

Vermont

Medicaid Program: Vermont Medicaid

Program Administrator: State Dept. of Vermont Health Access, under the Agency of Human Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center <http://netrc.org>

Vermont Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSING COMPACT	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC	✓

Vermont Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>Vermont Medicaid reimburses for live video under certain circumstances. Home health monitoring is considered a Medicaid benefit and is available under certain conditions. An administrative rule indicates store-and-forward is reimbursed for teledermatology and teleophthalmology, but a recent Medicaid Manual has contradictory information.</p> <p>Source: VT Health Care Administrative Rules 13.174.003 (3.101), Telehealth, (Accessed Feb. 2020).</p>
	Definitions	<p>“Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104.191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile.”</p> <p>Source: VT Statutes Annotated, Title 8 Sec. 4100k(h)(7), (Accessed Feb. 2020).</p> <p>“Telehealth” means methods for health care service delivery using telecommunications technologies. Telehealth includes telemedicine, store and forward, and telemonitoring.</p> <p>“Telemedicine” means 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.</p> <p>Source: VT Health Care Administrative Rules 13.174.003 (3.101), Telehealth, (Accessed Feb. 2020).</p> <p>Telehealth means methods for healthcare service delivery using telecommunications technologies. Telehealth includes telemedicine, store and forward, and telemonitoring. The term telehealth is also often used more generally to describe electronic information and telecommunications technologies to support long-distance clinical healthcare, as well as patient and professional health-related education, public health and health administration.</p> <p>Telemedicine means health care delivered 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.</p>



Definitions

Telemedicine encompasses the following:

- Real-time, audio video communication tools that connect providers and patients in different locations. Tools can include interactive videoconferencing or videoconferencing using mobile health (mHealth) applications (apps) that are used on a computer or hand-held mobile device.
- Store-and-forward technologies that collect images and data to be transmitted and interpreted later, which may also involve the use of mHealth apps.
- Remote patient-monitoring tools such as home blood pressure monitors, Bluetooth-enabled digital scales and other devices that can communicate biometric data for review, which may also involve the use of mHealth apps.

Source: Department of Vermont Health Access. Agency of Human Services. Telehealth: Methods for healthcare service delivery using telecommunications technologies. (July 2019). (Accessed Feb. 2020).

Live Video

Policy

Health insurance plans (including Medicaid) must provide coverage for health care service delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation.

An originating site is the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center or patient's workplace.

A distant site is the location of the health care provider delivering services through telemedicine at the time the services are provided.

Source: VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361 (2017). (Accessed Feb. 2020).

Covered services must be clinically appropriate for delivery through telemedicine and be medically necessary.

Source: VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth, (Accessed Feb. 2020).

Providers should refer to Health Care Administrative Rule 3.101 on Telehealth for requirements. Information contained in rule will not be repeated in the provider manual.

Facilities delivering "live" telemedicine services via interactive audio and video must apply the GT modifier - CMS and/or Encoder Pro telemedicine codes excluding non-covered services.

Source: VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jan. 2020). (Accessed Feb. 2020).

Eligible Services / Specialties

Services delivered shall:

- Include any service that a provider would typically provide to a beneficiary in a face-to-face setting,
- Adhere to the same program restrictions, limitations, and coverage that exist for the service when not provided through telemedicine, and
- Be reimbursed at the same rate as the service being provided in a face-to-face setting

Source: VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth, (Accessed Feb. 2020).

All providers are required to follow correct coding rules, including application of modifiers, and only bill for services within their scope of practice that can be done via telemedicine. All claims must use POS 02.

Source: VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jan. 2020). (Accessed Feb. 2020).



Medicaid Telehealth Reimbursement

Live Video	Eligible Providers	<p>A distant site is the location of the health care provider delivering services through telemedicine at the time the services are provided.</p> <p>Source: <i>VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361(h(1)) (2017).</i> (Accessed Feb. 2020).</p> <p>Must be provided by a provider who is working within the scope of his or her practice and enrolled in Vermont Medicaid.</p> <p>Source: <i>VT Health Care Administrative Rules 13.174.003 (3.101.3), Telehealth,</i> (Accessed Feb. 2020).</p>
	Eligible Sites	<p>An originating site is the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center or patient's workplace.</p> <p>Source: <i>VT Statutes Annotated, Title 8 Sec. 4100k & Title 18 Sec. 9361 (2017).</i> (Accessed Feb. 2020).</p> <p>The originating site may include the beneficiary's home or another nonmedical setting (e.g., school, workplace), a health care provider's office, a facility, or a hospital.</p> <p>Source: <i>VT Health Care Administrative Rules 13.174.003 (3.101.1), Telehealth,</i> (Accessed Feb. 2020).</p>
	Geographic Limits	<p>No reference found.</p>
	Facility/Transmission Fee	<p>Originating facility site providers (patient site) may be reimbursed a facility fee (Q3014). Facility fees will not be reimbursed if the provider is employed by the same entity as the originating site.</p> <p>Source: <i>VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jan. 2020).</i> (Accessed Feb. 2020).</p> <p>The Department of Vermont Health Access is required to reimburse the health care provider at the distant site and the health care facility at the originating site for services rendered, unless the providers at both the distant and originating sites are employed by the same entity.</p> <p>Source: <i>VT Statutes Annotated, Title 8 Sec. 4100k(g),</i> (Accessed Feb. 2020).</p>
Store-and-Forward	Policy	<p>Store and forward" means an asynchronous transmission of a beneficiary's medical information from a health care professional to a provider at a distant site, through a secure connection that complies with HIPAA, without the beneficiary present in real time.</p> <p>Source: <i>VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth,</i> (Accessed Feb. 2020).</p> <p>Statute permits health plans (including Medicaid) the option to reimburse for teleophthalmology and teledermatology services provided by store-and-forward. An administrative rule indicates that it is reimbursable, however the General Billing and Forms Medicaid Manual dated Jan. 1, 2020 states it does not reimburse for these services.</p> <p>Source: <i>VT Statutes Annotated, Title 8 Sec. 4100k & VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jan. 2020).</i> (Accessed Feb. 2020).</p>



Medicaid Telehealth Reimbursement

Store-and-Forward	Eligible Services/Specialties	<p>DVHA will not reimburse for teleophthalmology or teledermatology by store-and-forward means.</p> <p>Source: VT Agency of Human Services. <i>General Billing and Forms Manual. Sec. 5.3.52, p. 89, (Jan. 2020).</i> (Accessed Feb. 2020).</p> <p>To be covered, services shall:</p> <ul style="list-style-type: none"> • Be clinically appropriate for delivery through store-and-forward • Be medically necessary • Only be allowed for teledermatology and teleophthalmology <p>Source: VT Health Care Administrative Rules 13.174.003 (3.101.2), <i>Telehealth</i>, (Accessed Feb. 2020).</p>
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	<p>See Health Care Administrative Rule 3.101 on Telehealth for requirements of telemonitoring.</p> <p>“Telemonitoring” means a health service that enables remote monitoring of a beneficiary’s 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.</p> <p>Home Telemonitoring is a health service that allows and requires scheduled remote monitoring of data related to an individual’s health, and transmission of the data from the individual’s home to a licensed home health agency. Scheduled periodic reporting of the individual’s data to a licensed physician is required, even when there have been no readings outside the parameters established in the physician’s orders. In the event of a measurement outside of the established individual’s parameters, the provider shall use the health care professionals noted above to be responsible for reporting the data to a physician.</p> <p>Source: VT Agency of Human Services. <i>Home Health Agency, Assistive Community Care and Enhanced Residential Care Supplement. Sec. 1.3.11 Telemonitoring, p. 7 & VT Health Care Administrative rule 3.101.</i> (Feb. 2019), (Accessed Feb. 2020).</p> <p>VT Medicaid is required to cover home telemonitoring services performed by home health agencies or other qualified providers for beneficiaries who have serious or chronic medical conditions.</p> <p>Source: VT Statutes Annotated Title 33 Sec. 1901g(a). (Accessed Feb. 2020).</p>



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Conditions	<p>Telemonitoring services are provided to clinically eligible patients.</p> <p>Source: VT Agency of Human Services. Home Health Agency, Assistive Community Care and Enhanced Residential Care Supplement. Sec. 1.3.11 Telemonitoring, p. 7 (Feb. 2019), (Accessed Feb. 2020).</p> <p>For telemonitoring services, beneficiaries shall:</p> <ul style="list-style-type: none"> • Have Medicaid as their primary insurance or Medicaid and dually enrolled in Medicare with a non-homebound status, • Have a Congestive Heart Failure diagnosis, • Be clinically eligible for home health services, and • Have a physician’s plan of care with an order for home telemonitoring services <p>Source: VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth, (Accessed Feb. 2020).</p>
	Provider Limitations	<p>Qualified providers may bill for telemonitoring. See manual for relevant CPT and revenue codes.</p> <p>Source: VT Agency of Human Services. Home Health Agency, Assistive Community Care and Enhanced Residential Care Supplement. Sec. 1.3.12 Telemonitoring, p. 7 (Feb. 2019), (Accessed Feb. 2020).</p>
	Other Restrictions	<p>Qualified providers shall use the following licensed health care professionals to review data:</p> <ul style="list-style-type: none"> • Registered nurse (RN) • Nurse Practitioner (NP) • Clinical nurse specialist (CNS) • Licensed practical nurse (LPN) under the supervision of a RN or physician assistant (PA) <p>Source: VT Health Care Administrative Rules 13.174.003 (3.101.5), Telehealth, (Accessed Feb. 2020).</p>
Email / Phone / Fax	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p>Source: VT Health Care Administrative Rules 13.174.003 (3.101.7), Telehealth, (Accessed Feb. 2020).</p>	
Consent	<p>A qualified telemedicine and store-and-forward provider must provide appropriate informed consent in a language that the beneficiary understands (see rule for details).</p> <p>Source: VT Health Care Administrative Rules 13.174.003 (3.101.5), Telehealth, (Accessed Feb. 2020).</p> <p>Written or oral informed consent for telemedicine services shall be obtained and documented in accordance with Vermont and national policies and guidelines on the appropriate use of telemedicine within the provider’s profession prior to the use of telemedicine.</p> <p>Source: VT Statutes Annotated, Title 18 Sec. 9361 (2017). (Accessed Feb. 2020).</p>	



Private Payer Laws	Out of State Providers	No reference found.
	Miscellaneous	<p>A qualified telemedicine and store-and-forward provider must:</p> <ul style="list-style-type: none"> • Meet or exceed federal and state legal requirements of medical and health information privacy, including HIPAA • Provide appropriate informed consent in a language the beneficiary understands. Specific requirements exists. • Take appropriate steps to establish the provider-patient relationship and conduct all appropriate evaluations and history of the beneficiary consistent with traditional standards of care. • Maintain medical records for all beneficiaries receiving health care services through telemedicine that are consistent with established laws and regulations governing patient health care records. • Establish an emergency protocol when care indicates that acute or emergency treatment is necessary for the safety of the beneficiary. • Address needs for continuity of care for beneficiaries (e.g., informing beneficiary or designee how to contact provider or designee and/or providing beneficiary or identified providers timely access to medical records). • If prescriptions are contemplated, follow traditional standards of care to ensure beneficiary safety in the absence of a traditional physical examination. <p>Services provided through telehealth are subject to the same prior authorization requirements that exist for the service when not provided through telehealth.</p> <p>Source: <i>VT Health Care Administrative Rules 13.174.003 (3.101.5-6), Telehealth, (Accessed Feb. 2020).</i></p>
	Definitions	<p>“Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104.191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile.”</p> <p>Source: <i>VT Statutes Annotated, Title 8 Sec. 4100k(h)(7), (Accessed Feb. 2020).</i></p>



Private Payer Laws

Requirements

Health insurance plans must provide coverage for health care service delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation.

An originating site is the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center or patient's workplace.

A distant site is the location of the health care provider delivering services through telemedicine at the time the services are provided.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k, (Accessed Feb. 2020).*

A health plan may limit coverage to health care providers in the plan's network. A health plan cannot impose limitations on the number of telemedicine consultations a covered person may receive that exceed limitations on in-person services. Health plans are not prohibited from limiting coverage to only services that are medically necessary and clinically appropriate for delivery through telemedicine, subject to the terms and conditions of the covered person's contract.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k, (Accessed Feb. 2020).*

Parity

Service Parity

For live video, plans are required to cover services provided through telemedicine to the same extent the plan covers services provided in-person. For store-and-forward, plans are allowed but not required to reimburse for tele-ophthalmology and tele-dermatology.

Source: *VT Statutes Annotated, Title 8 Sec. 4100k, (Accessed Feb. 2020).*

Payment Parity

No explicit payment parity.

Professional Regulation/Health & Safety

Definitions

Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that meets Health Insurance Portability and Accountability Act (HIPAA) requirements. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile."

Source: *VT Statutes Annotated, Title 8 Sec. 4100k(h)(7) & Title 18 Sec. 9361 (Accessed Feb. 2020).*

Consent

A health care provider delivering health care services through telemedicine must obtain and document a patient's oral or written informed consent. See law for special informed consent instructions third-party vendors, emergency situations, a psychiatrist's examination and a patient receiving teleophthalmology or teledermatology by store-and-forward means.

Source: *VT Statutes Annotated, Title 18 Sec. 9361 (Accessed Feb. 2020).*



Online Prescribing

Providers may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations if they first examine the patient in-person, through telemedicine, or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically.

Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional provider-patient settings.

Source: *VT Statutes Annotated, Title 18 Sec. 9361(b)* (Accessed Feb. 2020).

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: *Interstate Medical Licensure Compact. The IMLC.* (Accessed Feb. 2020).

Miscellaneous

No reference found.

