

## 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, Department of Disabilities, Aging and Independent Living  
Ken Schatz, Commissioner, Department for Children and Families  
Dr. Mark Levine, Commissioner, Vermont Department of Health  
Michael Smith, Secretary, Agency of Human Services

**DATE:** March 18<sup>th</sup>, 2020

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

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Effective Monday, March 23<sup>rd</sup>, Vermont Medicaid will be implementing several changes in order to support Medicaid-participating providers in responding effectively to the emergency produced by coronavirus disease 2019 (COVID-19). These changes are 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<sup>1</sup> 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 visual interactive communication) as many patients may not be comfortable with, or equipped, to use telemedicine during this 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 is currently completing the technical changes required to implement the following changes for March 23<sup>rd</sup>, 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**

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<sup>1</sup> Declaration of [State of Emergency](#) in Response to COVID-19.

**service is needed.** These codes, G0071 (virtual communication services for FQHCs and RHCs<sup>2,3,4</sup>), 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.

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 and place of service code of “99 – other” should **not** be used with the 3 ‘triage codes’ described above under Section 1 (G0071, G2012, and G2010).

#### 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 will be offering an informational webinar to support providers this upcoming Friday, March 20<sup>th</sup> at 12:00PM in order to address any outstanding provider questions or concerns. The directions for how to join the webinar will be sent in a separate communication. In addition, 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. Providers who have remaining questions should **contact Vermont Medicaid Provider Services at 1-802-878-7871** (press 3) for more information.

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,

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<sup>2</sup> FQHC: Federally Qualified Health Center; RHC: Rural Health Clinic.

<sup>3</sup> <https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center>

<sup>4</sup> <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf>

**State of Vermont****Department of Vermont Health Access**

280 State Drive, NOB 1 South

Waterbury, VT 05671-1010

<http://dvha.vermont.gov>

[Phone] 802-879-5900

*Agency of Human Services*

real-time, audio and video interactive communication when possible.<sup>5</sup> 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.<sup>6</sup>

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>7</sup>

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<sup>5</sup> <https://dvha.vermont.gov/providers/telehealth>

<sup>6</sup> <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

<sup>7</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>