

Disclaimer:

Guidance from state and federal authorities is changing rapidly. Please check this frequently for updates. 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 states of emergency declaration, Governor Polis has directed the Colorado 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 March 18, 2020 and can 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 by telemedicine, telephone, as well as live chat. Please refer to this site for updates. 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 by 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 by telemedicine, telehealth, and live chat.** This guidance will apply until the state of emergency ends.

- Place of Service (POS): 02 is now open for all behavioral health codes billed to Colorado Access while Colorado is in a state of emergency.
- Video Conference (GT) or Telemedicine and Telephone are allowed mode of delivery for all behavioral health codes billed to Colorado Access.
- 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>.

A more detailed Q&A section will be posted in the next few days.

Information on telehealth services during the COVID-19 outbreak

Colorado Access is supporting members and providers during this challenging time. We recognize there is a lot of information changing almost daily. We will continue to provide updates on the web page as we receive them. Health Care Policy and Financing is providing updates through this webpage: <https://www.colorado.gov/hcpf/covid>.

1. Is there a difference between telehealth and services delivered by telephone?

Yes. The terms “telemedicine” and “telehealth” may be used interchangeably by some states, while in other states both terms are explicitly defined in law and/or policy and regulations.

The Colorado Department of Health Care Policy and Financing (HCPF) 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 audio, interactive video, or interactive data communication instead of in-person contact. *HCPF has temporarily added telephone and live chat.*

- Telemedicine (telehealth) services are rendered “live” in real-time through audio-video communications circuits. Telemedicine (telehealth) does not include telephone (interactive audio) or facsimile machines.
- Telemedicine (telehealth) involves an “originating provider/site” where the patient is located and a “distance provider” who acts as a consultant to the originating provider, or in some cases, is the only provider involved in the service.
- “The availability of services through telemedicine in no way alters the scope of practice of any health care provider; or authorizes the delivery of health care services in a setting or manner not otherwise authorized by law (§25.5-5-414(7)(a) and (b), CRS).”

2. How do I know if a service can be delivered via telehealth?

RAE Behavioral Health:

- The Uniform Services Coding Standards Manual (USCS) outlines the approved mode of delivery for each code. <https://www.colorado.gov/pacific/hcpf/mental-health-rate-reform-0>.
- See pages 41-42 of the USCS for an explanation and instructions regarding how to bill for telehealth (labeled as video conferencing) when it is an allowed mode of delivery.
- Note: HCPF has not made any updates or exceptions to the USCS. This means all providers must continue to comply with the USCS when documenting and billing rendered services. The only exception is that any services may be delivered in the home and Video Conference (GT) or Telemedicine and Telephone are allowed mode of delivery.

For Physical Health (CHP+ and RAE):

- The AMA’s CPT book Appendix P lists all CPT codes approved for telehealth mode of treatment delivery. The codes approved for telehealth are also notated with a star.

- Place of service should be listed as 02 and include modifier 95.
- Refer to HCPF Provider Information: <https://www.colorado.gov/pacific/hcpf/provider-telemedicine>.
- Refer to the HCPF FFS Telemedicine Billing manual: <https://www.colorado.gov/pacific/sites/default/files/CMS1500%20Telemedicine%20Billing%20Manual%20061919.pdf>.

3. Are telehealth services reimbursed at the same rate as in-person services?

Effective March 10, 2020, all telehealth services will be reimbursed at the same rate as the same service rendered in person.

4. Are there any other telehealth regulations providers need to follow?

There are specific regulations for the various licensed health care professionals in Colorado. We recommend you check with your applicable licensing authority for further guidance.

Although HIPAA does not impact whether a claim is eligible for reimbursement, providers should determine how HIPAA applies to the provider's practice. The federal government has issued a notice regarding HIPAA and telehealth during this national emergency. See: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Telemedicine Q&A

Question	Answer
<p>What modifiers are required when modality is telephone? GT? 95?</p> <p>I just want to clarify that 02 is required but GT modifier is not</p> <p>How are institutions defined that are required to use the GT modifier?</p> <p>I would love to know the difference between the 95 modifier and the GT modifier. Please let me know which to use for Medicaid and CHP+ for physical therapy, occupational therapy and speech therapy</p> <p>We were told by CHP+ to use only a 95 modifier NOT a GT! Please help, this is for early intervention and outpatient occupational, physical therapy and speech therapy</p> <p>Remind everyone that GT modifier should follow traditional modifier use... as stated in the coding manual.</p> <p>For instance, do we need to add the modifier 95?</p> <p>Is the GT modifier in place of the HE modifier?</p> <p>Are modifiers HE and 95 for non-institutional behavioral health claims?</p>	<p>CMS1500 Professional Claim Billing guidance:</p> <p>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-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.</p> <p>Child Health Plan <i>Plus</i> (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.</p> <p>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.</p>
<p>Do we need to utilize only HIPAA compliant synchronous video and audio platforms?</p>	<p>Please refer to the HHS guidance for telehealth during the declared public health emergency: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</p>

Telemedicine Q&A (continued)

Question	Answer
<p>What is the proper coding for RAE behavioral health billing?</p>	<p>The same coding and documentation rules apply. Video Conference (GT) or Telemedicine and Telephone are allowed modes of delivery, along with place of service 02 and can be used for any Medicaid FFS billed to HCPF or to Colorado Access CHP+ HMO or SMCN member. Allowed codes are listed in the HCPF guidance. https://www.colorado.gov/pacific/hcpf/provider-telemedicine</p> <p>For behavioral health services billed to Colorado Access, follow all coding and documentation guidelines according to the USCSM. The exceptions are Video Conference (GT) or Telemedicine and Telephone as allowed modes of delivery, along with place of service 02, and can be used for any service. The services must be reasonable to deliver in home and through remote modalities.</p> <p>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-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.</p> <p>Child Health Plan <i>Plus</i> (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.</p> <p>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.</p>

Telemedicine Q&A (continued)

Question	Answer
<p>For place of service please confirm we continue to use 11 if the provider is in their office, and do we use 02 if the provider is located remotely from their office?</p>	<p>If the provider renders service by telemedicine or telehealth, the POS needs to be 02, regardless of where the member or provider is physically located.</p> <p>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.</p> <p>Child Health Plan <i>Plus</i> (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.</p> <p>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 through telemedicine/telephone during the COVID-19 state of emergency.</p>
<p>If I do an hour-long telehealth session for counseling, I think the place of service is 02, The service code is still 90837 and the modifier is 95. Do I have that correct?</p>	<p>The correct procedure code is determined by the service you rendered; please review the USCS manual to determine proper procedure code. The place of service varies depending on where the service occurred. If you rendered the service through telehealth, the place of service is telehealth (02).</p>

Telemedicine Q&A (continued)

Question	Answer
	<p>CMS1500 Professional Claim Billing guidance:</p> <p>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.</p> <p>Child Health Plan <i>Plus</i> (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.</p> <p>UB-04 Institutional Claims billing guidance (RAE/ Colorado Access and CHP+ HMO/Colorado Access):</p> <p>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.</p>
<p>Do you know if the reimbursement rate for telehealth will be the same as in person?</p>	<p>Yes, it will be the same.</p>
<p>Will outpatient physical therapy visits be covered?</p>	<p>Please see HCPF’s telehealth provider webpage for a description of what may be rendered through telehealth.</p> <p>https://www.colorado.gov/pacific/hcpf/provider-telemedicine</p>
<p>How do I add telehealth to my contract ASAP?</p>	<p>Nothing needs to be added to provider contracts. This guidance permits sufficient delivery through telemedicine, telephone, and live chat.</p>

Telemedicine Q&A (continued)

Question	Answer
<p>Do we need to have a HIPAA business associate agreement?</p>	<p>HIPAA rules regarding business associate requirements (such as with your telehealth vendor) have not changed.</p> <p>Please refer to the HHS guidance for telehealth during the declared public health emergency: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</p>
<p>What are the documentation guidelines for evaluation & management codes (E&M) telephone visits?</p>	<p>Please follow the appropriate manuals.</p> <p>For RAE behavioral health, follow the documentation requirements outlined in the USCS manual https://www.colorado.gov/pacific/hcpf/mental-health-rate-reform-0</p> <p>For physical health, please follow the guidelines in the telehealth billing manual https://www.colorado.gov/pacific/sites/default/files/CMS1500%20Telemedicine%20Billing%20Manual%20061919.pdf</p>
<p>H0023 is allowable over the phone in the coding manual, but not on this list. Can that be clarified? H0023 was not in the list of codes from HCPF, but it has always been allowed over the phone per the coding manual. This is behavioral health outreach and desperately needed at this time. Can you reach out to HCPF and have this on the approved list of codes, please?</p>	<p>H0023 is not the list of services billable to fee-for-service (FFS) or CHP+ issued by HCPF. It remains an allowed service in the USCS Manual. H0023 can be billed to Colorado Access as the RAE. This was true before the COVID-19 outbreak.</p>
<p>If we are in our office on video conference, do we still use place of service 11, or are all video conferences use 02?</p>	<p>Use place of service 02 (telehealth) when the service is rendered using telehealth. Otherwise, use the POS where the patient is present (e.g. nursing home or assisted care facility).</p>
<p>Is there a list of codes that now allow telehealth for the COVID-19 outbreak? Can we do groups by telehealth now?</p>	<p>Please refer to HCPF guidance for fee-for-service (FFS) and CHP+ codes. https://www.colorado.gov/pacific/hcpf/provider-telemedicine</p> <p>For behavioral health services billed to Colorado Access as the RAE, groups are permitted through telehealth if all other requirements in the USCS manual are met.</p>

Telemedicine Q&A (continued)

Question	Answer
Can you please clarify if services are allowed to be rendered with a provider at home/out of the clinic with the patient at their own home and do the billing codes change? Patient at the patient’s home?	Yes, providers may deliver services from any remote location, including their home. The environment must comply with rules regarding telemedicine (private and secure). The procedure codes do not change but the place of service on the claim will change.
Does this guidance apply to all ages of patients?	Yes.
Are certified addiction counselors (CACs) able to provide services through telehealth?	Yes, as long as they are otherwise permitted to render the service as outlined in the USCS manual.
Do we have to update our authorizations to include telemedicine codes and modifiers?	No. But most services requiring prior authorization are not likely to be reasonably delivered remotely.
On the behavioral health capitated benefit, is telephone now under the telehealth definition?	Yes, during this state of emergency. It is allowed for outpatient codes in which it is appropriate.
I did not hear clearly whether behavioral health sessions could be held over the phone. I understand there are apps for iPhone but what if the patient or therapist does not have an iPhone?	No special apps are required. Behavioral health services may be delivered over any telephone during this declared public health emergency.
It does not appear that SUD groups are allowed. Can you please elaborate on this?	Yes, groups for substance use disorder (SUD) are allowed to be delivered by telehealth and need to still comply with all USCS manual requirements and be clinically reasonable to be delivered by video or phone.
Are the covered codes in the USCS manual all now allowed by telehealth/telephone?	Yes. They must still comply with all USCS manual requirements and be clinically reasonable to be delivered by video or phone.
Are certified addiction counselors (CACs) able to bill for H0005?	Please review the USCS manual to determine what credentials are required to render a service.
Is there any consideration for MSWs and LCSWs to be included in the approved providers to be able to bill for telemedicine services? We are seeing a significant gap in available providers to provide services related to COVID-19.	The only change in effect is to allow telehealth as a place of service, other coding and documentation rules have not changed. Please review the USCS manual to determine what credentials are required to render a service.
Please elaborate on group restriction. Will you be considering allowing group therapy by telehealth?	Groups rendered by telehealth by an FQHC do not qualify for the FQHC encounter rate. Although they may be rendered by telehealth, they will be paid at a fee-for-service (FFS) rate.

Telemedicine Q&A (continued)

Question	Answer
<p>Can we use the free version of Zoom, or do we need to use the zoom business account due to HIPAA compliance? Is the free version of Zoom HIPAA compliant?</p>	<p>You need to reference Zoom to determine the HIPAA-compliance of its free product.</p> <p>The free and regular paid versions of Zoom are not HIPAA-compliant. However, Zoom does offer a HIPAA-compliant version of its software for health care; please contact Zoom for further information.</p> <p>For updates regarding use of HIPAA-compliant technology during COVID-19, please see the following link: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</p> <p>Please refer to the HHS guidance for telehealth during the declared public health emergency: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</p>
<p>Will you be considering allowing skills training by telehealth in addition to phone services?</p>	<p>Yes. Service code H2014 is already allowed by telephone. It is also allowed by telemedicine during this period.</p>
<p>If a patient is in an assisted living facility, do you still bill with the facility info in box 32 for telehealth? Also, should we still be using HE modifier as well as O2 modifier for outpatient behavioral health?</p>	<p>Use place of service 02 (telehealth) when the service is rendered using telehealth. Otherwise, use the POS where the patient is present (e.g. nursing home or assisted care facility).</p> <p>Nothing changes about how modifiers should be used.</p>
<p>Can professional providers bill for add on code 90785 for individual therapy 90837 such as play therapy or art therapy for telehealth?</p>	<p>Using telehealth does not qualify for interactive complexity.</p> <p>Rules concerning the use of interactive codes have not changed. Good clinical judgement is necessary to determine if play or art therapy can be delivered appropriately through tele-video.</p>
<p>Are you adjusting pay for telehealth to match in person services?</p>	<p>Yes.</p>

Telemedicine Q&A (continued)

Question	Answer
Is there a requirement for capturing any audio/video stream for such telehealth consults? We understand that everything else is as a regular visit (plus GT modifier)?	There is no requirement to capture or store audio or visual. Documentation of the visit must meet the requirements outlined in the USCS manual or applicable billing manual.
Please comment how H0005 and H0015 are to be handled?	Colorado Access is not limiting what behavioral health services billed to Colorado Access can be delivered by telephone or tele-video. You must use your best clinical judgment as to what services can reasonably be delivered by phone or video modalities. All other requirements of the USCS manual must be met.
H0005 and H0015 are not listed in the list of billable codes from HCPF – are we allowed to do telemedicine?	<p>These codes are not listed in the HCPF guidance for services billed directly to HCPF.</p> <p>They are allowed for behavioral health services billed to Colorado Access as the RAE. Colorado Access is not limiting what behavioral health services billed to Colorado Access can be delivered by telephone or tele-video. You must use your best clinical judgement as to what services can reasonably be delivered by phone or video modalities. All other requirements of the USCS manual must still be met.</p>
Can you please confirm the consent requirements outlined by HCPF? Providers must document the member’s consent, either verbal or written, to receive telemedicine services.	Providers must document in their clinical notes the patient’s consent to the modality of treatment.
For 90837 do we still use Modifier HE?	Yes. How modifiers should be used, and the modifier position, has not changed.
What would the service location be for group services?	Assuming all patients are receiving the services through telehealth, place of service would be telehealth (02).
An MSW can bill in office for Colorado Access if credentialed. But are you saying they are not allowed to bill telemedicine?	As long as a provider is credentialed and contracted with Colorado Access, they can render services identified in the USCS manual and within their scope of practice. We have not changed any requirements for provider requirements.

Telemedicine Q&A (continued)

Question	Answer
Are there additional reimbursements for these modifiers and codes to support technology service fees or is the reimbursement the same whether in the office or through a tele-session?	Not at this time. Many technologies are available free of charge.
I am guessing a phone session will have a different CPT code than telehealth (video/audio connection) and the reimbursement rate will be different?	No. Use the same codes for services delivered by telephone; the only thing that changes is the mode of delivery documented in the progress note/medical record and the place of service identified on the claim. The reimbursement will be the same.
HIPAA suspended compliance for now, are you keeping it?	HIPAA has not been suspended. HHS has clarified that noncompliance with certain, limited requirements may not be subject to penalties. Please refer to HHS guidance for clarification. https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
For occupational therapy (OT) can we or can we NOT use telephone and live chat?	Please refer to HCPF’s website for a description of which services may be rendered by telehealth. HCPF has temporarily allowed the use of telephone and live chat for those CPT codes listed on the website. https://www.colorado.gov/pacific/hcpf/provider-telemedicine
Can any staff member verbally consent patients and how should that be documented? (i.e. can the call center consent patients as they are scheduling the telehealth visit?)	Questions regarding consent for treatment should be directed to the provider’s licensing authority.
Is pediatric behavioral therapy different than psychotherapy with children, for purposes of knowing if we can use the phone or not?	The reference to “pediatric behavioral health providers” is from the HCPF telemedicine reference page for services billed directly to HCPF. The website also lists which provider codes may be rendered by telehealth. Please refer to that page for more information on HCPF’s rules.

Telemedicine Q&A (continued)

Question	Answer
	<p>Pediatric Behavioral Therapies (PBT), also known as ABA or RDI, are not interchangeable with psychotherapy billing codes. PBT codes are billed FFS and are not included in the mental health covered services contained in the RAE contracts. Please refer to the HCPF guidance at https://www.colorado.gov/pacific/hcpf/provider-telemedicine for more information.</p>
<p>Are there any concerns as to reimbursement and processing of claims?</p>	<p>Not at this time.</p>
<p>How are OB appointments handled remotely? How do we document vitals or fetal heart rates as telehealth – can we use fetal kick counts and vitals obtained from a patient’s fit bit or phone app?</p>	<p>If you cannot reasonably deliver the service remotely, then it isn’t a viable service through remote modalities.</p>
<p>Is writing “service provided by telemedicine audio and video” on the visit note how you document? Or is the 02 sufficient?</p>	<p>Providers must document somewhere in the progress note/medical record notes how the service was rendered; it should state serviced were delivered by video and/or audio only. If the service was only rendered by telephone due to the emergency (a service that normally doesn’t allow telephone only) then the note should indicate why video wasn’t used (such as client doesn’t have an appropriate app).</p>
<p>There was a slide that said patients can refuse using telemedicine without loss of treatment. Could you explain more? How do you handle if you have people in crisis/suicidal ideation/self-harm but refuse telemedicine. Are we still responsible for their wellbeing? Can we insist on them participating in telemedicine since we have a certain responsibility for their wellbeing? How do we handle this type of situation?</p>	<p>Clinicians need to use their best judgment and resources. If a patient is refusing services and in crisis and/or high-risk, clinicians need to use their best clinical judgment around how to address a member’s immediate needs, just as they would if a patient was refusing in-person services.</p>
<p>Evaluation and Management (E&M) coding required components are history, exam, and medical decision making. Are you waiving the “exam” for the physical review documentation?</p>	<p>HCPF is not waiving the exam portion of an E&M. The basics of an exam can be done through audio/video communication channels.</p>

Telemedicine Q&A (continued)

Question	Answer
What options are there for group therapy to be billed by phone? Is group billing allowed?	Colorado Access is allowing groups to be delivered by phone if the provider deems it is a viable modality of service delivery. Video would be preferred if possible.
Amid the COVID-19 outbreak and following the recommendations put in place by the CDC and other authorities, we will begin to utilize telemedicine services for patients that would normally be seen in the emergency department. We will be billing with the telemedicine place of service, 02, and billing with Emergency Medicine CPTs: 99281 – 99285, as applicable.	Please see HCPF’s telehealth provider webpage for a description of what may be rendered through telehealth for fee-for-service (FFS) Medicaid and CHP+. https://www.colorado.gov/pacific/hcpf/provider-telemedicine
Would you cover oncology telehealth calls?	Please refer to the HCPF guidance for physical health codes that are eligible for telehealth. https://www.colorado.gov/pacific/hcpf/provider-telemedicine . Medical specialties are not referenced.
I wanted to verify if our office needs to fill out any forms or if telemedicine is automatically covered with our contract? Do we need to use both the 02 place of service and GT modifier with our CPT codes when we bill? We would more than likely be billing either 90837, 90839, or 90847	Nothing needs to be added to provider contracts. This guidance permits sufficient delivery by telemedicine, telephone, and live chat. 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 <i>Plus</i> (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.

Telemedicine Q&A (continued)

Question	Answer
	<p>UB-04 Institutional Claims billing guidance (RAE/COA and CHP HMO/COA) 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 COA to track the services rendered via telemedicine/telephone during the COVID-19 State of Emergency.</p>
<p>Place of Service 02 is not available on a UB04 claim form that we bill for in behavioral health visits to the RAE</p>	<p>Correct. POS is not a field on a UB04.</p> <p>UB-04 Institutional Claims billing guidance (RAE/COA and CHP HMO/COA) 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.</p>
<p>When I bill teletherapy for speech therapy do I bill 02 for location and GN modifier? Or 02 for location and GT modifier? Or 02 for location and 95 modifier?</p>	<p>For services billed to HCPF (fee-for-service (FFS) Medicaid and CHP+), please refer to the HCPF telehealth website; it contains links to the telehealth billing manual: https://www.colorado.gov/pacific/hcpf/provider-telemedicine</p> <p>COA CMS1500 Professional Claim Billing guidance: Child Health Plan <i>Plus</i> (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.</p> <p>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 track the services rendered by telemedicine/telephone during the COVID-19 state of emergency.</p>

Telemedicine Q&A (continued)

Question	Answer
<p>When I bill teletherapy for occupational therapy (OT) do I bill 02 for location and GO modifier? Or 02 for location and GT modifier? Or 02 for location and 95 modifier?</p>	<p>For services billed to HCPF (fee-for-service (FFS) Medicaid and CHP+) please refer to the HCPF telehealth website; it contains links to the telehealth billing manual:</p> <p>https://www.colorado.gov/pacific/hcpf/provider-telemedicine</p> <p>COA CMS1500 Professional Claim Billing guidance: Child Health Plan <i>Plus</i> (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.</p> <p>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 track the services rendered by telemedicine/telephone during the COVID-19 state of emergency.</p>