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*Agency of Human Services*

Updated: April 23<sup>rd</sup>, 2020

### **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.<sup>1</sup>
- Medicaid-participating providers are encouraged to review the [Rule on telehealth](#) and the definition of telemedicine specifically. Audio-only (delivered by telephone), & brief communication services (the G 'triage' codes) are **not** telemedicine and this distinction impacts the place of service that is appropriate (more information below).<sup>2</sup>
- The Department of Vermont Health Access cannot possibly communicate how fantastic Vermont Medicaid's providers have been in quickly adopting telemedicine in order to continue to provide care for Medicaid members during this public health emergency. From those of us at the Department, thank you for your dedication and commitment to the health and well-being of Vermonters.

##### **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.

<sup>1</sup> <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>

<sup>2</sup> <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

**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.

**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. **Likewise, telephone E/M services are not 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.** 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 FOHCs/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; **likewise, brief communication services are not 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.**

**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. **Update: As of April 7,**

2020, CMS released guidance for clinicians that indicated that brief communication services, e.g. the virtual check-ins, may be for new or established patients, allowing Vermont Medicaid to follow federal guidance.<sup>3</sup>

**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 has continued its work to expand the specific services pre-approved for telephonic delivery during the Emergency when medically necessary and clinically appropriate to be delivered by telephone (please see the [reference charts](#) posted to the [DVHA COVID-19](#) website for the most up-to-date information).**

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

Providers are encouraged to call their Provider Services (DXC provider representative) to inquire about different codes—this will result in a DVHA review process prior to claim submission. 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 during the Emergency and, if appropriate, will add the code or codes to the list following review.

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<sup>3</sup> <https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf>

### **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.

### **Can any Vermont Medicaid-enrolled 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 17<sup>th</sup> 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.<sup>4</sup> 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.<sup>5</sup> 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 (Act 91).<sup>6</sup>

### **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.<sup>7</sup> 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 (Act 91), includes a provision specific to obtaining and documenting a patient's oral or written informed consent for the use of telemedicine during the Emergency.

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<sup>4</sup> <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

<sup>5</sup> <https://governor.vermont.gov/content/declaration-state-emergency-response-covid-19-and-national-guard-call-out-eo-01-20>

<sup>6</sup> <https://legislature.vermont.gov/bill/status/2020/H.742>

<sup>7</sup> <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

**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](#).<sup>8</sup>

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

Yes!

**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).

**Are comprehensive preventive medicine visits (e.g. 99391-99397) appropriate for delivery through telemedicine?**

Vermont Medicaid covers comprehensive preventive medicine visits when delivered by qualified providers through telemedicine when clinically appropriate and medically necessary.

**Our practice is successfully using telemedicine to continue to offer well visits for reproductive age women, including appropriate counseling and assessment. If the patient is up-to-date on the required routine screening and utilizes oral contraceptives for her chosen method of contraception. We are billing 99385/99395 with the 02 place of service to indicate the service is being delivered through telemedicine.**

**Will you share this information in the next update of the FAQ for other providers?**

Yes!

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

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<sup>8</sup> <http://www.vtmedicaid.com/#/feeSchedule>

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 **has been revised to indicate specifically that 02 (telehealth) is not appropriate.** Which POS is appropriate for those codes? Are there any other modifiers that should be used with those codes?**

The most appropriate place of service code should be used; the place of service code of **02 to indicate telehealth is not appropriate as the G 'triage' codes are not telehealth nor telemedicine. For claims billed on/after May 10, 2020, the place of service of 02 will not be allowed. The system will allow multiple options for an appropriate place of service for these codes, including 11 (office), 99 (other), etc. as of May 10, 2020.** 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; **likewise, telephone E/M services are not 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.**

**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.<sup>9</sup> 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

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<sup>9</sup> [https://mentalhealth.vermont.gov/sites/mhnew/files/documents/News/V.4\\_FAQ\\_DM\\_H\\_DDS\\_Guidance\\_Mar252020.pdf](https://mentalhealth.vermont.gov/sites/mhnew/files/documents/News/V.4_FAQ_DM_H_DDS_Guidance_Mar252020.pdf)

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 20<sup>th</sup>; 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.

**Our practice is completing a lot of the components of a well visit over the telephone, and then bringing the patient into the clinic to complete the remaining components face-to-face that comprise a well visit. If we are meeting all the components of the well visit, would we bill as we normally would?**

Yes. In the example above, if all the components of the well visit are met, including the components that are required to be provided in-person/face-to-face, it would be appropriate for a practice to bill for the visit as they normally would despite some components being met over the telephone in order to minimize the risk of exposure to children/adults with potential contagious diseases. In the example above, it would not be appropriate to bill the visit as if it were completed through telemedicine.

**If I text or e-mail my patients/clients during the Emergency, is that covered under Vermont Medicaid’s telemedicine Rule?**

Under the Telehealth rule, services delivered via audio-only (i.e. by telephone), facsimile, or electronic messages, to include text messaging and e-mail, are not telemedicine and are not covered by Vermont Medicaid.<sup>10</sup> (This is why the Department, working with providers, implemented the temporary coverage and reimbursement for telephonic services furnished during the Emergency response to COVID-19.)

**I am a non-licensed provider, currently supervised by a licensed provider. We are both working offsite (outside of the clinic) to deliver Medicaid-covered mental health services for our clients during the Emergency through telemedicine. Can I, the non-licensed provider, submit claims to Vermont Medicaid for the services I am providing through telemedicine?**

Vermont Medicaid’s Rule on supervised billing may be found under the Provider Responsibility section and provides information regarding qualified licensed providers (licensed and enrolled in Vermont Medicaid and acting within their scope of practice) being able to bill for covered services within the scope of

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<sup>10</sup> <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

practice when the services are provided by a qualified non-licensed provider (actively working towards licensure as specified by the profession and under direct supervision of the qualified licensed provider).<sup>11</sup>

**Providers who have remaining questions should contact Vermont Medicaid Provider Services at 1-802-878-7871 (press 3) for more information.**

**For additional billing guidance, please visit:**

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

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<sup>11</sup><https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/9.103-supervised-billing-adopted-rule.pdf>