

Health First Colorado Telemedicine Program

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Telemedicine

Program Overview

Providers must be enrolled as a Health First Colorado (Colorado's Medicaid Program) provider in order to:

- Treat a Health First Colorado member
- Submit claims for payment to Health First Colorado

Health First Colorado reimburses providers for medically necessary medical and surgical services furnished to eligible members.

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. Telemedicine Services can involve up to two (2) collaborating providers. The member must be present during any Telemedicine Services collaboration between two providers where there is an "originating provider" and a "distant provider." The provider where the member is located is the "originating site" or "originating provider." In most cases, the "distant provider" is a clinician who acts as a consultant to the member and originating provider. However, it is also acceptable for the distant provider to be the only provider involved in the service with the member being the only one present at the originating site.

Providers should refer to the Code of Colorado Regulations, [Program Rules](#) (10 CCR 2505-10, Section 8.200.3.B), for specific information when providing telemedicine services.

Telehealth Home Health Monitoring

Telehealth monitoring is available for members who are eligible through the Home Health benefit and should not be billed as telemedicine. Providers rendering telehealth monitoring should consult the Home Health Billing Manual on the [Billing Manuals web page](#) under the UB-04 drop-down.

When Should a Provider Choose Telemedicine?

The primary purpose of telemedicine is to allow a member to receive direct medical services from a health care provider without person-to-person contact with a provider. Telemedicine can also be used by a member's medical provider to receive medical consultation from another medical provider regarding the member that may be accomplished in real-time. Additionally, telemedicine brings providers to people living in rural or frontier communities, as well as members facing transportation difficulties. Providers should weigh these advantages against quality of care and member safety considerations. They should also consider potential liability issues. Members may choose which is more convenient for them when providers make telemedicine available.

However, telemedicine should not be selected when face-to-face services are medically necessary. Members should establish relationships with primary care providers, who are available on a face-to-face basis.

Covered Services

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.

- 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.

The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law. [C. R. S. 2018, 25.5-5-414 (7)(a) & (b)].

Non-Covered Services

- Telemedicine does not include consultations provided by telephone (interactive audio) or facsimile machines.
- 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.
- Health First Colorado does not pay for provider education via telemedicine.
- Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine.
- The use of telecommunications equipment for delivery of services does not change prior authorization requirements established for the services being provided.

Health First Colorado Reimbursement for Telemedicine

As of November 1, 2016, Health First Colorado began accepting Telemedicine Services as outlined in this manual. Telemedicine Services can involve up to two (2) collaborating providers and must involve the member. For Telemedicine Services appointments, the "originating provider" is the provider present with the member. The "distant provider" is the clinician located at a different site who acts as a consultant to the member and originating provider.

An originating provider is not required for all Telemedicine Services. It is acceptable to use Telemedicine to facilitate live contact directly between a member and a distant provider via telecommunications equipment. 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.

Telemedicine for Primary Care Providers

A primary care provider can be reimbursed as the "originating provider" for any eligible Telemedicine Services where the member is present with the provider at the "originating site." Please see the 'Originating Site Billing' section for further information on reimbursement requirements for providers at an originating site with a member.

In order for a primary care provider to be reimbursed for Telemedicine Services as the “distant provider” the primary care provider must be able to facilitate an in-person visit in the state of Colorado if necessary for treatment of the member’s condition. Please see the ‘Distant Provider Billing’ section for further information.

Telemedicine for Specialty Care Providers

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.” Please see the ‘Originating Site Billing’ section for further information on reimbursement requirements for providers at an originating site with a member.

A medical specialist provider can be reimbursed as the “distant provider.” Please see the ‘Distant Provider Billing’ section for further information.

Allowable Locations for Telemedicine

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.

Telemedicine Confidentiality Requirements

All Health First Colorado providers using telemedicine to deliver Health First Colorado services must employ existing quality-of-care protocols and member confidentiality guidelines when providing telemedicine services. Health benefits provided through telemedicine must meet the same standard of care as in-person care. Record-keeping should comply with Health First Colorado requirements in 10 CCR 2505-10, Section 8.130.2.

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
- Advising members 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

Waiving the Face-to-Face Requirement & Required Disclosure Statements

The Health First Colorado requirement for an initial 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 members shall have access to all medical information resulting from the telemedicine services as provided by applicable law for member access to his or her medical records. [C. R. S. 2018, 25.5-5-320 (4)].

These requirements do not apply in an emergency. [C. R. S. 2018, 25.5-5-320 (5)].

General Billing Instructions

Refer to the General Provider Information Manual on the [Billing Manuals web page](#) for general billing information.

Billing Providers

Telemedicine services will only be reimbursed for providers who are enrolled in Health First Colorado at the time of service.

The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law. [C. R. S. 2018, 25.5-5-414 (7)(a) & (b)].

Originating Site Billing

All telemedicine services are billed on the CMS 1500 paper claim form or as an 837P transaction regardless of provider type.

The originating provider may bill for other Health First Colorado-covered services that were provided during the same visit as the Telemedicine visit.

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.

The following provider types may bill procedure code Q3014 (telemedicine originating site facility fee):

Physician	05
Clinic	16
Osteopath	26
Doctorate Psychologist	37
MA Psychologist	38
Physician Assistant	39
Nurse Practitioner	41

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.

If practitioners at both the originating site and the distant site provide the same service to the member, both providers submit claims using the same procedure code with modifier 77 (Repeat procedure by another physician).

The originating site may not bill for assisting the distant site provider with an examination.

Distant Provider Billing

All distant site rendering providers bill the appropriate procedure code using modifier GT (interactive communication) on the CMS 1500 paper claim form or as an 837P transaction. The following provider types may bill using modifier GT:

Physician	05
Clinic	16
Osteopath	26
Doctorate Psychologist	37
MA Psychologist	38
Physician Assistant	39
Nurse Practitioner	41

Distant providers bill using the Place of Service (POS) code that describes where the member is located.

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.

Rendering Providers

If a rendering provider's number is required on the claim for a face-to-face visit, it is required on the claim for a telemedicine visit.

Clinics and the other provider types are required to enter the rendering provider's Health First Colorado provider number in field 19D.

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.

However, a rendering provider number is still required and must be affiliated with the billing provider. The facility may enter either the member's usual provider's number; or another provider number affiliated with that site as the rendering provider.

When the member sees a rendering provider at the originating site and also uses the site as the telemedicine originating site, the facility bills the rendered service procedure code and Q3014 for the use of the telemedicine facility. The same rendering provider number is entered in field 19D.

Telemedicine Modifier GT

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.

The following procedure codes, when billed with modifier GT by appropriate providers, pay the telemedicine transmission fee (an additional \$5.00 to the fee listed in the most recent Health First Colorado Fee Schedule). Any other procedure codes billed with modifier GT will not pay the telemedicine transmission fee; however, providers should still bill using modifier GT whenever services are provided via telemedicine.

Procedure Codes	Description	Comments
Outpatient Mental Health		
90791	Diagnostic evaluation	If interactive complexity then report with add on code 90785
90832	Psychotherapy, 30 min (actual time can be 16-37 min)	If interactive complexity then report with add on code 90785
90833	Add on Psychotherapy 30 min (actual time can be 16-37 min) Use in conjunction with appropriate E/M code	If interactive complexity then report with add on code 90785
90834	Psychotherapy 45 min (actual time can be 38-52 min)	If interactive complexity then report with add on code 90785
90836	Add on Psychotherapy 45 min (actual time can be 38-52 min) Use in conjunction with appropriate E/M code	If interactive complexity then report with add on code 90785
90837	Psychotherapy 60 min (actual time can be 53+)	Medicare crossover only
90838	Add on Psychotherapy 60 min (actual time can be 53+) Use in conjunction with appropriate E/M code	Medicare crossover only
90863	Add on Pharmacologic management code	can be added to primary psychotherapy code
90846	Family therapy – member not present	
90847	Family therapy – member present	
Evaluation & Management		
99201	Office or other outpatient visit, new member, 10 minutes	
99202	Office or other outpatient visit, new member, 20 minutes	
99203	Office or other outpatient visit, new member, 30 minutes	
99204	Office or other outpatient visit, new member, 45 minutes	
99205	Office or other outpatient visit, new member, 60 minutes	
99211	Office or other outpatient visit, established member, 5 minutes	

99212	Office or other outpatient visit, established member, 10 minutes	
99213	Office or other outpatient visit, established member, 15 minutes	
99214	Office or other outpatient visit, established member, 25 minutes	
99215	Office or other outpatient visit, established member, 40 minutes	
Speech Therapy		
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, per encounter	
97532	Development of cognitive skills, direct one-on-one member contact, 15 minutes	
Obstetrical Ultrasounds		
76801	Ultrasound, pregnant uterus, real time first trimester	
76802	Each additional gestation	
76805	Ultrasound, pregnant uterus, real time after first trimester	
76810	Each additional gestation	
76811	Ultrasound, pregnant uterus, real time plus detailed fetal anatomical exam, single or first gestation	
76812	Each additional gestation	
76813	Ultrasound, pregnant uterus real time first trimester fetal nuchal translucency measurement	
76814	Each additional gestation	
76815	Ultrasound, pregnant uterus, real time, limited, one or more fetuses	
76816	Ultrasound, pregnant uterus, real time, follow-up	
76817	Ultrasound, pregnant uterus, real time, transvaginal	
Other		
96116	Neurobehavior status exam	

CMS 1500 Paper Claim Reference Table

The following paper claim form reference table shows required, optional, and conditional fields and detailed field completion instructions.

CMS Field #	Field Label	Field is?	Instructions
1	Insurance Type	Required	Place an "X" in the box marked as Medicaid.
1a	Insured's ID Number	Required	Enter the member's Health First Colorado seven-digit Member ID number as it appears on the Health First Colorado Identification card. Example: A123456.
2	Patient's Name	Required	Enter the member's last name, first name, and middle initial.
3	Patient's Date of Birth / Sex	Required	Enter the member's birth date using two digits for the month, two digits for the date, and two digits for the year. Example: 070114 for July 1, 2014. Place an "X" in the appropriate box to indicate the sex of the member.
4	Insured's Name	Conditional	Complete if the member is covered by a Medicare health insurance policy. Enter the insured's full last name, first name, and middle initial. If the insured used a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name.
5	Patient's Address	Not Required	
6	Patient's Relationship to Insured	Conditional	Complete if the member is covered by a commercial health insurance policy. Place an "X" in the box that identifies the member's relationship to the policyholder.
7	Insured's Address	Not Required	

8	Reserved for NUCC Use		
9	Other Insured's Name	Conditional	If field 11d is marked "YES", enter the insured's last name, first name and middle initial.
9a	Other Insured's Policy or Group Number	Conditional	If field 11d is marked "YES", enter the policy or group number.
9b	Reserved for NUCC Use		
9c	Reserved for NUCC Use		
9d	Insurance Plan or Program Name	Conditional	If field 11d is marked "YES", enter the insurance plan or program name.
10a-c	Is Patient's Condition Related to?	Conditional	When appropriate, place an "X" in the correct box to indicate whether one or more of the services described in field 24 are for a condition or injury that occurred on the job, as a result of an auto accident or other.
10d	Reserved for Local Use		
11	Insured's Policy, Group or FECA Number	Conditional	Complete if the member is covered by a Medicare health insurance policy. Enter the insured's policy number as it appears on the ID card. Only complete if field 4 is completed.

11a	Insured's Date of Birth, Sex	Conditional	Complete if the member is covered by a Medicare health insurance policy. Enter the insured's birth date using two digits for the month, two digits for the date and two digits for the year. Example: 070114 for July 1, 2014. Place an "X" in the appropriate box to indicate the sex of the insured.
11b	Other Claim ID	Not Required	
11c	Insurance Plan Name or Program Name	Not Required	
11d	Is there another Health Benefit Plan?	Conditional	When appropriate, place an "X" in the correct box. If marked "YES", complete 9, 9a and 9d.
12	Patient's or Authorized Person's signature	Required	Enter "Signature on File," "SOF," or legal signature. If there is no signature on file, leave blank or enter "No Signature on File." Enter the date the claim form was signed.
13	Insured's or Authorized Person's Signature	Not Required	
14	Date of Current Illness Injury or Pregnancy	Conditional	Complete if information is known. Enter the date of illness, injury, or pregnancy (date of the last menstrual period) using two digits for the month, two digits for the date and two digits for the year. Example: 070114 for July 1, 2014. Enter the applicable qualifier to identify which date is being reported 431 Onset of Current Symptoms or Illness 484 Last Menstrual Period
15	Other Date	Not Required	

16	Date Patient Unable to Work in Current Occupation	Not Required	
17	Name of Referring Physician	Conditional	
18	Hospitalization Dates Related to Current Service	Not Required	
19	Additional Claim Information	Conditional Not Required	
20	Outside Lab? \$ Charges	Not Required	
21	Diagnosis or Nature of Illness or Injury	Required	<p>Enter at least one but no more than twelve diagnosis codes based on the member's diagnosis/condition.</p> <p>Enter applicable ICD indicator to identify which version of ICD codes is being reported.</p> <p>0 ICD-10-CM (DOS 10/1/15 and after)</p> <p>9 ICD-9-CM (DOS 9/30/15 and before)</p>
22	Medicaid Resubmission Code	Conditional	<p>List the original reference number for adjusted claims.</p> <p>When resubmitting a claim as a replacement or a void, enter the appropriate bill frequency code in the left-hand side of the field.</p> <p>7 Replacement of prior claim</p> <p>8 Void/Cancel of prior claim</p> <p>This field is not intended for use for original claim submissions.</p>

			<p><u>Span billing</u>: Permissible if the same service (same procedure code) is provided on consecutive dates.</p> <p>Supplemental Qualifier</p> <p>To enter supplemental information, begin at 24A by entering the qualifier and then the information.</p> <p>ZZ Narrative description of unspecified code</p> <p>VP Vendor Product Number</p> <p>OZ Product Number</p> <p>CTR Contract Rate</p> <p>JP Universal/National Tooth Designation</p> <p>JO Dentistry Designation System for Tooth & Areas of Oral Cavity</p>
24B	Place of Service	Required	<p>Enter the Place of Service (POS) code that describes where the member is located. Health First Colorado accepts the CMS place of service codes.</p>
24C	EMG	Not Required	
24D	Procedures, Services, or Supplies	Required	<p>Enter the HCPCS procedure code that specifically describes the service for which payment is requested.</p> <p>All procedures must be identified with codes in the current edition of Physicians Current Procedural Terminology (CPT). CPT is updated annually.</p> <p>HCPCS Level II Codes</p> <p>The current Medicare coding publication (for Medicare crossover claims only).</p> <p>Only approved codes from the current CPT or HCPCS publications will be accepted.</p> <p>Telemedicine</p> <p>For originating provider use procedure code Q3014.</p> <p>For distant provider use procedure code + modifier GT.</p>

24D	Modifier	Conditional	<p>Enter the appropriate procedure-related modifier that applies to the billed service. Up to four modifiers may be entered when using the paper claim form.</p> <p>GT Via Interact Audio/Video System</p>
24E	Diagnosis Pointer	Required	<p>Enter the diagnosis code reference letter (A-L) that relates the date of service and the procedures performed to the primary diagnosis.</p> <p>At least one diagnosis code reference letter must be entered.</p> <p>When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow.</p> <p>This field allows for the entry of 4 characters in the unshaded area.</p>
24F	\$ Charges	Required	<p>Enter the usual and customary charge for the service represented by the procedure code on the detail line. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.</p> <p>Some CPT procedure codes are grouped with other related CPT procedure codes. When more than one procedure from the same group is billed, special multiple pricing rules apply.</p> <p>The base procedure is the procedure with the highest allowable amount. The base code is used to determine the allowable amounts for additional CPT surgical procedures when more than one procedure from the same grouping is performed.</p> <p>Submitted charges cannot be more than charges made to non-Health First Colorado covered individuals for the same service.</p> <p>Do not deduct Health First Colorado co-payment or commercial insurance payments from the usual and customary charges.</p>
24G	Days or Units	Required	<p>Enter the number of services provided for each procedure code.</p> <p>Enter whole numbers only- do not enter fractions or decimals.</p>

24H	EPSDT/Family Plan	Conditional	<p>EPSDT (shaded area) For Early & Periodic Screening, Diagnosis, and Treatment related services, enter the response in the shaded portion of the field as follows:</p> <p>AV Available- Not Used S2 Under Treatment ST New Service Requested NU Not Used</p> <p>Family Planning (unshaded area) Not Required</p>
24I	ID Qualifier	Not Required	
24J	Rendering Provider ID #	Required	<p>In the shaded portion of the field, enter the eight-digit Health First Colorado provider number assigned to the individual who actually performed or rendered the billed service. This number cannot be assigned to a group or clinic.</p> <p>Note: When billing a paper claim form, do not use the individual's NPI.</p>
25	Federal Tax ID Number	Not Required	
26	Patient's Account Number	Optional	<p>Enter information that identifies the member or claim in the provider's billing system. Submitted information appears on the Remittance Advice (RA).</p>
27	Accept Assignment?	Required	<p>The accept assignment indicates that the provider agrees to accept assignment under the terms of the payer's program.</p>
28	Total Charge	Required	<p>Enter the sum of all charges listed in field 24F. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.</p>
29	Amount Paid	Conditional	<p>Enter the total amount paid by Medicare or any other commercial health insurance that has made payment on the billed services.</p>

			Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.
30	Rsvd for NUCC Use		
31	Signature of Physician or Supplier Including Degrees or Credentials	Required	<p>Each claim must bear the signature of the enrolled provider or the signature of a registered authorized agent.</p> <p>A holographic signature stamp may be used if authorization for the stamp is on file with the fiscal agent.</p> <p>An authorized agent or representative may sign the claim for the enrolled provider if the name and signature of the agent is on file with the fiscal agent.</p> <p>Each claim must have the date the enrolled provider or registered authorized agent signed the claim form. Enter the date the claim was signed using two digits for the month, two digits for the date, and two digits for the year. Example: 070114 for July 1, 2014.</p> <p>Unacceptable signature alternatives:</p> <p>Claim preparation personnel may not sign the enrolled provider’s name.</p> <p>Initials are not acceptable as a signature.</p> <p>Typed or computer printed names are not acceptable as a signature.</p> <p>“Signature on file” notation is not acceptable in place of an authorized signature.</p>
32	32- Service Facility Location Information 32a- NPI Number 32b- Other ID #	Conditional	<p>Complete for services provided in a hospital or nursing facility in the following format:</p> <p>1st Line Name</p> <p>2nd Line Address</p> <p>3rd Line City, State and ZIP Code</p> <p>32a- NPI Number</p> <p>Enter the NPI of the service facility (if known).</p> <p>32b- Other ID #</p>

			<p>Enter the eight-digit Health First Colorado provider number of the service facility (if known).</p> <p>The information in field 32, 32a, and 32b is not edited.</p>
<p>33</p>	<p>33- Billing Provider Info & Ph # 33a- NPI Number 33b- Other ID #</p>	<p>Required</p>	<p>Enter the name of the individual or organization that will receive payment for the billed services in the following format:</p> <p>1st Line Name 2nd Line Address 3rd Line City, State and ZIP Code</p> <p>33a- NPI Number Enter the NPI of the billing provider</p> <p>33b- Other ID # Enter the eight-digit Health First Colorado provider number of the individual or organization.</p>

Timely Filing

For more information on timely filing policy, including the resubmission rules for denied claims, please see the General Provider Information manual located on the [Billing Manuals web page](#) under General Provider Information.

Telemedicine Originator Claim Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA		PICA	
1. MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input checked="" type="checkbox"/> TRICARE (ICM/DCR) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) D444444	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Client, Ima A		3. PATIENT'S BIRTH DATE MM DD YY 10 16 45 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? PLACE (State) YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10e. RESERVED FOR LOCAL USE	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on File DATE 10/1/16		11. INSURED'S POLICY GROUP OR FECA NUMBER INSURED'S DATE OF BIRTH MM DD YY MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME 4. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, complete items 9, 9a and 9d.	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL		15. OTHER DATE MM DD YY QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NP1		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24C) ICD Ind 0 A. F32.9 B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATES (S) OF SERVICE From MM DD YY To MM DD YY B. ICD-9-CM PROCEDURE CODE C. ICD-9-CM DIAGNOSIS POINTER D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/PCS MOO/PER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM PROCEDURE CODE I. ICD-9-CM DIAGNOSIS POINTER J. RENDERING PROVIDER ID #		24. A. DATES (S) OF SERVICE From MM DD YY To MM DD YY B. ICD-9-CM PROCEDURE CODE C. ICD-9-CM DIAGNOSIS POINTER D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/PCS MOO/PER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM PROCEDURE CODE I. ICD-9-CM DIAGNOSIS POINTER J. RENDERING PROVIDER ID #	
1 10 01 16 10 01 16 11 Q3014 A 21 73 1 NP1 0123456789		1 10 01 16 10 01 16 11 Q3014 A 21 73 1 NP1 0123456789	
2		2	
3		3	
4		4	
5		5	
6		6	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO. Optional	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED Signature DATE 10/1/16		27. ACCEPT ASSIGNMENT? (For gen. status, see 18a) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ 21 73 29. AMOUNT PAID \$ 30. Revid for NUCC Use	
32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH# () ABC Telemedicine Clinic 100 Any Street Any City a. 1234567890 b.	

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CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Telemedicine Distant Claim Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. MEDICARE (Medicare #) <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (ID#DcDR) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1) D444444									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Client, Ima A										3. PATIENT'S BIRTH DATE MM DD YY 10 16 45					SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>				
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)										4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)									
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										8. RESERVED FOR NUCC USE									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? PLACE (State) YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>									
b. RESERVED FOR NUCC USE										11. INSURED'S POLICY GROUP OR FECA NUMBER INSURED'S DATE OF BIRTH MM DD YY M F									
c. RESERVED FOR NUCC USE										b. OTHER CLAIM ID (Designated by NUCC)									
6. INSURANCE PLAN NAME OR PROGRAM NAME										c. INSURANCE PLAN NAME OR PROGRAM NAME									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on File DATE 10/1/18										4. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, complete items 9, 9a and 9d.									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE QUAL MM DD YY					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. 17b. NP1					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD-10 F32.9										25. OUTSIDE LAB? \$ CHARGES YES <input type="checkbox"/> NO <input type="checkbox"/>									
24. A. DATES(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPTICPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-10 ID. QUAL I. L. ID. QUAL J. RENDERING PROVIDER ID #										22. RESUBMISSION CODE ORIGINAL REF. NO.									
1 10 01 16 10 01 16 11 90801 GT A 100 00 1 NPI 0123456789										23. PRIOR AUTHORIZATION NUMBER									
2										25. FEDERAL TAX I.D. NUMBER SSN EIN									
3										26. PATIENT'S ACCOUNT NO. Optional									
4										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ 100.00				
5										29. AMOUNT PAID \$					30. Revised for NUCC Use				
6										31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)									
32. SERVICE FACILITY LOCATION INFORMATION										33. BILLING PROVIDER INFO & PH# () ABC Telemedicine Clinic 100 Any Street Any City									
SIGNED Signature DATE 10/1/18										* 1234567890 b.									

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PATIENT AND INSURED INFORMATION
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Health First Colorado Telemedicine Program Revision Log

Revision Date	Section/Action	Pages	Made by
12/01/2016	Manual revised for interChange implementation. For manual revisions prior to 12/01/2016, please refer to Archive.	All	HPE
12/27/2016	Updates based on Colorado iC Stage II Provider Billing Manual Comment Log v0_2.xlsx	10	HPE
01/10/2017	Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_3.xlsx	Multiple	HPE
01/19/2017	Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_4.xlsx	Multiple	HPE
01/26/2017	Updates based on Department 1/20/2017 approval email	Accepted tracked changes throughout	HPE
05/22/2017	Updates based on Fiscal Agent name change from HPE to DXC	1	DXC
02/20/2018	Updates based on Departments	1-6, 17-18	DXC
02/23/2018	Removed NDC supplemental qualifier - not relevant for Telemedicine providers	13	DXC
06/15/2018	Updated timely filing information and removed references to LBOD; removed general billing information already available in the General Provider Information manual	1-2, 11, 19	DXC
6/7/2019	Language clarification. removed education-only services from the "Not Covered Services" section as these will now be covered. Not moving forward with requiring POS 02 for telemedicine claims so removed. POS was clarified to read "where the patient is located" as opposed to "where services were rendered."	Throughout	HCPF
6/19/2019	Reformatted to correct page numbering issue	Throughout	HCPF

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above are the page numbers on which the updates/changes occur.