Vermont Medicaid: Telehealth

Current guidelines and post federal public health emergency

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Telehealth Overview

Telehealth:

Methods for health care service delivery using telecommunications technologies.

Telemedicine:

Health care delivery by a provider who is located at a distant site to a beneficiary at an originating site for purposes of evaluation, diagnosis, consultation, or treatment using telecommunications technology via two-way, real-time, audio and video interactive communication through a secure connection that complies with HIPAA

Remote Patient Monitoring:

Health service that enables remote monitoring of a beneficiary's physiological health related data by a home health agency done outside of a conventional clinical setting and in conjunction with a physician's plan of care.

Store and Forward:

Asynchronous transmission of a beneficiary's medical information from a health care professional or a beneficiary to a provider at a distant site, through a secure connection that complies with HIPAA, without the beneficiary present in real time.

Audio-Only:

Real-time health care delivery by a provider who is located at a distant site to a beneficiary at an originating site for purposes of evaluation, diagnosis, consultation, or treatment using audio-only telecommunications technology.

Agency of Human Services Health Care Administrative Rules 3.101 Telehealth

*Please note differences between the adopted rule definitions and above. The updated definitions above will be included in an upcoming Telehealth rule revision.

Coverage/Provider Requirements

For the purposes of Vermont Medicaid:

- **Coverage Requirements**: Services must be considered medically necessary and clinically appropriate to be delivered via telehealth.
- **Provider Requirements:**
  - Work within the scope of their practice,
  - Meet or exceed federal and state legal requirements of medical and health information privacy (including compliance with HIPAA), and
  - Be enrolled with Vermont Medicaid (which includes licensure requirements).

Out-of-state licensed providers

Effective April 1, 2022, in accordance with Act 85, health care providers who hold an out of state license and provide services through telehealth to patients/clients located in the State of Vermont will be required to obtain an Interim Telehealth Registration.

- Visit the Office of Professional Regulation's (OPR's) website for more information:

  Telehealth, Out-of-State & Expired License Registration (vermont.gov)

Telemedicine

Telemedicine: Vermont Medicaid continues to cover health care delivery by telemedicine just as it did before the public health emergency with this change:

- The 'secure connection that complies with HIPAA' requirement is essentially waived per federal guidance HIPAA and COVID-19 Bulletin: Limited Waiver of HIPAA Sanctions and Penalties During a Declared Emergency (hhs.gov).

**Providers should continue to bill as normal with their service-specific codes and the Place of Service (POS) "02" for telehealth/telemedicine.

https://dvha.vermont.gov/providers/telehealth

Audio-Only

Audio-Only: During the public health emergency, Vermont Medicaid began covering and reimbursing for medically necessary, clinically appropriate services delivered by telephone. Currently, providers are reimbursed at the same rate as an in-person or telemedicine visit but must include the following on their claims:

- "V3" modifier must be used to indicate that the service was delivered via telephone (ie. Audio-only)

For FQHCs and RHCs, it is important to note that these services, when billed with the "V3" modifier and "99" POS reimburses 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.**

https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Memo%20Provider%20Guidance%20in%20Response%20to%20COVID-19%20FINAL%20Updated%2003.29.21.pdf

Brief communication technology-based services

Vermont Medicaid provides reimbursement for Medicaid providers to be reimbursed for brief virtual communications used to determine whether an office visit or other service is needed:

These codes should only be billed if they do not result in a service needing to be delivered in the next 24 hours (or next available appointment) and the virtual check-in/remote evaluation is not related to a service provided in the past 7 days.

https://dvha.vermont.gov/covid-19

What next?

- Vermont Medicaid is in the final stage of the internal review process of determining our post federal public health emergency telehealth policies (including changes to the Telehealth Administrative Rule to include audio-only).
- Additional guidance will be provided as soon as possible to stakeholders to ensure timely changes.
  - These will be provided in written communications as well as on our website and in-person engagement as applicable.
- Audio-only service delivery will continue
  - Providers delivering services via audio-only should continue to include the "V3" modifier

Vermont Medicaid Resources

- Vermont Medicaid Provider Services may be reached at **1-802-878-7871** (press 3);
- Reference charts are posted to the DVHA COVID-19 website

https://dvha.vermont.gov/covid-19
http://www.vtmedicaid.com/#/home
http://www.vtmedicaid.com/#/feeSchedule

BLUE CROSS VT TELEMEDICINE

Lisa Fearon, April 2022

POLICIES

TELEMEDICINE

- Corporate Payment Policy (CPP) 3
  - No differential between in-person and telemedicine; no differential in copay or deductible.
  - Currently, provider must be in-network to trigger benefits (unless authorized b/c no providers in-network)
  - Pay for both synchronous and asynchronous (store-and-forward)
  - Policy is updated frequently – 5 times since December of 2020
- Temporary Policies
  - Covid
  - CPP 34 (IOP/PHP, lactation support)
- Medical Policy

AUDIO-ONLY PAYMENT POLICY

- CPP_24
- V3 modifier for
  - PCP billing psychotherapy or pharmacologic mgmt
  - PCP billing E/M code for MHSUD primary diagnosis
  - MHSUD clinician providing services
- V4 modifier for all other services
- Payment differential for –V4 (75% of in-person rate)
- Reviewed most recently in March 2022; DFR conducting 2-year study, so more to come

BILLING

LOCATION CONSIDERATIONS

- Under our license with BCBSA, we cannot contract with providers who are not physically in VT at the time of service (licensure doesn't matter).
- Claims must be submitted to the Blue Plan where the provider is located at the time of service.
- Generally, the provider should follow licensure/scope of practice requirements of jurisdiction where patient is located.

ACT NO. 85 (H.654)

- Act 6 (2021) is amended to read: "[F]rom the period from April 1, 2022, through June 30, 2023, the Office of Professional Regulation and Board of Medical Practice shall register a health care professional who is not licensed or registered to practice in Vermont but who seeks to provide health care services to patients or clients located in Vermont using telehealth, provided: (1) the health care professional completes an application in the manner specified by the Director of the Office of Professional Regulation or the Board of Medical Practice, as applicable; and (2)(A) the health care professional holds an active, unencumbered license, certificate, or registration in at least one other U.S. jurisdiction to practice the health care professional for which the health care professional seeks to provide telehealth services in Vermont; (B) the health care professional's license, certificate, or registration is in good standing in all other U.S. jurisdictions in which the health care professional is licensed, certified, or registered to practice; and (C) the health care professional provides verification of licensure, certification, or registration to the Office or the Board, as applicable."
- Use of HIPAA-compliant connection is not required, through March 31, 2023, if not practicable under the circumstances

FAQS

- Contracted and Office in VT
- Contracted and Office in NH/MA/NY
- Contracted but moving out of state
- Contracted but vacationing out of state
- My patient is moving/vacationing out of state
- Place of service
- Modifiers
- License

FAQS (CONTINUED)

- What platform can I use?
- Documentation requirements – consent, concerns (e.g., PT for patient with balance issues)
- Outside of the U.S.
  - Considerations: limitations on prescribing controlled substances, claims filing issues, malpractice insurance coverage, inability to access EMRs

Telehealth Updates

VPQHC Telehealth Review

April 6, 2022

Access and Equity

Patients' time and energy are precious resources

General Telehealth Guidelines

Coding and Documentation is Critical

- Obtain and document patient's verbal consent in the medical chart
- Ensure the code reflects the service provided and the level of complexity billed is appropriate for telehealth
- Codes trigger the member's corresponding cost share
- Using the correct codes help to quantify the provision of & support the need for various telehealth modalities

Best Practices:

- Learn the competencies needed to deliver excellent "web-side manner"
- Explore options for scheduling and integration into the practice workflow
- Prepare optimal environment for delivering virtual care

https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf

Telemedicine Coding Guidelines

	Commercial Members	Medicare Members	Payment Policy
Telehealth and Telemental Health Services Real-time interactive synchronous audio and video • Must be done through a secure HIPAA compliant platform	Submit the corresponding CPT or HCPCS code for the service provided • Modifier codes 95 or GT • POS 02 or 10	Submit the corresponding CPT or HCPCS code for the service provided • Modifier codes 95 or GT • POS 02 or 10 (eff. 4.1.22) **E-Visits** • Physician/APRN/CNM: 99421-99423 • All other providers: G2061-G2063	• Contracted Rate
Telephone Services Audio Only	Submit the corresponding CPT or HCPCS code for the service provided • Modifier code V3 • POS 99 **Telephone Visits:** 98966 - 98968 **Telephone E&Ms:** 99441-99443 • Does not require a telehealth modifier • POS 99	Submit the corresponding CPT or HCPCS code for the service provided • Modifier code V3 • POS 99 **Telephone Visits:** 98966 - 98968 **Telephone E&Ms:** 99441-99443 • Does not require a telehealth modifier • POS 99	• Non-Physician/APRN Mental Health Providers: contracted rate • Medical Providers: 75% of contracted rate
Virtual Check-ins and Interpersonal Telephone/Internet/EHR Consultations	Submit the corresponding CPT or HCPCS code for the service provided **Virtual Check-ins:** G2010 and G2012 **Telephone/Internet/EHR Consultations:** 99451, 99452, 99446-99449 • Does not require a telehealth modifier • POS 02 or 10	Submit the corresponding CPT or HCPCS code for the service provided **Virtual Check-ins:** G2010 and G2012 **Telephone/Internet/EHR Consultations:** 99451, 99452, 99446-99449 • Does not require a telehealth modifier • POS 02 or 10	• Contracted rate

Telehealth in the Future

Cross-Border/Out of State Members

MVP is aligned with current waivers that allow providers to see members in other states.

Extended to June 30, 2023 for Vermont members – Bill H.654 (Act 85)

As rules and regulations change, MVP will continue to explore alignment strategies which ensure quality care and improve member access.

Ensuring Quality of Care

More mature telehealth providers should work to understand how to measure quality of telehealth care delivered

- National Quality Forum (NQF) 2017 telehealth framework measures
- Clinical outcome measures
- Maturation from adoption-based to quality-based telehealth metrics (both individual and population level metrics)

Payment References and Resources

Reference Library

- Includes Provider Policies, Payment Policies, EDI Information and Guides, Coding and Medical Record Documentation Resources, Guides to MVP Benefits & Plans and Guides to Using Our Site
  - Available **mvphealthcare.com/providers/reference-library**

Provider Education Resources

- View presentations, guides and tutorial videos on how to register for on-line provider accounts, submit demographic changes, and check eligibility/benefits, authorizations, claim status
  - Available at **mvphealthcare.com/providers/education**

Medical Policies, and Benefits Interpretation Manual (BIM)

- Access medical and pharmaceutical policies, prior authorization requirements, medical criteria, and coverage criteria and exclusions by signing into your Provider online account at **mvphealthcare.com/providers** under *Resources*

Other Resources and Contacting MVP

Call Center for Provider Services	1-800-684-9286
Provider Updates via Email	Register to receive updates via email by going to **mvphealthcare.com/provideremail**
Secure Provider Portal	Register for secure provider portal access Providers - MVP Health Care
Electronic Transactions (EDI)	1-877-461-4911 or ediservices@mvphealthcare.com
E-Support	1-888-656-5695 or support@mvphealthcare.com

For additional information and resources, visit **mvphealthcare.com/providers**

Thank you!

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