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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

July 1, 2016

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #15-0036

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0036. This amendment would provide for the addition of a Telemedicine Services section to the State Plan in order to clearly outline the services covered under this benefit.

Please be informed that this State Plan Amendment was approved July 1, 2016, with an effective date of October 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Colorado should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS- 64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS- 64. 9 Base.

This amendment would affect expenditures reported on Line 5A - Physician and Surgical Services - Regular Payments, Line 8 - Dental Services, and Line 9A - Other Practitioners Services - Regular Payments.


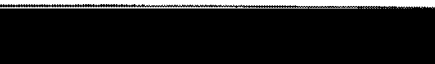
If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,



Matthew J. Rodriguez, PharmD, Ph.C., BCPS
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Gretchen Hammer John Bartholomew
Tess Ellis Barb Prehmus
Pat Connally Amanda Forsythe

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0036	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE: OCTOBER 1, 2015	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.50		7. FEDERAL BUDGET IMPACT: a. FFY 2015-16: (\$295,471) b. FFY 2016-17: (\$727,286)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <ul style="list-style-type: none"> • Supplement to Attachment 3.1-A – Limitations to Care and Services – 5.b. Medical and Surgical Services Furnished by a Dentist Pages 1-3 of 3; • Supplement to Attachment 3.1-A – Limitations to Care and Services – 6.d. Other Practitioners' Services, Page 3 of 3; • Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 5.a. Physician Services; • Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 5.b. Medical and Surgical Services Furnished by a Dentist; • Attachment 4.19-B – Methods and Standards for Establishing Payment Rates—Other Types of Care – 6.d. Services Provided by Non-Physician Practitioners 		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <ul style="list-style-type: none"> • Supplement to Attachment 3.1-A – Limitations to Care and Services – 5.b. Medical and Surgical Services Furnished by a Dentist, Pages 1-2 of 2 (TN 09-005); • Supplement to Attachment 3.1-A – Limitations to Care and Services – 6.d. Other Practitioners' Services, Page XX (TN 12-006); • Attachment 4.19-B – Methods and Standards for Establishing Payment Rates—Other Types of Care – 5.a. Physician Services (TN 15-0026); • Attachment 4.19-B – Methods and Standards for Establishing Payment Rates—Other Types of Care – 5.b. Medical and Surgical Services Furnished by a Dentist (TN 15-0009); • Attachment 4.19-B – Methods and Standards for Establishing Payment Rates—Other Types of Care – 6.d. Services Provided by Non-Physician Practitioners (TN 15-0025) 	
10. SUBJECT OF AMENDMENT: Adds telemedicine services and electronic consultation (eConsult) to the State Plan.			
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 15 January 2015 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: Gretchen Hammer		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE: Medicaid Director		Attn: Barbara Prehmus	
15. DATE SUBMITTED: Initial: November 2, 2015 Revised: June 1, 2016 Re-revised: June 30, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED November 2, 2015		18. DATE APPROVED July 1, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2015		20. 	
21. TYPED NAME Matthew J. Rodriguez		22. TITLE Acting ARA, DMCHO	
23. REMARKS			

**TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

SUPPLEMENT TO
ATTACHMENT 3.1-A
Page 3 of 3

LIMITATIONS TO CARE AND SERVICES

Services

Limitations

- National Institute for Standards in Pharmacist Credentialing or current certification from the Commission for Certification in Geriatric Pharmacy. Such credentials must be in the area of pharmacy practice undertaken in the drug therapy management; or
- v) All of the following criteria shall be met in order to practice drug therapy management:
- (1) Forty (40) hours or onsite supervised clinical practice and training in the area(s) in which the pharmacist is choosing to practice;
 - (2) Documented competency of each area of practice in which the pharmacist is choosing to practice.

Telemedicine Services

Telemedicine means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a client.

Telemedicine includes:

- Synchronous services provided “live” where the client and the distant provider interact with one another in real time through an audio-video communications circuit. Peripherals may be included, such as transmission of a live ultrasound exam.
- Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to and retrieved by a health care practitioner at another site for medical evaluation and consultation.

Telemedicine does not include consultations provided by telephone (interactive audio) or facsimile machines.

To provide telemedicine services, health care practitioners must act within their scope of practice and be licensed practitioners as defined by State law.

All state plan prior authorization requirements apply to services provided through telemedicine. Prior authorization requests must state the intent to provide the service as a telemedicine service. A telemedicine service is not covered when the service delivered via telecommunication technology is deemed to be investigational or experimental.

**TITLE XIX OF THE SOCIAL SECURITY ACT
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Supplement to
Attachment 3.1-A
Page 1 of 3

LIMITATIONS TO CARE AND SERVICES

- 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Medical services are a benefit when determined to be medically necessary as based upon a medical diagnosis.

Surgical services including dental splints or other devices are a benefit when provided for surgery related to the jaw or any structure contiguous to the jaw or reduction of fracture of the jaw or facial bones.

Emergency treatment can be provided to an adult client who:

- Presents with an acute condition of the oral cavity that requires hospitalization and or immediate surgical care.
- Presents with a condition of the oral cavity that would result in acute hospital medical care and or subsequent hospitalization if no immediate treatment is rendered.

Emergency treatment provided to an adult client includes, but is not limited to:

- Immediate treatment or surgery to repair trauma to the jaw.
- Reduction of any fracture of the jaw or any facial bone, including splints or other appliances used for this purpose.
- Extraction of tooth or tooth structures associated with the emergency treatment of a condition of the oral cavity.
- Repair of traumatic oral cavity wounds.
- Anesthesia services ancillary to the provision of emergency treatment.

Additional non-emergent procedures are available for adult clients with a documented concurrent medical condition. Allowable concurrent medical conditions include:

- neoplastic disease requiring chemotherapy and/or radiation
- pre organ transplant
- post organ transplant
- pregnancy
- chronic medical condition in which there is documentation that the medical condition is exacerbated by a condition of the oral cavity.

TN: 15-0036
Supersedes TN: 09-005

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LIMITATIONS TO CARE AND SERVICES

Dental procedures for adults with a concurrent medical condition may include:

- clinical oral evaluations
- radiographs
- test and laboratory examinations
- periodontal and non-periodontal surgical procedures
- extractions
- biopsy
- removal of lesions, tumors, cysts and neoplasms
- treatment of fractures
- management of temporomandibular joint dysfunction
- repair procedures
- anesthesia and professional consultation

Both the dental and medical provider must provide documentation that the concurrent medical condition is exacerbated by the condition of the oral cavity.

The following services/treatments are not a benefit for adult clients under any circumstances:

- preventive services to include prophylaxis
- fluoride treatment and oral hygiene instruction
- treatment for dental caries, gingivitis and tooth fractures
- restorative and cosmetic procedures including but not limited to inlay and onlay restorations, crowns, treatment of the oral cavity in preparation for partial or full mouth dentures and assessment for the delivery of dentures or subsequent adjustments to dentures and bridges.

Telemedicine Services

Telemedicine means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a client.

Telemedicine includes:

- Synchronous services provided “live” where the client and the distant provider interact with one another in real time through an audio-video

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Supplement to
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LIMITATIONS TO CARE AND SERVICES

communications circuit. Peripherals may be included, such as transmission of a live ultrasound exam.

- Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to and retrieved by a health care practitioner at another site for medical evaluation and consultation.

Telemedicine does not include consultations provided by telephone (interactive audio) or facsimile machines.

To provide telemedicine services, health care practitioners must act within their scope of practice and be licensed practitioners as defined by State law.

All state plan prior authorization requirements apply to services provided through telemedicine. Prior authorization requests must state the intent to provide the service as a telemedicine service. A telemedicine service is not covered when the service delivered via telecommunication technology is deemed to be investigational or experimental.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

6.d. SERVICES PROVIDED BY NON-PHYSICIAN PRACTITIONERS

Services provided by non-physician practitioners consisting of certified nurse midwives, certified registered nurse anesthetists, certified nurse practitioners, clinical nurse specialists, physician assistants, and psychologists shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule as determined by the Department of Health Care Policy and Financing.

Telemedicine Services

Distant Site Transmission Fee: Services provided via telemedicine by non-physician practitioners located at eligible distant sites shall be reimbursed a distant site transmission fee of \$5.00 in addition to the fee for the procedure code billed.

Originating Site Facility Fee: Eligible originating sites hosting, transmitting, or facilitating services provided by non-physician practitioners via telemedicine shall be reimbursed an originating site facility fee, according to the Department's fee schedule. An originating site may not bill for assisting the distant site provider with an examination.

Asynchronous Electronic Consultation: To be reimbursed for asynchronous electronic consultation, primary care medical providers (PCMPs) must use HCPCS code T1014, and specialists must use CPT code 99446.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The reimbursement rates were set as of January 1, 2016 and are effective for services provided on or after that date. All rates can be found on the official website of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

ATTACHMENT 4.19-B

Page 1 of 1

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

5.b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST

Medical and surgical services furnished by a dentist shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Dental services fee schedule as determined by the Department of Health Care Policy and Financing.

Telemedicine Services

Distant Site Transmission Fee: Medical and surgical services furnished via telemedicine by a dentist located at an eligible distant site shall be reimbursed a distant site transmission fee of \$5.00 in addition to the fee for the procedure code billed.

Originating Site Facility Fee: An eligible originating site hosting, transmitting, or facilitating medical and surgical services furnished by a dentist via telemedicine shall be reimbursed an originating site facility fee, according to the Department's fee schedule. An originating site may not bill for assisting the distant site provider with an examination.

Asynchronous Electronic Consultation: To be reimbursed for asynchronous electronic consultation, primary care medical providers (PCMPs) must use HCPCS code T1014, and specialists must use CPT code 99446.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The reimbursement rates were set as of January 1, 2016 and are effective for services provided on or after that date. All rates can be found on the official website of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

5.a. PHYSICIAN SERVICES

Physician services provided by physicians, podiatrists, and optometrists shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Physician services fee schedule as determined by the Department of Health Care Policy and Financing.

Telemedicine Services

Distant Site Transmission Fee: Physician services provided via telemedicine by physicians, podiatrists, and optometrists located at eligible distant sites shall be reimbursed a distant site transmission fee of \$5.00 in addition to the fee for the procedure code billed.

Originating Site Facility Fee: Eligible originating sites hosting, transmitting, or facilitating physician services provided via telemedicine shall be reimbursed an originating site facility fee, according to the Department's fee schedule. An originating site may not bill for assisting the distant site provider with an examination.

Asynchronous Electronic Consultation: To be reimbursed for asynchronous electronic consultation, primary care medical providers (PCMPs) must use HCPCS code T1014, and specialists must use CPT code 99446.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The reimbursement rates were set as of January 1, 2016 and are effective for services provided on or after that date. All rates can be found on the official website of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.