# Telehealth and Vermont Medicaid

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## Telehealth

- Telemedicine
  - Two-way, real-time transmission between beneficiary and provider
- Store and Forward (Asynchronous)
  - Transmission of medical information from one provider to another provider without the beneficiary present
- Telemonitoring
  - Remote monitoring of a beneficiary's data by a home health agency

#### Telehealth and Vermont Medicaid Timeline

Act 153 from the 2014 Vermont legislative session required Medicaid to provide coverage for home telemonitoring for one or more risk factors it determines, using reliable data, and is budget-neutral	Act 64 from the 2017 Vermont legislative session required both Medicaid and other health insurers to allow services to be delivered via telemedicine	Vermont Medicaid began to cover services delivered via telemedicine	The health care administrative rule for telehealth was promulgated	Services delivered via store and forward for teledermatology and teleophthalmology are now reimbursed
July 1, 2014	June 7, 2017	October 1, 2017	January 7, 2019	May 1, 2019

## **Coverage Requirements:**

Telehealth (Telemedicine, Store and Forward, and Telemonitoring):

- Clinically appropriate
- Medically Necessary

Telemedicine

- Any service that a provider would typically provide to a beneficiary in a face-to-face setting
- Providers must adhere to program restrictions, limitations, and coverage that exists when not provided through telemedicine

Store and Forward

Limited to teledermatology and teleophthalmology

Telemonitoring

• Limited to a Congestive Heart Failure diagnosis

### Non-Covered Services - Telemedicine:

- Services not covered in a face-to-face setting under Vermont Medicaid

 Services delivered via audio-only telephone, facsimile, or electronic mail messages

# Provider Requirements

- Complete list provided in the Telehealth administrative rule
  - Privacy:
    - Meet or exceed applicable federal and state legal requirements of medical health information privacy, including HIPAA compliance
  - Appropriate Informed Consent
  - Platform:
    - Vermont Medicaid does not have a platform; providers must have their own HIPAA compliant platform
  - Prior Authorizations:
    - Same requirements that exist for the service when not provided through telehealth

## Telemedicine Billing:

- Must follow correct coding rules and only bill for services within scope of practice that can be done via telemedicine
- All claims must have Place of Service (POS) 02
- Facilities delivering must apply the "GT" modifier
- Originating site providers may be reimbursed a facility fee
  - Facility fees will not be reimbursed if the provider is employed by the same entity as the originating site

## Store and Forward Billing:

- Teledermatology or Teleophthalmology ONLY
- Providers at the distant site may use the following codes:
  - New patients: 99201,99202,99203
  - Established patients: 99211, 99212, 99213
- "GQ" modifier required

## Helpful Resources

- Health Care Administrative Rule Telehealth
  - <u>http://humanservices.vermont.gov/on-line-</u> <u>rules/health-care-administrative-rules-</u> <u>hcar/3.101-telehealth-rule-adopted-rule.pdf</u>
- Provider Manuals
  - Telemedicine:
    - <u>http://vtmedicaid.com/assets/manuals/</u> <u>GeneralBillingFormsManual.pdf</u>
  - Telemonitoring
    - <u>http://vtmedicaid.com/assets/manuals/</u> <u>HH\_ACCS\_ERC\_HBW.pdf</u>
- Telehealth Resource Page
  - <u>http://dvha.vermont.gov/telehealth?portal\_s</u> <u>tatus\_message=Changes%20saved</u>
- Telehealth Brochure
  - <u>http://dvha.vermont.gov/telehealth-handout-10-12-18-ekc-edits.pdf</u>

## Questions?