



State of Vermont
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Agency of Human Services

2/10/2021

Re: Vermont Medicaid Continuing Telemedicine Coverage for Dental Services & Temporary New Telephonic Coverage for Brief Communication Services for Dental Providers

Dear Dental Provider,

Telemedicine Billing Guidance: Dental providers should list '02' as the place of treatment on the claim in order to indicate when services are delivered via telemedicine. Telemedicine services are reimbursed at the same rate as services provided in a face-to-face setting; services must be medically necessary and clinically appropriate for delivery through telemedicine.

New Coverage of Brief Communication Services for Dental Providers: During the Emergency, Vermont Medicaid is providing temporary new coverage and reimbursement for the use of three 'triage codes' to allow dental providers to receive payment for brief virtual communication services used to determine whether an office visit or other service is needed. Dental providers may bill the following G codes:

- **G0071** (for Federally Qualified Health Centers and Rural Health Clinics only) and **G2012 & G2010** (for providers located in non-FQHC/RHC settings). G2012 is the 'virtual check-in,' including via telephone, and G2010 is the remote evaluation of a recorded image or video.
 - Providers should **not** bill the triage codes if an assessment results in an office visit or other service within 24 hours or the next available appointment, or if the virtual check-in/remote evaluation is related to a medical visit within the previous 7 days.
 - The G0071 code should **only** be billed by FQHCs/RHCs and under the fee-for-service national provider identifier.
 - The G0071 code should **not** be billed by non-FQHC or non-RHC providers.
 - These triage codes **will not apply** to Medicaid's \$1,000 annual benefit limit for adult dental services.