



State of Vermont
Department of Vermont Health Access
Office of the Commissioner
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010
<http://dvha.vermont.gov>

[Phone] 802-879-5900

Agency of Human Services

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Frequently Asked Questions (FAQs)

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

Summary:

- Vermont Medicaid providers are encouraged to continue to use telemedicine to care for their Medicaid members during this Emergency when possible;
- As telemedicine (2-way, real-time, audio and video/visual) may not be possible for Medicaid providers to reach all their Medicaid members requiring care during this Emergency, Vermont Medicaid will be temporarily providing reimbursement for medically necessary and clinically appropriate services delivered by communications technology, including telephone, from a date of service of 3/13/2020.¹

General Questions:

How long will this policy be in place?

This policy will be in effect for the duration of the State of Emergency declared by Governor Scott.

What is the effective date of service for this policy?

The date the Governor of Vermont issued the declaration of a State of Emergency in the State of Vermont – Friday, March 13, 2020.

How will providers know if/when changes are made or when these emergency policies are scaled back?

The Governor will announce when the State of Emergency ends. Providers will receive e-mail communications in the same way this change was communicated, a Banner will be released, and through their respective associations/societies/organizations; providers should also check the COVID-19 page of the DVHA website for updates.

¹ <https://dvha.vermont.gov/news/state-emergency-declared-community-mitigation-strategies-response-covid-19>,
<https://dvha.vermont.gov/covid-19>, &
<https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

Vermont Medicaid already covers CPT codes 99441-99443 for telephone evaluation and management services by a physician or other qualified health care professional who may report evaluation and management (E/M) services provided to an established patient, parent or guardian, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. Will Vermont Medicaid continue to provide reimbursement for these service codes?

Vermont Medicaid will continue to reimburse for CPT codes 99441-99443; please review the [current fee schedule](#) on the website for rates for specific services. As these services are already identified as being delivered by telephone, it is not appropriate to use the new V3 modifier with these codes. Many providers requested additional options to utilize during the Emergency response to COVID-19 and those are detailed below.

The G Codes – Brief Communication Services (i.e. G0071 for FQHCs/RHCs, G2012 [Virtual Check-in, including via telephone], and G2010 [Remote Evaluation of a Recorded Image or Video]) that may also be referred to as Triage Codes:

Reminder: The new modifier (V3) is not allowed with these G codes because telephonic delivery was already allowed with these codes.

Are the triage codes only available for triaging COVID-19 related illness and symptoms, or can I use these codes for communication with my patients related to other health care needs?

These codes are **not** limited to COVID-19 related illness and symptoms. They are intended to be used by providers during the Emergency response to COVID-19 to determine whether a patient requires an office visit or other service.

Are the triage codes only available for established patients?

Although, the Department of Health and Human Services has announced a policy of enforcement discretion for telehealth services, it does **not** appear this discretion has been extended to the G codes for brief communication services (i.e. the triage codes) which are not considered telehealth, so these would still require an established patient relationship and verbal patient consent being obtained.

Which providers may bill for the triage codes? For example, would a cardiologist be able to use telemedicine?

The G codes – brief communication technology-based services – for triage may be billed by a physician or other qualified health care professional who may report evaluation and management (E/M) services. Please note: Vermont Medicaid has not, at this time, added licensed mental health clinicians to the provider types who can bill G2010 (remote evaluation of a recorded image or video).

Can I use Skype or Facetime when conducting the triage services covered by the triage codes, or can these only be used for telephonic triage?

Technology-based services can be used for these codes. This could include audio-only phone or applications using audio/video.

What if a triage assessment results in an office visit?

Providers should not bill the triage codes if an assessment results in an office visit or other service within 24 hours or next available appointment, or if the check-in/remote evaluation is related to a medical visit within the previous 7 days.

Vermont Medicaid's Temporary New Coverage of Medically Necessary and Clinically Appropriate Services Delivered by Telephone:

Are the codes listed within the Guidance document example the only codes allowed to be delivered telephonically?

No. DVHA tried to assess what codes would be most frequently used by providers in order to make the required system changes and implement this new coverage as soon as possible, but the Department fully expects other services may be medically necessary and clinically appropriate to be delivered by telephone (please see the review process described below). As an example, the Department is currently in the process of finalizing home health, physical therapy, occupational therapy, and speech therapy services that will be allowed to be delivered telephonically, as medically necessary and clinically appropriate, during the Emergency. The updated Guidance document example with these codes will be released the week of March 30th.

What if my organization would like to recommend a different code?

In the event that a claim is submitted for a code that DVHA has not identified, a multi-disciplinary team is prepared to assess the clinical appropriateness of audio-only service delivery and, if appropriate, will add the code or codes to the list following review. Providers may also call their DXC provider representative to inquire about different codes—this will result in the same DVHA review process.

How will providers know if the list of allowable telephonic services changes?

Providers should check the [COVID-19](#) page of the DVHA website for updates. Updates will occur at least once per week beginning the week of March 30th.

Can any provider type or specialty that bills for telemedicine offer services by telephone during the Emergency?

Yes. However, the Medicaid-covered services must still be medically necessary and clinically appropriate for being delivered via an audio-only method.

Telemedicine:

Does the Office for Civil Rights/U.S. Department of Health and Human Services enforcement discretion communication mean I can bill for telemedicine services when I use Skype or Facetime?

Yes. Importantly, it was announced on Tuesday, March 17th by the Office for Civil Rights at the U.S. Department of Health and Human Services (HHS) that 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.² 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.³ Vermont law does require telemedicine to be delivered through a secure connection that complies with HIPAA; this is being addressed through the emergency legislation within Sec. 26, Waiver of Certain Telehealth Requirements During State of Emergency, of H.742.⁴

What are the requirements for informed consent for telemedicine?

Under Vermont's health care administrative rule for telehealth, Sec. 3.101.5, one of the conditions for coverage indicates that qualified providers shall 'provide appropriate informed consent, in a language that the beneficiary understands, consistent with 18 V.S.A. § 9361(c)(1)'' and includes the components that must be included.⁵ As described above under the compliance with HIPAA condition for coverage, the emergency legislation within Sec. 26, Waiver of Certain Telehealth Requirements During the State of Emergency, of H.742, includes a provision specific to obtaining and documenting a patient's oral or written informed consent for the use of telemedicine during the Emergency.

How do I find the currently established rate for Medicaid covered services provided through telemedicine? Rates for services delivered via telemedicine are the same as those provided face-to-face. The reimbursement rates for all service codes are posted on DVHA's fee schedule website.⁶

Can FQHCs/RHCs bill Medicaid for telemedicine services when they serve as the distant site?

Yes.

² <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

³ <https://governor.vermont.gov/content/declaration-state-emergency-response-covid-19-and-national-guard-call-out-eo-01-20>

⁴ <https://legislature.vermont.gov/bill/status/2020/H.742>

⁵ <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

⁶ <http://www.vtmedicaid.com/#/feeSchedule>

Which providers may offer telemedicine services? For example, would a cardiologist be able to use telemedicine?

Telemedicine requires that a provider must use an interactive audio and video (visual) telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, dentists, physical therapists, occupational therapists, speech-language pathologists, behavior technicians/Board Certified Behavior Analysts, registered dietitians, and nutrition educators, etc.

Are annual well visits appropriate for delivery through telemedicine?

Vermont Medicaid has been covering well visits via telemedicine when clinically appropriate to be delivered through telemedicine (e.g. this would not include when physical examinations are required, nor when immunizations are required).

The Department of Health and Human Services announced enforcement discretion for Medicare telehealth services related to established patient relationships – what does this mean?

For telehealth/telemedicine: It is imperative during this public health emergency that patients avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities where they could risk their own or others' exposure to further illness. Accordingly, the Department of Health and Human Services (HHS) is announcing a policy of enforcement discretion for Medicare telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

Coding:

A place of service (POS) code would be required for the 3 triage codes, but the guidance says not to use 99. Which POS is appropriate for those codes? Are there any other modifiers that should be used with those codes?

The place of service code of 99 – other is not required for use with the 3 triages codes; no modifiers are required for the 3 triage codes but could be used as appropriate (V3 is not appropriate).

Vermont Medicaid already covers CPT codes 99441-99443 for telephone evaluation and management services by a physician or other qualified health care professional – should I use the new modifier or place of service (POS) code 99 with these CPT codes?

The V3 modifier is not appropriate for use with these codes as these services are already identified as being delivered by telephone.

Should the modifier V3 be the only modifier used with the procedure/service code during the Emergency? The modifier V3 to identify services delivered by telephone during the Emergency should be used in addition to any other appropriate modifiers.

The Department of Mental Health has provided guidance that for the designated agencies and specialized service agencies that are active with the Mental Health Payment Reform, Mental Health Payment Reform (MHPR) will not be using the V3 modifier.⁷ What does this mean?

Per the Department of Mental Health, “In collaboration with the Billing Managers, the following guidance will be followed: H2017 and H2015 services will use POS code 53 (CMHC) as it has been since telephonic services have been allowed for these codes. H2011 (Emergency Services) will continue to be coded as it has been as both telephonic and in person has been allowed for this service. All other services that are approved for MHPR will use POS 99 for any telephonic services that are being provided beginning on 3/23/2020 and will continue until we are no longer shifting service provision in response to COVID-19.”

Does the guidance to use the V3 modifier and place of service of 99 to indicate service delivery by telephone during the Emergency apply to ADAP providers delivering outpatient services?

The Department worked with the Division of Alcohol and Drug Abuse Programs (ADAP) to answer this question as posed during the Webinar offered on March 20th; ADAP has indicated that H0001, H0004, T1006, and T1016 are appropriate for delivery by telephone during the Emergency and as such, should include the V3 modifier and place of service code of 99 to indicate delivery by telephone in response to the Emergency produced by COVID-19.

For additional billing guidance, please visit:

<http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>

⁷ https://mentalhealth.vermont.gov/sites/mhnew/files/documents/News/V.4_FAQ_DM_H_DDS_Guidance_Mar252020.pdf