



State of Vermont

Department of Vermont Health Access

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Agency of Human Services

MEMORANDUM

TO: Vermont Medicaid-participating Providers

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

DATE: Updated: March 29, 2021 (Original: March 18, 2020)

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

Vermont Medicaid-participating providers are encouraged to continue to use telemedicine to care for their Medicaid members during the Federal COVID-19 Public Health Emergency and State of Emergency in Vermont.¹ As telemedicine (defined as 2-way, real-time audio and video/visual interactive communication) may not be possible for Medicaid providers to reach all their Medicaid members requiring care during the COVID-19 Emergency, Vermont Medicaid is providing guidance to providers regarding the temporary coverage and reimbursement of telephonic services furnished during the emergency response to COVID-19.²

Effective Monday, March 23, 2020, Vermont Medicaid implemented several changes to support Medicaid-participating providers in responding effectively to the Emergency produced by coronavirus disease 2019 (COVID-19). These changes were intended to assure access to care for Vermont Medicaid members and enable Medicaid providers to receive reimbursement for services provided for their patients during the Emergency produced by COVID-19 **without requiring:**

- patients to travel to a health care facility; or
- the use of telemedicine (defined as two-way, real-time, audio and video/visual interactive communication) as many patients may not be comfortable with, or equipped, to use telemedicine during the Emergency and best practice guidance indicates the importance of social distancing to reduce the risk of COVID-19 transmission.

¹ Federal [Public Health Emergency; State of Emergency](#) in Vermont.

² [Vermont Medicaid: Telehealth, Telemedicine and Telephonic Coverage](#) & Vermont [Medicaid's Rule on Telehealth](#) (will be revised after the public health emergency terminates to include audio-only, i.e., telephonic, as a modality for telehealth delivery).

In order to prevent Vermonters from unnecessarily traveling to health care facilities, to further protect the most vulnerable Vermonters, and to ensure that Medicaid-participating providers are reimbursed for the **medically necessary and clinically appropriate** services they provide during this critical time, Vermont Medicaid implemented the following changes on March 23, 2020:

1). **Providing coverage and reimbursement for the use of 3 ‘triage codes’ – G0071 for FQHCs and RHCs only and G2012 & G2010 for providers located in non-FQHC/RHC settings – to allow providers to receive payment for brief virtual communication services used to determine whether an office visit or other service is needed.** These codes, G0071 (virtual communication services for FQHCs and RHCs^{3,4,5}), G2012 (i.e., virtual check-in) and G2010 (i.e., remote evaluation of a recorded video or image) for providers in non-FQHC/RHC settings, are often referred to as ‘triage codes’ because they are intended to allow providers to be reimbursed when a patient checks in with the provider via telephone or other telecommunications device to decide whether an office visit or other service is needed.

- For FQHCs and RHCs, it is important to note that only the G0071 code should be billed, and this should be done under the fee-for-service national provider identifier. The G0071 code should **not** be billed by non-FQHC or non-RHC providers.
- For 2021, new HCPCS codes G2250 (“remote assessment of recorded video/images”) and G2251 (“virtual check-in”) were released for qualified health care professionals who cannot bill evaluation and management services (e.g., licensed mental health clinicians, physical therapists, occupational therapists, speech-language pathologists, etc.). These new codes mirror previous triage codes G2010 and G2012 in their descriptions but do not contain the requirement to be delivered by a physician or other qualified health care professional who can report evaluation and management services.
- For all providers, the V3 modifier described below and place of service code of 02 (telehealth) are **not** appropriate for use with the triage codes (G0071, G2012, G2010, **G2250, G2251**). The place of service of 02 to indicate telehealth will not be allowed for claims billed on/after May 10, 2020.

2). **Providing reimbursement at the same rate for medically necessary, clinically appropriate services (e.g., new patient and established patient office visits, psychotherapy, etc.) delivered by telephone as the rate currently established for Medicaid-covered services provided through telemedicine/face-to-face as long as the claim is submitted to Vermont Medicaid with a **V3 modifier** (to indicate “service delivered via telephone, i.e., audio-only”) and a **place of service code of “99 – other.”****

- For FQHCs and RHCs, it is important to note that these services, when billed with the V3 modifier and place of service code of “99-other,” will reimburse at the established encounter rate when billed with the T1015 encounter code. The V3 modifier should **not** be used with the T1015 encounter code but with the service-specific code.

³ FQHC: Federally Qualified Health Center; RHC: Rural Health Clinic.

⁴ <https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center>

⁵ <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf>

Please note: The V3 modifier should **not** be used with codes 99441-99443 for telephone evaluation and management services by a physician or other qualified health care professional as these services are already identified as being delivered by telephone; likewise, at this time, the telephonic specific E/M service codes are **not** considered telehealth services. As a result, the place of service of 02 to indicate telehealth is not appropriate and will not be allowed for claims billed on/after May 10, 2020.

EXAMPLE:

In this emergency situation, Vermont Medicaid would expect to see claims submitted for medically necessary and clinically appropriate services provided by Vermont Medicaid-participating providers with claims indicating service codes of **99202-99205** [new patient office visits], **99211-99215** [established patient office visits], **90791-90792** [psychiatric diagnostic evaluation], **90832-90840** [psychotherapy], **90846-90847** [family psychotherapy], and **90863** [pharmacologic management] with the new **V3 modifier and a place of service code of 99-other**.

Vermont Medicaid has completed the technical changes required for additional specific services to be delivered by telephone during the Emergency, when medically necessary and clinically appropriate for delivery by telephone (i.e., audio-only), including services for applied behavior analysis, physical therapy, occupational therapy, speech therapy, Choices for Care, home health, hospice, lactation, Family Supportive Housing and Children's Integrated Services (CIS). **A complete reference chart indicating the specific services reviewed and approved to date may be found at the end of this communication.**

EXAMPLE:

During the Emergency, Vermont Medicaid would expect to see claims submitted for certain medically necessary and clinically appropriate services provided by Vermont Medicaid-participating providers to Vermont Medicaid members telephonically (audio-only) with claims indicating procedure codes of **90853** [group psychotherapy], **97161-97164** [physical therapy], **97165-97168** [occupational therapy], **92507 & 92521-92524** [speech therapy] **with the new V3 modifier and a place of service code of 99-other**.

EXAMPLE:

During the Emergency, Vermont Medicaid would expect to see claims submitted for certain medically necessary and clinically appropriate services provided by Vermont Medicaid-participating providers to Vermont Medicaid members telephonically (audio-only) with revenue codes for Choices for Care, home health, & hospice services but revenue codes do **not** require the use of the new V3 modifier. However, service delivery by telephone should be documented in the clinical record.¹⁰

⁶ <https://dvha.vermont.gov/covid-19>

⁷ <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

⁸ <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

⁹ <https://dvha.vermont.gov/covid-19>

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.

Vermont Medicaid-participating providers are encouraged to continue to use telemedicine for health care delivery by a provider at a distant site for a Medicaid member at an originating site for the purposes of evaluation, diagnosis, consultation, or treatment, using telecommunications technology via two-way, real-time, audio and video (visual) interactive communication when possible.¹¹ Vermont Medicaid reimburses telemedicine at the same rate as the service being provided in a face-to-face setting when the service is medically necessary and clinically appropriate for delivery through telemedicine.¹²

The Office for Civil Rights at the U.S. Department of Health and Human Services (HHS) announced, effective immediately, the Office will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies, such as FaceTime or Skype, when used in good faith for diagnosis or treatment during the COVID-19 nationwide public health emergency.¹³ The Governor of Vermont's Executive Order, 01-20, specifies that relevant rules governing medical services shall be suspended to the extent necessary to permit telemedicine to facilitate treatment of patients in place, allowing the Department to follow the direction of the Office of Civil Rights (U.S. Department of Health and Human Services) with regard to its current health care administrative rule.¹⁴ Vermont law does require telemedicine to be delivered through a secure connection that complies with HIPAA; this was addressed through emergency legislation within Sec. 26, Waiver of Certain Telehealth Requirements During State of Emergency, of H.742 (Act 91), and signed by the Governor of Vermont on March 30, 2020.¹⁵

¹⁰ DAIL (Department of Disabilities, Aging, and Independent Living) & DVHA (Department of Vermont Health Access; Choices for Care, home health, and hospice services include case management, crisis support, psychology & counseling support, employment support, assessment, home care, and additional services. Please reference the complete chart for more information.

¹¹ <https://dvha.vermont.gov/providers/telehealth>

¹² <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

¹³ <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

¹⁴ <https://governor.vermont.gov/content/declaration-state-emergency-response-covid-19-and-national-guard-call-out-eo-01-20>

¹⁵ <https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT091/ACT091%20As%20Enacted.pdf>

CMS ‘CS’ Modifier for Medicare Should Not Be Used On Vermont Medicaid Primary Claims

CMS approved and released the CS modifier for Medicare. Vermont Medicaid will not be accepting the CS modifier for Medicare on Medicaid primary claims but will accept it on Medicare crossover claims. Any Medicaid primary claims submitted with the CS modifier will be denied and may be rebilled if appropriate.

New Informed Consent Requirements for Audio-only (Telephonic) Delivery, Effective March 29, 2021

Act 6 (S.117) of 2021 includes new requirements for providers delivering health care services by audio-only (i.e., telephone). Providers are now required to:

- Obtain a patient’s informed consent for receiving services by audio-only prior to delivering any billable service; and
- Document the reason or reasons the provider determined it was clinically appropriate to deliver health care services to the patient by audio-only.

Under Vermont’s new law, a provider is prohibited from requiring a patient to receive health care services by audio-only (i.e., telephone) if the patient does not wish to receive services by audio-only. More information may be found in [Act 6 of 2021](#).

Providers are encouraged to continue to visit the DVHA COVID-19 website for the most up-to-date information.¹⁶ **Providers who have remaining questions should contact Vermont Medicaid Provider Services at 1-802-878-7871 (press 3) for more information.**

Procedure Code/Revenue Code	Code Description	Telephone Allowable	V3 Modifier Allowed/Required to Identify Telephonic	Telemedicine Allowable
G0071	Virtual Communication Services (FQHC/RHC Only)	Yes	No	No
G2012	Brief “Virtual Check-in”	Yes	No	No
G2010	Remote evaluation of a recorded image or video	Yes	No	No
99202-99205	New patient office visits	Yes	Yes	Yes
99211-99215	Established patient office visits	Yes	Yes	Yes
90791-90792	Psychiatric diagnostic evaluation	Yes	Yes	Yes
90832-90840	Psychotherapy	Yes	Yes	Yes
90846-90847	Family psychotherapy	Yes	Yes	Yes
90863	Pharmacologic Management	Yes	Yes	Yes
97153	ABA - Adaptive behavior treatment by protocol, administered by technician	Yes	Yes	Yes
97154	ABA - Group adaptive behavior treatment by protocol, administered by technician	Yes	Yes	Yes
97155	ABA - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	Yes	Yes	Yes

97156	ABA - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional	Yes	Yes	Yes
97157	ABA - Multiple-family group adaptive behavior treatment guidance, administered by physician or other	Yes	Yes	Yes
97158	ABA - Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	Yes	Yes	Yes
99366	ABA - Medical team conference with interdisciplinary team of health care professionals	Yes	Yes	Yes
99367	CIS Medical team conference, interdisciplinary team	Yes	Yes	Yes
99368	ABA - Medical team conference with interdisciplinary team of health care professionals	Yes	Yes	Yes
92507	Treatment (speech, language, voice, communication, and/or auditory processing)	Yes	Yes	Yes
92521	Evaluation of speech fluency	Yes	Yes	Yes
92522	Evaluation of speech sound production	Yes	Yes	Yes
92523	Evaluation of speech sound production with evaluation of language comprehension and expression	Yes	Yes	Yes
92524	Behavioral and qualitative analysis of voice and resonance	Yes	Yes	Yes
97129	Therapeutic interventions focusing on cognitive functioning	Yes	Yes	Yes
97110	Therapeutic procedures	Yes	Yes	Yes
97112	Neuromuscular Reeducation	Yes	Yes	Yes
97116	Gait Training	Yes	Yes	Yes
97530	Therapeutic Activities	Yes	Yes	Yes
97535	Self-care/Home Management Training	Yes	Yes	Yes
97165-97168	Occupational Therapy Eval/Re-Eval Codes	Yes	Yes	Yes
97161-97164	Physical Therapy Eval/Re-Eval Codes	Yes	Yes	Yes
98966	CIS - Telephone Assessment & Management Service, 5-10 minutes	Yes	No	No
98967	CIS - Telephone Assessment & Management Service, 11-20 minutes	Yes	No	No
98968	CIS - Telephone Assessment & Management Service, 21-30 minutes	Yes	No	No
H2000	All Domain Developmental Assessment by Children's Integrated Services to	Yes	Yes	Yes

99199	CIS Unlisted special service, procedure, report	Yes	Yes	Yes
H0024	Behavioral Health Prevention Information Dissemination Service	Yes	Yes	Yes
H2019	Therapeutic Behavioral Services	Yes	Yes	Yes
070	DAIL - Case Management by HHA or AA (48 hours/calendar year maximum)	Yes	Yes	Yes
073	DAIL - Respite or Companion Care by HHA	Yes	Yes	Yes
075	DAIL - Respite or Companion Care, Consumer Directed	Yes	Yes	Yes
080	DAIL Respite or Companion Care, Surrogate Directed	Yes	Yes	Yes
079	DAIL Flexible Choices Consultant, Pre-Admission Service	Yes	Yes	Yes
T1016 U8	DAIL Case Management: Rehab/Long Term	Yes	Yes	Yes
T1016 HI	DAIL Case Management: Rehab/Long Term	Yes	Yes	Yes
T2017 U8	DAIL Rehabilitation: Rehab/Long Term	Yes	Yes	Yes
T2017 HI	DAIL Rehabilitation: Mental Health Funded	Yes	Yes	Yes
T2034 U8	DAIL Crisis Support: Rehab/Long Term	Yes	Yes	Yes
T2034 HI	DAIL Crisis Support: Mental Health Funded	Yes	Yes	Yes
H0036 U8	DAIL Psychology and Counseling Supports: Rehab/Long Term	Yes	Yes	Yes
H0036 HI	DAIL Psychology and Counseling Supports: Mental Health Funded	Yes	Yes	Yes
T2019 U8	DAIL Employment Supports: Rehab/Long Term	Yes	Yes	Yes
T2019 HI	DAIL Employment Supports: Mental Health Funded	Yes	Yes	Yes
H0001	Alcohol and/or substance use services, family/couple counseling	Yes	Yes	Yes
H0004	Behavioral health counseling and therapy, per 15 MINUTES	Yes	Yes	Yes
T1006	Alcohol and/or substance use services, family/couple counseling	Yes	Yes	Yes
T1016	Case management - each 15 MINUTES	Yes	Yes	Yes
99441	Telephone E/M service provided to established patient	Yes	No	No
99442	Telephone E/M service provided to established patient	Yes	No	No

99443	Telephone E/M service provided to established patient	Yes	No	No
420	DVHA Paid HHA/Hospice - Physical Therapy	Yes	No	Yes
430	DVHA Paid HHA/Hospice - Occupational Therapy	Yes	No	Yes
440	DVHA Paid HHA/Hospice - Speech Therapy	Yes	No	Yes
550	DVHA Paid Skilled Nursing	Yes	No	Yes
551	DVHA Paid Skilled Nursing, SVCS, Visit Charge	Yes	No	Yes
559	DVHA Paid Initial Home Health Assessment Visit	Yes	No	Yes
560	DVHA Paid Medical Social SVCS, General	Yes	No	Yes
561	DVHA Paid Medical Social SVCS, Visit Charge	Yes	No	Yes
561	DVHA Paid Medical Social SVCS, Visit Charge	Yes	No	Yes
562	DVHA Paid Medical Social SVCS, Hourly Charge	Yes	No	Yes
562	DVHA Paid Medical Social SVCS, Hourly Charge	Yes	No	Yes
570	DVHA Paid Home Health - Home Health Aid	Yes	No	Yes
580	DVHA Paid Other Home Health Visits, General	Yes	No	Yes
580	DVHA Paid Other Home Health Visits, General	Yes	No	Yes
589	DVHA Paid Other Home Health Visits, Homemaker services are not covered	Yes	No	Yes
589	DVHA Paid Other Home Health Visits, Homemaker services are not covered	Yes	No	Yes
651	DVHA Paid Hospice SVCS, Routine Home Care (Daily Rate)	Yes	No	Yes
651	DVHA Paid Hospice SVCS, Routine Home Care (Daily Rate)	Yes	No	Yes
652	DVHA Paid Hospice Services, Continuous Home Care (Hourly Rate)	Yes	No	Yes
S9443	Lactation classes, nonphysician provider, per session	Yes	Yes	Yes
T2023	FSH Monthly Targeted Case Management	Yes	Yes	Yes
99605	Medication therapy management service provided by a pharmacist, individual,	Yes	Yes	Yes

99606	Medication therapy management service provided by a pharmacist, individual,	Yes	Yes	Yes
99607	Medication therapy management service provided by a pharmacist, individual,	Yes	Yes	Yes
97803	Medical Nutrition Therapy, not performed by a physician, re-assessment	Yes	Yes	Yes
90785	Interactive Complexity, add-on to psychotherapy code	Yes	Yes	Yes
59430	Postpartum Care	Yes	Yes	Yes
59425-59426	Antepartum Care (4-6 visits) or (7+ visits)	Yes	Yes	Yes
H2011 HW	Crisis Intervention Services	Yes	Yes	Yes
H2019 HW	Therapeutic Behavioral Services, each 15 minutes	Yes	Yes	Yes
96110	Developmental Screening (e.g. developmental milestone survey, speech	Yes	Yes	Yes
T1027	Family Training and Counseling for Child Development	Yes	Yes	Yes
S5111	Home Care Training, Family, per session	Yes	Yes	Yes
S9470	Nutrition Counseling, Dietitian visit	Yes	Yes	Yes
93797	Physician Services, Outpatient Cardiac Rehabilitation	Yes	Yes	Yes
G0237	Therapeutic Procedures to increase strength/endurance resp. muscles.	Yes	Yes	Yes
G0238	Therapeutic Procedures to improve resp. function	Yes	Yes	Yes
92607	Evaluation for RX for speech-generating augmentative and alternative comm.	Yes	Yes	Yes
92609	Therapeutic Services for use of speech-generating device, including programming	Yes	Yes	Yes
97139	Unlisted therapeutic procedure (specify).	Yes	Yes	Yes
97750	Physical performance test or measurement with written report, each 15 minutes.	Yes	Yes	Yes
S9128	Speech therapy, in the home, per diem.	Yes	Yes	Yes
97130	Therapeutic intervention that focuses on cognitive function and compensatory strategies.	Yes	Yes	Yes
424	Physical Therapy Evaluation	Yes	Yes	Yes
434	Occupational Therapy Evaluation	Yes	Yes	Yes
444	Speech Therapy Evaluation	Yes	Yes	Yes
96127	Brief Emotional/Behavioral Assessment (e.g. depression inventory, ADHD scale)	Yes	Yes	Yes
99406	Smoking and tobacco use cessation counseling visit; intermediate.	Yes	Yes	Yes

90845	Psychoanalysis	Yes	Yes	Yes
96158	Health Behavior Intervention; individual; face-to-face; initial 30 minutes	Yes	Yes	Yes
96159	Health Behavior Intervention; individual; face-to-face; each additional 15 minutes	Yes	Yes	Yes
96160	Administration of patient-focused health risk assessment with scoring and documentation	Yes	Yes	Yes
96161	Administration of caregiver-focused health risk assessment for the benefit of the patient	Yes	Yes	Yes
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous	Yes	Yes	Yes
97802	Medical Nutrition Therapy, not performed by a physician, initial assessment	Yes	Yes	Yes
90853	Group Psychotherapy	Yes	Yes	Yes
H0005	ADAP Version of 90853 for Group Psychotherapy	Yes	Yes	Yes
96040	Medical Genetics and Genetic Counseling Services	Yes	Yes	Yes
99354	Prolonged E/M or psychotherapy service beyond the typical service time of primary	Yes	Yes	Yes
99401	Preventive medicine counseling and/or risk factor reduction intervention	Yes	Yes	Yes
99496	Transitional care management services with communication, including by	Yes	Yes	Yes
H2000	Comprehensive multidisciplinary evaluation	Yes	Yes	Yes
T1013	Sign language or oral interpretative services, per 15 minutes	Yes	Yes	Yes
T1017	Targeted case management, each 15 minutes	Yes	Yes	Yes
T2022	Case management - per month	Yes	Yes	Yes
T1028	Assessment of home, physical, and family environment.	Yes	Yes	Yes
96156	Health Behavior Assessment/Intervention Procedures	Yes	Yes	Yes
98960	Education and Training for patient, self-management.	Yes	Yes	Yes
99407	Smoking and tobacco use cessation counseling	Yes	Yes	Yes
3725F	Screening for Depressive Symptoms	Yes	Yes	Yes
G0108	Diabetes outpatient self-management training	Yes	Yes	Yes

99308	Subsequent nursing facility care per day, for E/M requires 2/3 components, typically 15 min. spent at the bedside	Yes	Yes	Yes
99404	Preventive medicine counseling and/or risk factor reduction intervention (60 minutes)	Yes	Yes	Yes
G0444	Annual Depression Screening (15 minutes)	Yes	Yes	Yes
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or	Yes	Yes	Yes
99050	Services provided in the office at times other than regularly scheduled office.	Yes	Yes	Yes
99354	Prolonged E/M or psychotherapy services outpatient	Yes	Yes	Yes
G2250	Remote assessment of recorded image or video	Yes	No	No
G2251	Brief "Virtual Check-in"	Yes	No	No

¹⁶ <https://dvha.vermont.gov/covid-19>