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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: April 23rd, 2020 (Original: March 18th, 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 State of Emergency.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 this Emergency, Vermont Medicaid is providing guidance to providers regarding temporary coverage of telephonic services furnished during the emergency response to COVID-19.²

Effective Monday, March 23rd, Vermont Medicaid implemented several changes in order 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 State of 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

¹ Declaration of State of Emergency in Response to COVID-19.

² Vermont Medicaid: Telehealth, Telemedicine and Telephonic Coverage.

during the Emergency and best practice guidance indicates the importance of social distancing in order to reduce the risk of COVID-19 transmission.

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 for March 23rd, 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 via telephone) 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 all providers, the V3 modifier described below and place of service code of 02 (telehealth) are **not** appropriate for use with the 3 ‘triage codes’ (G0071, G2012, and G2010). 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.
- For all providers, 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, telephone E/M services are **not** telehealth services. As a result, the place of service of 02 to indicate telehealth is

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/FOHCPPS/Downloads/VCS-FAQs.pdf>

not appropriate and will not be allowed for claims billed on/after May 10, 2020. Please reference the FAQ for more information.

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 **99201-99205** [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, 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). Complete reference charts indicating the specific services reviewed to date may be found on the DVHA COVID-19 website.⁶ The reference charts contain instructions regarding whether the service is approved for delivery by telephone during the Emergency, whether the new V3 modifier is required when the service is delivered by telephone, and whether the service is appropriate for telemedicine under the Department's existing telehealth rule.

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 with claims indicating procedure codes of **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 with revenue codes for Choices for Care, home health, & hospice services (please see the reference charts for more

⁶ <https://dvha.vermont.gov/covid-19> & <https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Memo%20Provider%20Guidance%20in%20Response%20to%20COVID-19%20Chart%20Services%20Updated%2004.09.20.pdf>

information) 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.⁷

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.⁸ Vermont Medicaid currently 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.⁹

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.¹⁰ 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.¹¹ 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), which was signed by the Governor of Vermont on March 30, 2020.¹²

⁷ 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.

⁸ <https://dvha.vermont.gov/providers/telehealth>

⁹ <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

¹⁰ <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

¹¹ <https://governor.vermont.gov/content/declaration-state-emergency-response-covid-19-and-national-guard-call-out-eo-01-20>

¹² <https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT091/ACT091%20As%20Enacted.pdf>

Providers are encouraged to continue to visit the DVHA COVID-19 website for the most up-to-date information as guidance will be updated on a regular basis; a Frequently Asked Questions document was posted to the DVHA COVID-19 website on March 27th, 2020 and **the most recently updated version of that document will be posted on April 24th, 2020.**^{13,14}

¹³ <https://dvha.vermont.gov/covid-19>

¹⁴ <https://dvha.vermont.gov/sites/dvha/files/documents/News/FAQ%20Telephonic%20Services%20COVID-19%20Emergency%2003.27.20.pdf>