-based services through telemedicine at a flat fee set by the state board.

**Source:** CO Revised Statutes 25.5-5-321 (Accessed Sept. 2020).

Home care agencies and home care placement agencies must allow for supervision in person or be telemedicine or telehealth. Any rules adopted by the board shall be in conformity with applicable federal law and must take into consideration the appropriateness, suitability and necessity of the method of supervision permitted.

**Source:** CO Revised Statutes 25.5-5-321-104 & SB 20-212 (2020 Session). (Accessed Sept. 2020).

The Home Health Agency shall create policies and procedures for the use and maintenance of the monitoring equipment and the process of telehealth monitoring. The Home Health Agency shall provide monitoring equipment that possess the capability to measure any changes in the monitored diagnoses and meets all the safety requirements in the regulation. Home Health Telehealth services are covered for clients receiving Home Health Services for telehealth monitoring.

**Source:** 10 CO Code of Regulation 2505-10 8.520.5.D. (Accessed Sept. 2020).

CO Medicaid reimburses telehealth services including installation and on-going remote monitoring of clinical data through technologic equipment in order to detect minute changes in the member's clinical status that will allow Home Health agencies to intercede before a chronic illness exacerbates requiring emergency intervention or inpatient hospitalization.

**Source:** CO Medical Assistance Program, Home Health Billing Manual, (5/20). (Accessed Sept 2020).

CCO Medicaid covers home health telehealth, which includes frequent and ongoing self-monitoring of members through equipment left in the member's home which is designed to measure the common signs and symptoms of disease exacerbation before a crisis occurs allowing for timely intervention and symptom management.

**Source:** CO Medical Assistance Program, Home Health Billing Manual, (5/20). (Accessed Sept 2020).

Conditions

A member is eligible only if they meet the following criteria:

- Member must receive Home Health services from provider who has opted to provide telehealth services
- Member must require frequent and on-going monitoring/management of their disease or condition
- Member's home environment must be compatible with the use of the equipment
- Member or caregiver must be willing and able to comply with vital sign self-monitoring
- Member must have one or more of the following diagnoses:
  1. Congestive Heart Failure
  2. Chronic Obstructive Pulmonary Disease
  3. Asthma
  4. Diabetes
  5. Other diagnosis or condition deemed appropriate by the Department or its designee

**Source:** CO Department of Health Care Policy and Financing. "Home Health Telehealth". (Accessed Sept. 2020).



Conditions

- The following requirements must be met:
- Client is receiving services from a home health provider for at least one of the following: congestive heart failure, chronic obstructive pulmonary disease, asthma, or diabetes, pneumonia; or other diagnosis or medical condition deemed eligible by the Department or its Designee.
  - Client requires ongoing and frequent, minimum of 5 times weekly, monitoring to manage their qualifying diagnosis, as defined and ordered by a physician or podiatrist;
  - Client has demonstrated a need for ongoing monitoring as evidenced by having been hospitalized two or more times in the last twelve months for conditions related to the qualifying diagnosis; or, if the client has received home health services for less than six months, the client was hospitalized at least once in the last three months, an acute exacerbation of a qualifying diagnosis that requires telehealth monitoring, or new onset of a qualifying disease that requires ongoing monitoring to manage the client in their residence;
  - Client or caregiver misses no more than 5 transmissions of the provider and agency prescribed monitoring events in a thirty-day period; and
  - Client’s home environment has the necessary connections to transmit the telehealth data to the agency and has space to set up and use the equipment as prescribed.

**Source:** 10 CO Code of Regulation 2505-10 8.520.5.D Page 322-323. (Accessed Sept. 2020).

Provider Limitations

Any home health agency is eligible to provide services. A specific list of agencies is provided.

**Source:** CO Department of Health Care Policy and Financing. “Home Health Telehealth”. (Accessed Sept. 2020).

Acute home health agencies and long-term home health agencies are reimbursed for the initial installation and education of telehealth monitoring equipment and can be billed once per client per agency. The agency can also bill for every day they receive and review the client’s clinical information.

No prior authorization needed, but agencies should notify the Department or its designee when a client is enrolled in the service.

**Source:** CO Medical Assistance Program, Home Health Billing Manual, (8/20). (Accessed Sept. 2020).

Other Restrictions

Home Health services are covered under Medicaid only when all of the following are met:

1. Services are provided for the treatment of an illness, injury, or disability which may include mental disorders.
  2. Services are medically necessary as defined in Section 8.076.1.8.
  3. Services are provided under a plan of care as defined at Section 8.524 DEFINITIONS.
  4. Services are provided on an intermittent basis, as defined at Section 8.524, DEFINITIONS.
  5. The client meets the following:
    - a. The only alternative to Home Health services is hospitalization or emergency room care; or the client’s medical records indicate that medically necessary services should be provided in the client’s home instead other out-patient setting, according to one or more listed guidelines.
- i) The client, due to illness, injury or disability, is unable to travel to an outpatient setting for the needed service;
  - ii) Based on the client’s illness, injury, or disability, travel to an outpatient setting for the needed service would create a medical hardship for the client;
  - iii) Travel to an outpatient setting for the needed service is contraindicated by a documented medical diagnosis;
  - iv) Travel to an outpatient setting for the needed service would interfere with the effectiveness of the service; or
  - v) The client’s medical diagnosis requires teaching which is most effectively accomplished in the client’s place of residence on a short-term basis.

**Source:** 10 CO Code of Regulation 2505-10 8.523. Pg. 216. (Accessed Sept. 2020).





No reimbursement for telephone.  
 No reimbursement for FAX.  
 No reimbursement for email.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).

Recently adopted Rule-Behavioral Health

"Face-to-Face clinical assessment" means a formal and continuous process of collecting and evaluating information about an individual for service planning, treatment, referral, and funding eligibility as outlined in 21.190, and takes place at a minimum upon a request from the responsible person for funded services through the Children and Youth Mental Health Treatment Act. This information establishes justification for services and Children and Youth Mental Health Treatment Act funding. The child or youth must be physically in the same room as the professional person during the Face-to-Face clinical assessment. If the child is out of state or otherwise unable to participate in a Face-to-Face assessment, video technology may be used. If the Governor or local government declares an emergency or disaster, telephone may be used. Telephone shall only be used as necessary because of circumstances related to the disaster or emergency.

**Source:** 2 CO Code of Regulation 520-1, 21.200.41. pg. 37 (Accessed Sept. 2020).

Providers shall give all first-time patients a written statement that includes the following:

- The patient may refuse telemedicine services at any time without affecting the patient's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the patient would otherwise be entitled;
- All applicable confidentiality protections shall apply to the services;
- The patient shall have access to all medical information resulting from the services, under state law.

**Source:** CO Revised Statutes 25.5-5-320. (Accessed Sept. 2020).

Providers must document the member's consent, either verbal or written, to receive telemedicine services.

The Medicaid requirement for face-to-face contact between provider and member may be waived when treating the member through telemedicine. In-person contact between a health care provider and a member is not required for services delivered through telemedicine that are otherwise eligible for reimbursement. Prior to treating the member through telemedicine for the first time, the provider must furnish each member with all of the following written statements, which must be signed (electronic signatures will be accepted) by the member or the member's legal representative:

- The member retains the option to refuse the delivery of health care services via telemedicine at any time without affecting the member's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the member would otherwise be entitled.
- All applicable confidentiality protections shall apply to the services.
- The member shall have access to all medical information resulting from the telemedicine services as provided by applicable law for client access to his or her medical records.

These requirements do not apply in an emergency.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).

No reference found.



Services appropriately billed to managed care should continue to be billed to managed care. All managed care requirements must be met for services billed to managed care. Managed care may or may not reimburse telemedicine costs.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).

Transmissions must be performed on dedicated secure lines or must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmission. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver. Providers of telemedicine services must implement confidentiality procedures that include, but are not limited to:

- Specifying the individuals who have access to electronic records.
- Using unique passwords or identifiers for each employee or other person with access to the member records.
- Ensuring a system to routinely track and permanently record such electronic medical information.
- Members must be advised of their right to privacy and that their selection of a location to receive telemedicine services in private or public environments is at the member's discretion.

**Source:** CO Department of Health Care Policy and Financing. "Telemedicine Billing Manual" 5/20. (Accessed Sept. 2020).

The State Department shall post telemedicine utilization data of the state's Department website no later than 30 days after the effective date and shall update the data every other month through the state fiscal year 2021-22.

**Source:** CO Statute, Sec. 25.5-5-320 & Senate Bill 20-212 (2020 Session). (Accessed Sept. 2020).

For Colorado Medicaid a billable encounter at an FQHC is an in-person face to face visit with a Health First Colorado member. There is no carve out paying fee schedule for telemedicine services. The costs and salaries associated with a telemedicine visit are appropriately included in the cost report, but the service is not a billable encounter. The services are appropriately reimbursed through the prospective payment system by including the costs in the reimbursement calculation.

**Source:** CO Department of Health Care Policy and Financing. "Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)" 8/20. (Accessed Sept. 2020).

Telehealth means a mode of delivery of healthcare services through HIPAA compliant telecommunication systems, including information, electronic, and communication technologies, remote monitoring technologies, and store-and-forward transfers, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site.

**Source:** CO Revised Statutes 10-16-123(4)(e) (I & II) & Senate Bill 20-212 (2020 Session). (Accessed Sept. 2020).

A health benefit plan that is issued, amended or renewed shall not require in-person contact between a provider and a covered person for services appropriately provided through telehealth, subject to all terms and conditions of the health plan.

Subject to all terms and conditions of the health benefit plan, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by the provider.

A carrier shall not restrict or deny coverage solely because the service is provided through telehealth or based on the communication technology or application used to deliver the telehealth services, subject to the terms and conditions of the plan.

A health plan is not required to pay for consultation provided by a provider by telephone or facsimile unless the consultation is provided through HIPAA compliant interactive audio-visual communication or the use of a HIPAA compliant application via a cellular telephone.



## Private Payer Laws

### Requirements

A carrier shall include in the payment for telehealth interactions reasonable compensation to the originating site for the transmission cost incurred during the delivery of health care services through telehealth except for when the originating site is a private residence.

**Source:** CO Revised Statutes 10-16-123. (Accessed Sept. 2020).

**A carrier shall not:**

- (I) Impose an annual dollar maximum on coverage for health care services covered under the health benefit plan that are delivered through telehealth, other than an annual dollar maximum that applies to the same services when performed by the same provider through in-person care;
- (II) Impose specific requirements or limitations on the HIPAA-Compliant technologies that a provider uses to deliver telehealth services, including limitations on audio or live video technologies;
- (III) Require a covered person to have a previously established patient-provider relationship with a specific provider in order for the covered person to receive medically necessary telehealth services from the provider; or
- (IV) Impose additional certification, location, or training requirements on a provider as a condition of reimbursing the provider for providing health care services through telehealth.

**Source:** CO Statute 10-16-123 & SB 20-212 (2020 Session). (Accessed Sept. 2020).

### Parity

#### Service Parity

CO insurers cannot deny coverage solely because the service is provided through telehealth rather than in-person consultation or contact between the participating provider or, subject to section 10-16-704, the nonparticipating provider and the covered person where the health care service is appropriately provided through telehealth; or based on the communication technology or application used to deliver the telehealth services pursuant to this section. However, use of the word solely, may mean they can find other reasons, such as the service doesn't meet the appropriate standard of care in the insurer's view.

**Source:** : CO Revised Statutes 10-16-123(2)(b)(II). (Accessed Sept. 2020).

#### Payment Parity

Subject to all terms and conditions of the health benefit plan, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by that provider.

**Source:** CO Revised Statutes 10-16-123(2)(b)(I). (Accessed Sept. 2020).

## Professional Regulation/Health & Safety

### Definitions

“Telehealth” means a mode of delivery of health care services through telecommunication systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education and care management of a resident’s health care when the resident and practitioner are located at different sites. Telehealth includes ‘telemedicine’ as defined in Section 12-36-102.5(8), C.R.S.”

**Source:** 6 CO Regs. Rule 1011-1. Ch. 5, Sec. 2. (Accessed Sept. 2020).

“Telemedicine means the delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication.”

**Source:** CO Revised Statutes 12-240-104(6). (Accessed Sept. 2020).

**Recently Passed Legislation**

Occupational Therapy: Telehealth means the use of electronic information and telecommunications technology to support and promote access to clinical health care, client and professional health-related education, public health and health administration.

**Source:** CO Revised Statute 12-270-104. (HB 20-1230). (Accessed Sept. 2020).



## Consent

See Medicaid section for Consent requirements.

### Workers' Compensation

The patient is required to provide the appropriate consent for treatment.

**Source:** 7 CO Regs. Rule 1101-3, 18-5(l)(3)(b), p. 34. (Accessed Sept. 2020).

## Online Prescribing

A pharmacist shall not dispense a prescription drug if the pharmacist knows or should know that the order for such drug was issued without a valid preexisting patient-practitioner relationship. Such relationship need not involve an in-person encounter between the patient and practitioner if otherwise permissible under Colorado law. A pharmacist may, in good faith, dispense an opiate antagonist pursuant to an order that was issued without a valid preexisting patient-practitioner relationship under the following conditions:

- a. The opiate antagonist is not a controlled substance; and
- b. The opiate antagonist is approved by the Federal Food and Drug Administration for the treatment of a drug overdose.

**Source:** 3 CO Code of Regulation 719-1. 3.00.21, p. 7. (Accessed Sept. 2020).

### Workers' Compensation

The physician-patient relationship/psychologist-patient relationship can be established through live audio/video services.

**Source:** 7 CO Regs. Rule 1101-3, 18-5(l)(3)(a), p. 34. (Accessed Sept. 2020).

"Bona fide physician-patient relationship", for purposes of the medical marijuana program, means: A physician and a patient have a treatment or counseling relationship, in the course of which the physician has completed a full assessment of the patient's medical history, including reviewing a previous diagnosis for a debilitating or disabling medical condition, and current medical condition, including an appropriate personal physical examination. "Appropriate personal physical examination" may not be performed by remote means, including telemedicine.

**Source:** 5 CO Regs. Rule 1006-2. (Accessed Sept. 2020).

## Cross State Licensing

Member of the Interstate Medical Licensure Compact.

**Source:** Interstate Medical Licensure Compact. The IMLC. (Accessed Sept. 2020).

Member of the Interjurisdictional Psychology Compact.

**Source:** Compact of the Association of State and Provincial Psychology Boards. Legislative Updates. (Accessed Sept. 2020).

Member of Emergency Medical Technician Services Compact (REPLICA).

**Source:** National Registry of Emergency Medical Technicians. The EMS Compact States. (Accessed Sept. 2020).

Member of the Physical Therapy Compact.

**Source:** Physical Therapy Compact. Compact Map. (Accessed Sept. 2020).

Member of the Nurses Licensure Compact.

**Source:** Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2020).



Colorado law includes in its definition of “health care services” the rendering of services via telehealth.

**Source:** *CO Revised Statutes 10-16-102(33)*. (Accessed Sept. 2020).

Providers are encouraged to utilize telehealth whenever medically appropriate under the Division of Worker’s Compensation.

**Source:** *7 CCR 1101-3, Rules 16-2. Page 3*. (Accessed Sept. 2020).

#### **Recently Passed Legislation**

##### **HB 20-1230 Sunset Occupational Therapy Practice Act**

Telehealth, telerehabilitation, and teletherapy are included within the practice of occupational therapy.

**Source:** *Sunset Occupational Therapy Practice Act HB 20-1230 co.* (Accessed Sept. 2020).

#### **Recently Adopted Rule**

Worker’s Compensation rule encourages the utilization of telehealth wherever medically appropriate.

Specifies certain CPT codes that may be provided via telemedicine for Worker’s Compensation. It also sets reimbursement requirements for distant site and originating site providers.

**Source:** *7 CCR 1101-3, Rule 18-4*. (Accessed Sept. 2020).

