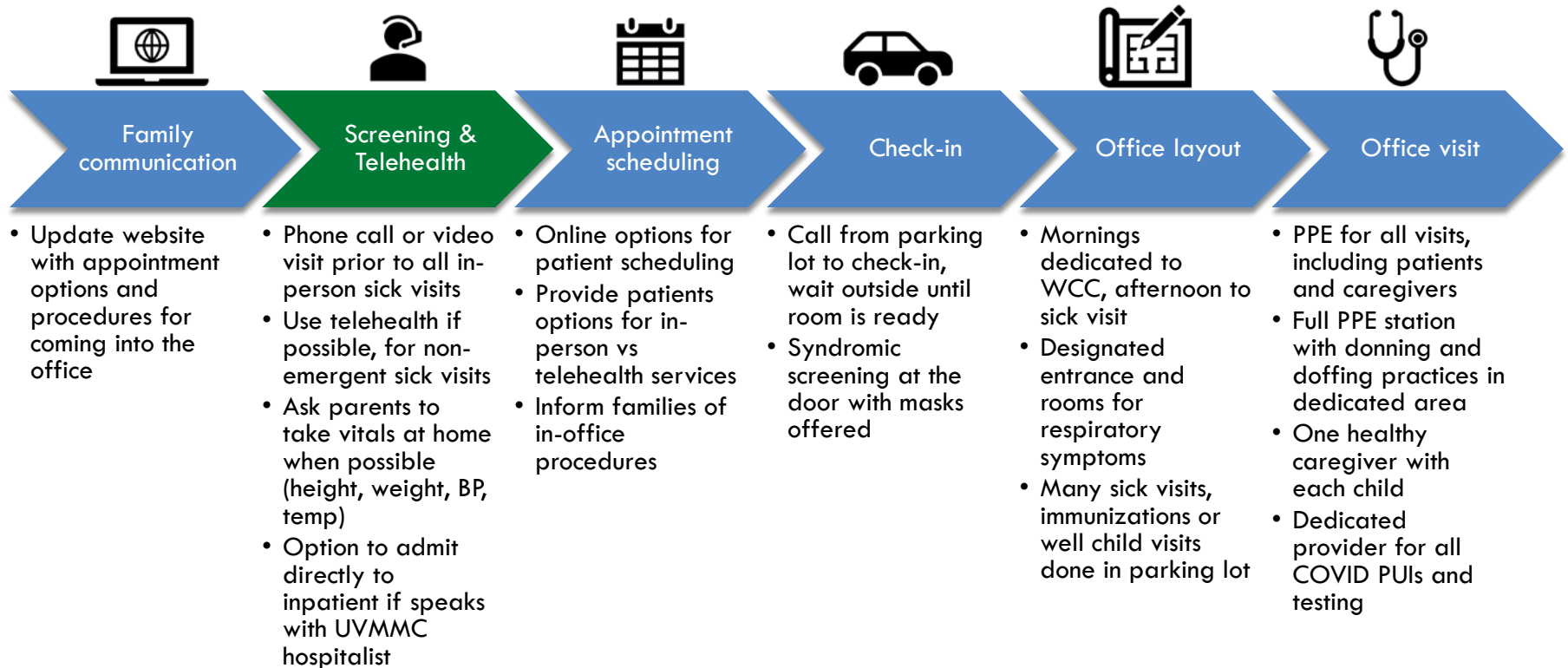


Vermont Telemedicine Billing Guidance for Child Health Providers

April 2020



Vermont Practices getting creative: Focus on Telehealth today



Telehealth is the focus of these materials

Source: VCHIP Practice Strategy Calls, April 2020

Objectives

- Define telemedicine and changes for COVID-19
- Understand what services can be reimbursed when using telemedicine
- Outline options for delivering telemedicine & billing codes for reimbursement
- Reminder of rules and regulations for telemedicine

The situation is evolving

- This guidance is current as of April 26, 2020
- For up to date information visit...
 - ▣ Vermont Department of Health COVID-19 Page:
<https://dvha.vermont.gov/covid-19>
 - ▣ Blue Cross Blue Shield of Vermont Updates:
<https://www.bcbsvt.com/telemedicine-updates>



Telemedicine in Vermont

Is telemedicine* a covered service under Vermont Medicaid?

Yes. Service is reimbursable through VT Medicaid if it is clinically appropriate and within the provider's licensed scope of practice. This includes the provision of mental health and substance use disorder treatment. Vermont Medicaid has an established telemedicine Place of Service (POS) code 02 (Telehealth) for use by practitioners providing telehealth services from off site.

Note: *Telemedicine traditionally defined as delivery from a provider at a distant for the purposes of evaluation, diagnosis, consultation, or treatment using 2-way, real-time, audio and video/visual interactive communication. This is the typical (non-emergency) definition, which has been expanded during the time of the COVID-19 Emergency State.

Sources: Department of Vermont Health Access, <https://dvha.vermont.gov/providers/telehealth>

Expanded telemedicine coverage for COVID-19

What is different about telemedicine coverage with COVID-19 (VT Medicaid)?

- ❑ **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. The ‘secure connection that complies with HIPAA’ requirement is essentially WAIVED per federal guidance during this Emergency response to COVID-19**
- ❑ **More services delivered by telephone covered** including applied behavior analysis, physical therapy, occupational therapy, speech therapy, Choices for Care, home health, hospice, lactation, Family Supportive Housing and Children’s Integrated Services as of 4/8/20
- ❑ **Coverage and reimbursement for the use of ‘triage’ to allow providers to receive payment for brief virtual communication services used to determine whether an office visit or other service is needed**

Every payer may have different rules, including places of service, modifiers, and allowed services

Sources: Department of Vermont Health Access, <https://dvha.vermont.gov/providers/telehealth>. Tables with specific telephone coverage: <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>

Telemedicine Services Covered

Telemedicine services covered	Telemedicine services not covered*
COVID related prevention or diagnosis	Online written communication with patients (most payers)
Sick person visits	
Routine follow-up	
Triage services	
Dental evaluation	
Immunization counseling	
Well child visits for all ages *code added by BCBS on 4/27	

****Each payer may cover different services, coverage often changing. In addition, many therapies including SLP, PT, OT, home health, lactation, behavioral health covered for telehealth. VT [Medicaid Reference Charts](#).***

Telemedicine technology in use by providers in Vermont

- Doxy.me frequently used by Pediatric Primary Care practices in Vermont
- EHR platforms

Options for delivering telemedicine during this State of Emergency



Triage/check-in by telephone



Services delivered by **telephone (audio-only)**



Services delivered by **two-way audio/video** (typical telemedicine)

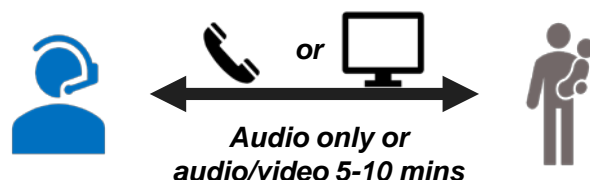


Provider to Provider “store and forward”



Dental care

Triage/check-in communication



Definition: brief (5-10 min) virtual communication services used to determine whether an office visit or other service is needed.

Criteria:

- Only 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.

Codes: 'Triage' codes

- G0071: for FQHCs & RHCs only
- G2012: Brief communication of technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient
- Do not* use the V3 modifier or POS 02 for triage calls or telephone check-ins

Sources: BCBS of VT <https://www.bcbsvt.com/sites/default/files/2020-04/cpp-25-telephone-triage-corporate-payment-policy-3.19.20-rev04.01.2020.pdf>. VT Medicaid <https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Memo%20Provider%20Guidance%20in%20Response%20to%20COVID-19%20FINAL%20Updated%2004.09.20.pdf>

Telephone services (audio-only)



Definition: Services (e.g. established patient office visits, psychotherapy, etc.) delivered by telephone (audio-only).

Criteria:

- ❑ Medically necessary and clinically appropriate (generally only for established patients).
- ❑ It is not in the best interest of the patient to be seen in the office due to the coronavirus outbreak AND the condition for which the patient is calling can be handled over the phone in a manner consistent with the current standard of care.
- ❑ Video/Audio Telemedicine using HIPAA-compliant equipment is not available.
- ❑ Meet legal requirements of medical and health information privacy (but the ‘secure connection that complies with HIPAA’ requirement is essentially WAIVED during this Emergency response).

Codes: reimbursement at the same rate as telemedicine services if the claim is submitted to Vermont Medicaid:

- ❑ Medicaid: V3 modifier (to indicate “service delivered via telephone, i.e. audio-only”) and a place of service code of “99 – other”
- ❑ BCBS: -95 modifier (for CPT codes) or -GT modifier (for HCPCS codes)

Sources: BCBS of VT <https://www.bcbsvt.com/sites/default/files/2020-04/cpp-24-temporary-telemedicine-policy-04.06.20.pdf>. VT Medicaid <https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Memo%20Provider%20Guidance%20in%20Response%20to%20COVID-19%20FINAL%20Updated%2004.09.20.pdf>

Two-way audio/video



Definition: evaluation, diagnosis, consultation, or treatment using 2-way, real-time, audio and video/visual interactive communication.

Criteria:

- ❑ Medically necessary and clinically appropriate; providers must work within the scope of their practice.
- ❑ Complies with HIPAA, provide appropriate informed consent (Medicaid has waved most consent statutes, private insurers often require this for billable services).

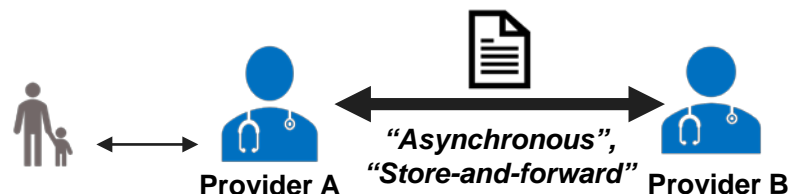
Codes:

- ❑ Place of Service (POS) code 02 (Telehealth)
- ❑ Medicaid uses GT code for live video

Sources: VT Medicaid

https://dvha.vermont.gov/sites/dvha/files/documents/News/Vermont%20Medicaid%20Telehealth%20Telemedicine_Telephonic%20Emergency%20Response%20to%20COVID-19.pdf. <http://www.vtmedicaid.com/assets/manuals/VTMedicaidProviderManual.pdf>.

Provider to Provider “store and forward”



Definition: Provider A sees patient and forwards information to Provider B regarding the patient’s care. Provider B renders a plan or opinion. Provider B charges for services (BCBS of VT).

Criteria:

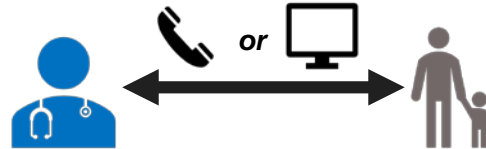
- ❑ The provider at the originating site must obtain consent from the patient prior to the service being rendered via store-and-forward means.
- ❑ The provider receiving the information via store-and-forward means must develop a process for obtaining co-payments and deductibles where applicable.

Codes:

- ❑ Place of Service (POS) code 02 (Telehealth).
- ❑ G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward).

Sources: BCBS of VT <https://www.bcbsvt.com/sites/default/files/2020-04/cpp-03-bcbsvt-telemedicine-pmt-policy-03.19.20-rev04.06.20.pdf>

Dental coverage



Definition: Telephone triage, telephone (audio-only), or telemedicine (two-way audio / video) services offered to patients from a distant setting.

Criteria:

- ❑ Services must be medically necessary and clinically appropriate for delivery through telemedicine.

Codes: Telemedicine services are reimbursed at the same rate as services provided in a face-to-face setting.

- ❑ Place of Service (POS) code 02 (Telehealth)
- ❑ G0071: for FQHCs and RHCs
- ❑ G2012: 'virtual check-in,' including via telephone
- ❑ G2010: remote evaluation of a recorded image or video

Sources:

https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Telemedicine%20%26%20Emergency%20Telephonic%20Coverage_Dental%20Providers%2004.10.2020.pdf

An overview of specific billing codes

- **Triage calls:** G0071 for FQHCs and RHCs, G2012 & G2010 non-FQHC/RHC
- **Telephone evaluation and management:** 99441-99443
- **Comprehensive preventive medicine visits:** 99391 - 99395 (use POS 02 to indicate telehealth)
- **BCBS VT acute visits (A/V and telephone):** 99201-99215
- Vermont Medicaid [telephonic code reference table](#)
- American Academy of Pediatrics [telemedicine code tables](#)

Do *not* use POS 02 or V3 modifier for triage calls or telephone E/M (VT Medicaid)

Specific services

Scenario	Coding recommendations
Hybrid telemedicine and in person visit	Bill using typical in-person code. Only bill once, but document for both counseling and for in person vaccine administration.
Counseling on immunizations through telemedicine followed by immunization	Same as for hybrid visits.
Well Child Checks	Can be done through telemedicine and billed at that time, follow-up physical exam is expected, but does not require further billing or claim

BCBS of VT now covers hybrid WCCs via telehealth for all ages

- **Preference remains to see children in the office** when possible
- BCBSVT will add well child checks for **children under 18 months** to acceptable telehealth codes
 - AAPVT, VTAFP, VMS will draft guidance on best practice for well-child visits
- Expectation is for this to be a **“hybrid” visit**
- We will **continue to follow outcome and visit data**, particularly for 0-4 months to ensure quality is maintained
 - AAPVT & VTAFP will work with VDH to use grant funds to do peer to peer education
 - VCHIP will work on quality review

Audio/video telehealth used for history, screenings, and anticipatory guidance



Visit billed as a Well Child Check with POS 02



Child seen in the office at a later time for physical exam and vaccines



In person visit documented, but not billed



Partnership (VCHIP, AFP, AAP, UVMCC) to track outcomes and visit data

Health Plan Differences

Every payer may have different rules for places of service, modifiers, and allowed services

- **Medicare**
 - Expanded coverage of telemedicine check-ins, including waiving HIPAA compliant platform requirements, can bill for online portal communications
- **Tricare**
 - Encourages use of telehealth, no clear expansion of coverage for COVID-19 (audio and video required, not all services covered).
- **Cigna:**
 - Virtual visits use code 99241 for routine follow-up or a new sick visit, G2012 for check-in/triage. Use POS 11. Not clear than anything other than audio/video accepted.
- **MVP Healthcare:**
 - Has website (myVisitNow) for members to access telehealth directly

Sources: Medicare <https://www.medicare.gov/medicare-coronavirus>. Tricare <https://tricare.mil/CoveredServices/IsItCovered/Telemedicine>. Cigna http://www.vtmd.org/sites/default/files/COVID-19ProviderBillingGuidance_03.17.20_Flyer.pdf. MVP Healthcare <https://www.mvphealthcare.com/members/myvisitnow/>.

For any visit, ensure compliance with:

Obtaining consent/approval:

- Verbal consent to receive services is acceptable during COVID-19 emergency
- Clearly document in the patient record
- Advisable to also mail consent documents or obtain written consent using patient portals

Release of information

- Use HIPAA-compliant platforms if possible. However, HHS recently stated providers “may use” Zoom, FaceTime, iMessage, Skype, Google Hangouts, Facebook Messenger during the PHE and may not face enforcement (keep checking HHS guidance on HIPAA)

Use same level of documentation as in-person visit

Source: Adapted from Oregon Health Authority Telemedicine Billing Guidance (4/17/20)

Compliance with Spoken and Sign Language Interpretation Requirements

- Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, and the corresponding Code of Federal Regulation (CFR) 45 CFR Part 92 (Section 1557) all require meaningful access to services
- Remove barriers to meaningful access and ensure that telemedicine modalities preserve the quality of interpretation services by:
 - Using qualified and certified health care interpreters
 - Adhering to the standard practices for choosing and working with telephonic interpreters
 - Verifying that the quality for all video remote interpretation services comply with ASL VRI requirements

Source: Adapted from Oregon Health Authority Telemedicine Billing Guidance (4/17/20)

Key Resources

- AAP coding details (4/13/20): <https://downloads.aap.org/AAP/PDF/COVID%202020.pdf>
- AAP overview (4/13/20): https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf
- AAP Webinar on getting started with telehealth <https://www.youtube.com/watch?v=Cj0s3alpZKl&feature=youtu.be>
- AAP factsheet https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf
- BCBS Telemedicine Payment Policy (3/19/20): <https://www.bcbsvt.com/sites/default/files/2020-04/cpp-03-bcbsvt-telemedicine-pmt-policy-03.19.20-rev04.06.20.pdf>
- BCBS Telephone Triage Policy (3/27/20): <https://www.bcbsvt.com/sites/default/files/2020-04/cpp-25-telephone-triage-corporate-payment-policy-3.19.20-rev04.01.2020.pdf>
- Bistate Telehealth Expansion for Vermont Update: https://docs.google.com/document/d/15Y3RaKi13rOaT6rm_fbO3TSr7UIOnii-O9DHdLNn9j4/edit
- Cigna http://www.vtmd.org/sites/default/files/COVID-19ProviderBillingGuidance_03.17.20_Flyer.pdf
- CMS Medicare Telemedicine Health Care Provider Fact Sheet (3/17/20): <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- Medicare <https://www.medicare.gov/medicare-coronavirus>
- MVP Healthcare <https://www.mvphealthcare.com/members/myvisitnow/>.
- Tricare <https://tricare.mil/CoveredServices/IsItCovered/Telemedicine>
- Vermont Medicaid Memorandum on Telephonic Payment (4/9/20): <https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Memo%20Provider%20Guidance%20in%20Response%20to%20COVID-19%20FINAL%20Updated%2004.09.20.pdf>
- Vermont Medicaid: Telehealth, Telemedicine & Telephonic Coverage: https://dvha.vermont.gov/sites/dvha/files/documents/News/Vermont%20Medicaid%20Telehealth%20Telemedicine_Telephonic%20Emergency%20Response%20to%20COVID-19.pdf
- Vermont Medicaid: Telemedicine for Dental Providers (4/10/20): https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Telemedicine%20%26%20Emergency%20Telephonic%20Coverage_Dental%20Providers%2004.10.2020.pdf



Other FAQs

- **When did these payment guidelines begin?**
 - Most should be retroactive to 3/13

- **Where can providers conduct telemedicine from?**
 - Most services are covered from any location at this point, including home

- **Can communication with patients via email or EHR portal be covered in primary care settings?**
 - Medicare covers conversations via portal. Medicaid does not cover any email/text or other written communication with patients. Haven't seen anything suggesting this will be covered now if it was not before, particularly in the primary care setting for private payers.

- **Are phone calls with RNs, LPNs, MAs covered?**
 - Triage calls (G2012 and G2010) can be done by RNs, but don't believe the others are covered for phone calls, may differ by payer and service

- **Partial telemedicine visits with in-person follow up (e.g. immunizations)?**
 - Bill as normally would for full visit, only charge once (at time of initial telemedicine visit), document both encounters