

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

Colorado Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSING COMPACT	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, NLC, PTC, PSYPACT	✓

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 the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio, interactive video, or interactive data communication instead of in-person contact.</p> <p>Source: CO Department of Health Care Policy and Financing. "Telemedicine," p. 2, 6/19 & "Telemedicine – Provider Information", CO Department of Health Care Policy and Financing. (Accessed Feb. 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>Source: CO Medical Assistance Program, Home Health Billing Manual, p. 12 (8/19), (Accessed Feb. 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>Source: CO Department of Health Care Policy and Financing. "Home Health Telehealth". (Accessed Feb. 2020).</p>
	Live Video Policy	<p>CO Medicaid will cover medically necessary medical and surgical services furnished to eligible members via telemedicine which can involve up to two collaborating providers and the member. It is acceptable to use Telemedicine to facilitate live contact directly between a member and a distant provider via telecommunications equipment.</p> <p>Source: CO Department of Health Care Policy and Financing. "Telemedicine" p. 2, 6/19. (Accessed Feb. 2020).</p>



In-person contact between a health care or mental health care provider and a patient shall not be 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. The services shall be 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 must be, at minimum, the same as in-person services.

Source: CO Revised Statutes 25.5-5-320.

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 Feb. 2020).

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

Source: CO Revised Statutes 25.5-5-320. (Accessed Feb. 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.

Source: CO Department of Health Care Policy and Financing. “Telemedicine” p.2 & 6, 6/19 & “Telemedicine – Provider Information”, CO Department of Health Care Policy and Financing. (Accessed Feb. 2020).

Any Health First Colorado covered physician services that are within the scope of a provider’s license and training and appropriate for telemedicine may be provided via telemedicine. 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. All other procedure codes should still be billed using the modifier GT if rendered via telemedicine; however, they will not receive the additional \$5.00 fee.

Source: CO Department of Health Care Policy and Financing. “Telemedicine” p.2 & 6, 6/19. (Accessed Feb. 2020).

Durable Medical Equipment Encounters

Any Health First Colorado covered physician services that are within the scope of a provider’s license and training and appropriate for telemedicine may be provided via telemedicine. 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. All other procedure codes should still be billed using the modifier GT if rendered via telemedicine; however, they will not receive the additional \$5.00 fee.

Source: CO Department of Health Care Policy and Financing. “Durable Medical Equipment, Prosthetics, Orthotics, and Supplies” p. 12, 7/19 (Accessed Feb. 2020).



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" p. 12, 7/19 (Accessed Feb. 2020).

Pediatric Behavioral Therapy

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.

Source: CO Department of Health Care Policy and Financing. "Pediatric Behavioral Therapies Billing Manual" p. 2, 3/19 (Accessed Feb. 2020).

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", p. 9, 3/19. (Accessed Feb. 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 Feb. 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" p. 22, 6/2019. (Accessed Feb. 2020).

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.

Source: CO Department of Health Care Policy and Financing. "Telemedicine" p. 2, 3 & 5 6/19 & "Telemedicine – Provider Information", CO Department of Health Care Policy and Financing. (Accessed Feb. 2020).

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" p. 2, 6/19. (Accessed Feb. 2020).

A medical specialist provider can be reimbursed as the "originating provider" for any Telemedicine Services where the member is present with the provider at the "originating site."

Source: CO Department of Health Care Policy and Financing. "Telemedicine" p. 3, 6/19. (Accessed Feb. 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 Feb. 2020).

Speech Therapy

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

Source: CO Department of Health Care Policy and Financing. "Speech Therapy", p. 14. 10/19. (Accessed Feb. 2020).

No reference found.

When an originating site bills Q3014 (telemedicine originating site facility fee), there is generally no rendering provider actually involved in the service at the originating site. 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.

Providers eligible for the originating site facility fee include:

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

Other sites can serve as an originating site, but cannot collect the facility fee. The originating site may not bill for assisting the distant site provider with an examination. Examples include Nursing Facilities, Intermediate Care Facilities, Assisted Living Facilities, etc.

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.

Source: CO Department of Health Care Policy and Financing. "Telemedicine" p.4-5, 6/19. (Accessed Feb. 2020).

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.

Source: CO Revised Statutes 25.5-5-320(3). (Accessed Feb. 2020).

Pediatric Behavioral Therapy

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.

Source: CO Department of Health Care Policy and Financing. "Pediatric Behavioral Therapies Billing Manual" p. 2, 3/19 (Accessed Feb. 2020).



Medicaid Telehealth Reimbursement

Store-and-Forward	Policy	<p>The member must be present during any Telemedicine Services collaboration between two providers where there is an originating provider and a distant provider.</p> <p>Source: CO Department of Health Care Policy and Financing. "Telemedicine" p.1, 6/19. (Accessed Feb. 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>Source: CO Revised Statutes 25.5-5-321.5. (Accessed Feb. 2020).</p>
	Eligible Services/Specialties	<p>Limited reimbursement allowed for an interim therapeutic restoration in teledentistry.</p> <p>Source: CO Revised Statutes 25.5-5-321.5. (Accessed Feb. 2020).</p>
	Geographic Limits	<p>No reference found.</p>
Remote Patient Monitoring	Transmission Fee	<p>No reference found.</p>
	Policy	<p>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.</p> <p>Source: CO Revised Statutes 25.5-5-321 (Accessed Feb. 2020).</p> <p>Monitoring of health care status may be provided remotely through Home Health Telehealth services.</p> <p>Source: 10 CO Code of Regulation 2505-10 8.523.11G (Accessed Feb. 2020).</p> <p>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.</p> <p>Source: CO Medical Assistance Program, Home Health Billing Manual, p. 12 (8/19/19), (Accessed Feb. 2020).</p>



Policy

CO 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 Department of Health Care Policy and Financing. “Home Health Telehealth”. (Accessed Feb. 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 Feb. 2020).

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;
- 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 8.525.15 Page 224 (Accessed Feb. 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 Feb. 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, p. 12 (8/19), (Accessed Feb. 2019).



Remote Patient Monitoring	Other Restrictions	<p>Home Health services are eligible for reimbursement under Medicaid only when the services meet all of the following requirements:</p> <ul style="list-style-type: none"> A. Services are provided for the treatment of an illness, injury, or disability which may include mental disorders. B. Services are medically necessary. C. Services are reasonable in amount, duration, and frequency. D. Services are provided under a plan of care as defined at Section 8.524 DEFINITIONS. E. Services are provided on an intermittent basis, as defined at Section 8.524, DEFINITIONS. F. The only alternative to Home Health services is hospitalization or the emergency room; or the client’s medical records accurately justify a medical reason that the services should be provided in the client’s home instead of a physician’s office, clinic, or other out-patient setting, according to one or more listed guidelines. <p>Source: 10 CO Code of Regulation 2505-10 8.523.11 Pg. 216. (Accessed Feb. 2020).</p>
Email / Phone / Fax	<p>No reimbursement for telephone. No reimbursement for FAX.</p> <p>Source: CO Department of Health Care Policy and Financing. “Telemedicine” p. 2, 6/19. (Accessed Feb. 2020).</p>	
Consent	<p>Providers shall give all first-time patients a written statement that includes the following:</p> <ul style="list-style-type: none"> • 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. <p>Source: CO Revised Statutes 25.5-5-320. (Accessed Feb. 2020).</p> <p>The Medicaid requirement for face-to-face contact between provider and member may be waived prior to treating the member through telemedicine for the first time. The rendering provider must furnish each member with all of the following written statements which must be signed by the member or the member’s legal representative:</p> <ul style="list-style-type: none"> • 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. <p>These requirements do not apply in an emergency.</p> <p>Source: CO Department of Health Care Policy and Financing. “Telemedicine” p. 4, 6/19. (Accessed Feb. 2020).</p>	
Out of State Providers	<p>No reference found.</p>	



Managed care may or may not reimburse telemedicine costs. Health First Colorado does not pay for provider education via telemedicine.

Source: CO Department of Health Care Policy and Financing. "Telemedicine" p.2, 6/19. (Accessed Feb. 2020).

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" p. 3, 6/19. (Accessed Feb. 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)" 11/19. p.3, (Accessed Feb. 2020).

Telehealth means a mode of delivery of healthcare services through telecommunications systems, including information, electronic, and communication technologies, 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. The term includes synchronous interactions, store-and-forward transfers and services provided through HIPAA Compliant interactive audio-visual communication or the use of a HIPAA compliant application via a cellular telephone. Telehealth does not include the delivery of health care services via voice-only telephone communication or text messaging, facsimile machine or electronic mail.

Source: CO Revised Statutes 10-16-123(4)(e)(I & II). (Accessed Feb. 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.

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 Feb. 2020).



Private Payer Laws	Parity	Service Parity	<p>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.</p> <p>Source: CO Revised Statutes 10-16-123(2)(b)(II). (Accessed Feb. 2020).</p>
		Payment Parity	<p>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.</p> <p>Source: CO Revised Statutes 10-16-123(2)(b)(I). (Accessed Feb. 2020).</p>
Professional Regulation/Health & Safety	Definitions		<p>“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.”</p> <p>Source: 6 CO Regs. Rule 1011-1. Ch. 5, Sec. 2. (Accessed Feb. 2020).</p>
			<p>“Telemedicine means the delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication.”</p> <p>Source: CO Revised Statutes 12-240-104(6). (Accessed Feb. 2020).</p>
	Consent		<p>See Medicaid section for Consent requirements.</p> <p>Workers’ Compensation The patient is required to provide the appropriate consent for treatment.</p> <p>Source: 7 CO Regs. Rule 18-5(J)(3)(b), p. 35. (Accessed Feb. 2020).</p>
	Online Prescribing		<p>Pharmacists are prohibited from dispensing prescription drugs if they know, or should have known, that it was on the basis of an internet-based questionnaire, an Internet-based consult, or a telephone consultation, all without a valid pre-existing patient-practitioner relationship.</p> <p>Source: 3 CO Code of Regulation 719-1. 3.00.21, p. 7. (Accessed Feb. 2020).</p> <p>Workers’ Compensation The physician-patient relationship/psychologist-patient relationship can be established through live audio/video services.</p> <p>Source: 7 CO Regs. Rule 18-5(J)(3)(a) (Accessed Feb. 2020).</p> <p>“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.</p> <p>Source: 5 CO Regs. Rule 1006-2.</p>



Cross State Licensing

Member of the interstate medical licensure compact.

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

Member of the Interjurisdictional Psychology Compact.

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

Member of the Physical Therapy Compact.

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

Member of the Nurses Licensure Compact.

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

Miscellaneous

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 Feb. 2020).*

Telemedicine is a term describing a mode of delivery of health care services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, and/or self-management of an injured worker’s health care while the injured worker is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and store-and-forward transfers. The term does not include the delivery of health care services via telephone with audio only function, facsimile machine, or electronic mail systems.

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

