Vermont Medicaid Guidance for Telehealth

Telemedicine: Basic Information for Medicaid Providers

PLEASE SEE THE FULL INSTRUCTIONS AND POWERPOINT AT THE FOLLOWING LINK: https://dvha.vermont.gov/telehealth

The law: VT Law now allows any medical provider to bill for telemedicine services, provided that the type of service is amenable to telemedicine.

Utility: Telemedicine is useful for:

- Avoidance of contagion
- Individuals who are too ill or too medically fragile to allow a clinic visit
- Individuals who need a check-in
- Individuals whose behavior/condition affects their ability to allow a clinic visit 3
- Bad weather situations

It might be non-useful or inappropriate for:

• Individuals who require in-person direct hands-on care

Platforms: Any platform used must be end-to-end HIPAA-compliant (encrypted). Social media sites and business-type sites are generally NOT HIPAA-compliant.

Financials: There is no different fee for a telemedicine visit as compared to a clinic visit.

Billing: If you bill with a HCFA 1500 form, use the usual procedure codes but use the place of service 02 on your claims. If you use the UB04, use the GT modifier with your billing codes.

Documentation: Document that the visit was done via telemedicine. Specify who is present on both sides of the interaction. VT Medicaid recommends that you have a consent form that includes telemedicine.

Location: The provider must be licensed in the state where the member is receiving the treatment.