

Disclaimer:

Guidance from state and federal authorities is changing rapidly. All guidance is related to the state of emergency due to COVID-19 and will expire when the state of emergency expires.

The coronavirus (COVID-19) has strained our ability to deliver health care services in traditional ways. With state-mandated social distancing, continuing to provide services is extremely challenging. With the state of emergency declaration, Governor Polis has directed the Department of Health Care Policy and Financing (HCPF) to find immediate solutions to eliminate barriers to access to care for Health First Colorado (Colorado's Medicaid Program) members.

Guidance from HCPF was issued on March 18, 2020 and can be found on their website at <https://www.colorado.gov/pacific/hcpf/provider-telemedicine>. This guidance applies to services billed to fee-for-service Medicaid. It allows for an expanded set of service codes to be delivered through telemedicine, telephone, as well as live chat. This guidance also applies to Colorado Access CHP+ HMO and CHP+ SMCN.

Behavioral Health Services Covered by Colorado Access as the Regional Accountable Entity for Region 3, 5, and Denver Health Medical Plan Behavioral Health

This guidance only applies to Health First Colorado behavioral health claims billed to Colorado Access.

Colorado Access has been given wide latitude to allow behavioral health services to be delivered through telemedicine, telephone, or live chat. Coinciding with governor's declaration of the state of emergency, effective March 10, 2020, **all behavioral health services normally billed under the behavioral health capitation are now allowed to be delivered through telemedicine, telehealth, and live chat.** This guidance will apply until the state of emergency ends.

- **CMS1500 Professional Claim Billing guidance:**

Capitated behavioral health billing (RAE/Colorado Access):

For CMS1500 Professional Claim billing – Please use POS 02 for all telemedicine/telephone services rendered. Modifier 95 can also be added, though not required, as long as the placement is in the second through fourth modifier position. Please continue to follow the USCS coding manual for the appropriate modifier use, i.e. HE or other modifiers in the first modifier position.

Child Health Plan *Plus* (Colorado Access)

For CMS1500 Professional Claim billing – Please use POS 02 for all telemedicine/telephone services. Modifier 95 can also be added, though not required.

- **UB-04 Institutional Claims billing guidance (RAE/Colorado Access and CHP+ HMO/Colorado Access)**

Since POS 02 does not apply to Institutional billing (not a POS field on a UB04 claim), Modifier 95 or Modifier GT can be added to the claim but it is NOT required. Adding these modifiers will help Colorado Access to track the services rendered by telemedicine/telephone during the COVID-19 State of Emergency.

- Providers are expected to act with sound clinical judgment.
- These are in effect due to the current state of emergency. Colorado Access will continue to monitor the situation and will keep you informed when billing changes occur.
- The Uniform Service Coding Standards (USCS) Manual must be followed for all other coding and documentation requirements <https://www.colorado.gov/pacific/hcpf/mental-health-rate-reform-0>.