



State of Vermont

Department of Vermont Health Access

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Office of the Commissioner

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Agency of Human Services

## MEMORANDUM

**TO:** Vermont Medicaid-participating Providers

**FROM:** Cory Gustafson, Commissioner, Department of Vermont Health Access

**CC:** Sarah Squirrel, Commissioner, Department of Mental Health  
Monica Hutt, Commissioner, Dept. of Disabilities, Aging and Independent Living  
Ken Schatz, Commissioner, Department for Children and Families  
Dr. Mark Levine, Commissioner, Vermont Department of Health  
James Baker, Interim Commissioner, Department of Corrections  
Michael K. Smith, Secretary, Agency of Human Services

**DATE:** Updated: May 29<sup>th</sup>, 2020 (Original: April 9<sup>th</sup>, 2020)

**SUBJECT:** Vermont Medicaid Payments for Telephonic Services Furnished During the  
Emergency Response to COVID-19: Reference Charts

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The reference charts below indicate the Medicaid-covered specific services that have been reviewed and approved by the Department of Vermont Health Access **through May 28, 2020**, for the temporary new coverage and reimbursement of these services when delivered telephonically during the State of Emergency, provided the services are medically necessary and clinically appropriate for delivery by telephone.<sup>1</sup> Each chart also contains information regarding whether the new Vermont Medicaid V3 modifier is required to identify telephonic delivery during the State of Emergency and whether the service is appropriate for telemedicine under the Department's existing health care administrative rule for telehealth.<sup>2</sup> Finally, the reference charts indicate the date the technical changes in the claims processing system were completed; once approved and the system changes are completed, claims for services indicated within the reference charts & delivered telephonically during the Emergency may be submitted for a date of service on/after March 13, 2020.

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<sup>1</sup> Declaration of State of Emergency in Response to COVID-19.

<sup>2</sup> Vermont Medicaid: Telehealth, Telemedicine and Telephonic Coverage &

<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

Providers who have remaining questions should contact Vermont Medicaid Provider Services at 1-802-878-7871 (press 3) for more information. Vermont Medicaid’s Provider and Member Relations unit will continue to work with providers to provide support and facilitate payment for services covered by the Vermont Medicaid program.

**Chart 1: Procedure Codes, Required V3 Modifier when Services are Delivered Telephonically During the Emergency, & Place of Service Code “99 – Other.”**

Procedure Code	Code Description	Telephone: Allowable	V3 Modifier Required to Identify Telephonic	Telemedicine: Allowable	System Effective Date for Providers to Submit Claims <sup>3</sup>
G0071	Communication Technology-Based Services (FQHC/RHC Only)	Yes	No	No	3/23/2020
G2012	Brief Communication Technology-Based Service (e.g. Virtual Check-in)	Yes	No	No	3/23/2020
G2010	Remote evaluation of a recorded image or video	Yes	No	No	3/23/2020
99201-99205	New patient office visits	Yes	Yes	Yes	3/23/2020
99211-99215	Established patient office visits	Yes	Yes	Yes	3/23/2020
90791-90792	Psychiatric diagnostic evaluation	Yes	Yes	Yes	3/23/2020
90832-90840	Psychotherapy	Yes	Yes	Yes	3/23/2020
90846-90847	Family psychotherapy	Yes	Yes	Yes	3/23/2020
90863	Pharmacologic Management, including prescription and	Yes	Yes	Yes	3/23/2020
97153	Adaptive behavior treatment by protocol, administered by	Yes	Yes	Yes	3/31/2020
97154	Group adaptive behavior treatment by protocol,	Yes	Yes	Yes	3/31/2020

<sup>3</sup> Effective date indicates the date the technical changes in the system were completed; once approved and the system changes are completed, claims for services may be submitted for a date of service on/after March 13, 2020.

97155	Adaptive behavior treatment with protocol modification,	Yes	Yes	Yes	3/31/2020
97156	Family adaptive behavior treatment guidance,	Yes	Yes	Yes	3/31/2020
97157	Multiple-family group adaptive behavior treatment	Yes	Yes	Yes	3/31/2020
97158	Group adaptive behavior treatment with protocol	Yes	Yes	Yes	3/31/2020
99366	Medical team conference with interdisciplinary team	Yes	Yes	Yes	3/31/2020
99367	Medical team conference, interdisciplinary team	Yes	Yes	Yes	4/6/2020
99368	Medical team conference with interdisciplinary team	Yes	Yes	Yes	3/31/2020
92507	Treatment of speech, language, voice,	Yes	Yes	Yes	4/6/2020
92521	Evaluation of speech fluency	Yes	Yes	Yes	4/6/2020
92522	Evaluation of speech sound production	Yes	Yes	Yes	4/6/2020
92523	Evaluation of speech sound production with evaluation	Yes	Yes	Yes	4/6/2020
92524	Behavioral and qualitative analysis of voice and	Yes	Yes	Yes	4/6/2020
97129	Therapeutic interventions that focus on cognitive	Yes	Yes	Yes	4/6/2020
97110	Therapeutic procedure, 1 or more areas, each 15	Yes	Yes	Yes	4/6/2020
97112	Therapeutic procedure, 1 or more areas, each 15 mins; neuromuscular reeducation	Yes	Yes	Yes	4/6/2020
97116	Therapeutic procedure, 1 or more areas, each 15 mins; gait training	Yes	Yes	Yes	4/6/2020

97530	Therapeutic activities (dynamic activities to	Yes	Yes	Yes	4/6/2020
97535	Self-care/Home Management Training	Yes	Yes	Yes	4/6/2020
97165-97168	Occupational Therapy Eval/Re-Eval Codes	Yes	Yes	Yes	4/6/2020
97161-97164	Physical Therapy Eval/Re-Eval Codes	Yes	Yes	Yes	4/6/2020
H2000	Comprehensive multidisciplinary evaluation	Yes	Yes	Yes	4/7/2020
99199	Unlisted special service, procedure, or report	Yes	Yes	Yes	4/6/2020
H2019	Therapeutic Behavioral Services	Yes	Yes	Yes	4/7/2020
T1016 U8	Case Management, each 15 minutes	Yes	Yes	Yes	4/6/2020
T1016 HI	Case Management, each 15 minutes	Yes	Yes	Yes	4/6/2020
T2017 U8	Habilitation, residential, waiver	Yes	Yes	Yes	4/6/2020
T2017 HI	Habilitation, residential, waiver	Yes	Yes	Yes	4/6/2020
T2034 U8	Crisis intervention, waiver;	Yes	Yes	Yes	4/6/2020
T2034 HI	Crisis intervention, waiver;	Yes	Yes	Yes	4/6/2020
H0036 U8	Community psychiatric supportive treatment	Yes	Yes	Yes	4/6/2020
H0036 HI	Community psychiatric supportive treatment	Yes	Yes	Yes	4/6/2020
T2019 U8	Habilitation, supported employment, waiver	Yes	Yes	Yes	4/6/2020
T2019 HI	Habilitation, supported employment, waiver	Yes	Yes	Yes	4/6/2020
H0001	Alcohol and/or drug assessment	Yes	Yes	Yes	4/6/2020
H0004	Behavioral health counseling and therapy,	Yes	Yes	Yes	4/6/2020

T1006	Alcohol and/or substance use services, family/couple counseling	Yes	Yes	Yes	4/6/2020
T1016	Case management - each 15	Yes	Yes	Yes	4/6/2020
S9443	Lactation classes, nonphysician provider	Yes	Yes	Yes	4/6/2020
T2023	Targeted case management,	Yes	Yes	Yes	4/6/2020
97803	Medical Nutrition Therapy, not	Yes	Yes	Yes	4/23/2020
90785	Interactive Complexity, add-on	Yes	Yes	Yes	4/23/2020
H2011	Crisis Intervention Services	Yes	Yes	Yes	4/23/2020
H2019	Therapeutic Behavioral Services	Yes	Yes	Yes	4/23/2020
96110	Developmental Screening	Yes	Yes	Yes	4/23/2020
T1027	Family Training and Counseling for Child Development	Yes	Yes	Yes	4/23/2020
S5111	Home Care Training, Family, per session	Yes	Yes	Yes	4/23/2020
S9470	Nutrition Counseling, Dietitian visit	Yes	Yes	Yes	4/23/2020
93797	Physician Services, Outpatient Cardiac Rehabilitation	Yes	Yes	Yes	4/23/2020
G0237	Therapeutic Procedures to	Yes	Yes	Yes	4/23/2020
G0238	Therapeutic Procedures to	Yes	Yes	Yes	4/23/2020
92607	Evaluation for RX for speech-generating	Yes	Yes	Yes	4/23/2020
92609	Therapeutic Services for use of speech-generating	Yes	Yes	Yes	4/23/2020
97139	Unlisted therapeutic procedure	Yes	Yes	Yes	4/23/2020
97750	Physical performance test or measurement with	Yes	Yes	Yes	4/23/2020
S9128	Speech therapy, in the home, per diem.	Yes	Yes	Yes	4/23/2020

97130	Therapeutic intervention	Yes	Yes	Yes	4/23/2020
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96127	Brief Emotional/Behavioral Assessment	Yes	Yes	Yes	4/23/2020
99406	Smoking and tobacco use cessation counseling visit	Yes	Yes	Yes	4/23/2020
90845	Psychoanalysis	Yes	Yes	Yes	4/23/2020
96158	Health Behavior Intervention; individual; face-to-face; initial 30 minutes	Yes	Yes	Yes	5/5/2020
96159	Health Behavior Intervention; individual; face-to-face; each additional 15 minutes	Yes	Yes	Yes	5/5/2020
96160	Administration of patient-focused health risk assessment with scoring and documentation	Yes	Yes	Yes	4/30/2020
96161	Administration of caregiver-focused health risk assessment for the benefit of the patient	Yes	Yes	Yes	4/30/2020
95251	Ambulatory continuous glucose monitoring	Yes	Yes	Yes	4/30/2020
90853	Group Psychotherapy	Yes	Yes	Yes	5/14/2020
H0005	ADAP Version of 90853 for Group Psychotherapy	Yes	Yes	Yes	5/21/2020
96040	Medical Genetics and Genetic Counseling Services	Yes	Yes	Yes	5/21/2020
99354	Prolonged E/M or psychotherapy service beyond the typical service	Yes	Yes	Yes	5/21/2020
99401	Preventive medicine counseling and/or risk	Yes	Yes	Yes	5/21/2020

	factor reduction intervention				
99496	Transitional care management services with communication	Yes	Yes	Yes	5/21/2020
H2000	Comprehensive multidisciplinary evaluation	Yes	Yes	Yes	5/21/2020
T1013	Sign language or oral interpretative services, per 15 minutes	Yes	Yes	Yes	5/21/2020
T1017	Targeted case management, each 15 minutes	Yes	Yes	Yes	5/21/2020
T2022	Case management - per month	Yes	Yes	Yes	5/21/2020
T1028	Assessment of home, physical, and family environment.	Yes	Yes	Yes	5/21/2020

**Chart 2: Revenue Codes, Services Delivered Telephonically During the Emergency: V3 Modifier **Not** Required (but telephonic delivery should be documented in the clinical record).**

Revenue Code	Code Description	Telephone: Allowable	V3 Modifier Required to Identify Telephonic	Telemedicine: Allowable	System Effective Date for Providers to Submit Claims <sup>4</sup>
070	Case Management by HHA or AA (48 hours/calendar year maximum)	Yes	No	Yes	4/6/2020
073	Respite or Companion Care by HHA	Yes	No	Yes	4/6/2020

<sup>4</sup> Effective date indicates the date the technical changes in the system were completed; once approved and the system changes are completed, claims for services may be submitted for a date of service on/after March 13, 2020.

075	Respite or Companion Care, Consumer Directed	Yes	No	Yes	4/6/2020
080	Respite or Companion Care, Surrogate Directed	Yes	No	Yes	4/6/2020
079	Flexible Choices Consultant, Pre-Admission Service	Yes	No	Yes	4/6/2020
420	HHA/Hospice - Physical Therapy	Yes	No	Yes	4/6/2020
430	HHA/Hospice - Occupational Therapy	Yes	No	Yes	4/6/2020
440	HHA/Hospice - Speech Therapy	Yes	No	Yes	4/6/2020
550	Skilled Nursing	Yes	No	Yes	4/6/2020
551	Skilled Nursing, SVCS, Visit Charge	Yes	No	Yes	4/6/2020
559	Initial Home Health Assessment Visit	Yes	No	Yes	4/6/2020
560	Medical Social SVCS, General	Yes	No	Yes	4/6/2020
561	Medical Social SVCS, Visit Charge	Yes	No	Yes	4/6/2020
562	Medical Social SVCS, Hourly Charge	Yes	No	Yes	4/6/2020
570	Home Health - Home Health Aid	Yes	No	Yes	4/6/2020
580	Other Home Health Visits, General	Yes	No	Yes	4/6/2020
589	Other Home Health Visits, Homemaker services are not covered	Yes	No	Yes	4/6/2020
651	Hospice SVCS, Routine Home Care (Daily Rate)	Yes	No	Yes	4/6/2020
652	Hospice Services, Continuous Home Care (Hourly Rate)	Yes	No	Yes	4/6/2020
424	Physical Therapy Evaluation	Yes	Yes	Yes	4/23/2020



434	Occupational Therapy Evaluation	Yes	Yes	Yes	4/23/2020
444	Speech Therapy Evaluation	Yes	Yes	Yes	4/23/2020