MEMORANDUM

TO: Mental Health Service Providers
FROM: Sarah Squirrell, Commissioner, Department of Mental Health
DATE: March 19, 2020
SUBJECT: New Medicaid Billing Codes, Blue Cross Blue Shield (BCBS) Billing Change and use of HIPAA for Telecommunications

New Medicaid Billing Codes

Effective Monday, March 23, Vermont Medicaid will implement several changes in order to support Medicaid-participating providers in their response to the emergency produced by the Coronavirus. These changes are intended to assure access to care for Vermont Medicaid members and enable Medicaid providers to receive reimbursement for services provided during the State of Emergency 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 medically necessary and clinically appropriate services they provide during this critical time, Vermont Medicaid will:

1) Provide coverage and reimbursement for the use of 3 “triage codes”:
   a. G0071 for Federally Qualified Healthcare Centers (FQHC) and Rural Health Centers (RHC) only
   b. G2O12 & G2010 for providers located in non-FQHC/RHC settings

These codes will allow providers to receive payment for brief, virtual communication services used to determine whether an office visit or other service is needed.

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.”

a. 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.

b. 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).

SEE THE ATTACHED MEMO FOR COMPLETE GUIDANCE

Use of HIPAA for Telecommunications

Please be advised that the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.

This exercise of discretion applies to widely available communications apps, such as FaceTime or Skype, when used in good faith for any telehealth treatment or diagnostic purpose, regardless of whether the telehealth service is directly related to COVID-19.


Notify Clients/Patients of risk and Do NOT use Public Facing Applications

Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

BCBS Billing Change

Blue Cross is now allowing billing for telephone-only visits if they meet criteria as specified in the attached policy.