

Vermont



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: Yes
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: Yes

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: ASLP, CC, IMLC, NLC, PSY, PT
- Consent Requirements: Yes

FQHCs

- Originating sites explicitly allowed for Live Video: No
- Distant sites explicitly allowed for Live Video: No
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: No
- Allowed to collect PPS rate for telehealth: No

STATE RESOURCES

1. Medicaid Program: Vermont Medicaid
2. Administrator: State Dept. of Vermont Health Access, under the Agency of Human Services
3. Regional Telehealth Resource Center: Northeast Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 03/05/2024

“Telemedicine” means the delivery of health care services, including dental 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 of 1996, Pub. L No. 104-191.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k(h)(7), (Accessed Mar. 2024).

REQUIREMENTS

Last updated 03/05/2024

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.

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.

A health insurance plan shall reimburse for health care services and dental services delivered by store-and-forward means. A health insurance plan shall not impose more than one cost-sharing requirement on a patient for receipt of health care services or

dental services delivered by store-and-forward means. If the services would require cost-sharing under the terms of the patient's health insurance plan, the plan may impose the cost-sharing requirement on the services of the originating site health care provider or of the distant site health care provider, but not both.

In order to facilitate the use of telemedicine in treating substance use disorder, when the originating site is a health care facility, health insurers and the Department of Vermont Health Access shall ensure that the health care provider at the distant site and the health care facility at the originating site are both reimbursed for the services rendered, unless the health care providers at both the distant and originating sites are employed by the same entity.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k. (Accessed Mar. 2024).

Audio-Only Telephone

A health insurance plan shall provide coverage for all medically necessary, clinically appropriate health care services delivered remotely by audio-only telephone to the same extent that the plan would cover the services if they were provided through in-person consultation. Services covered under this subdivision shall include services that are covered when provided in the home by home health agencies.

A health insurance plan may charge an otherwise permissible deductible, co-payment, or coinsurance for a health care service delivered by audio-only telephone, provided that it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

A health insurance plan shall not require a health care provider to have an existing relationship with a patient in order to be reimbursed for health care services delivered by audio-only telephone.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100l. (Accessed Mar. 2024).

PARITY

Last updated 03/05/2024

SERVICE PARITY

All health insurance plans in this State shall provide coverage for health care services and dental services 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.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k. (Accessed Mar. 2024).

Audio-Only Telephone

A health insurance plan shall provide coverage for all medically necessary, clinically appropriate health care services delivered remotely by audio-only telephone to the same extent that the plan would cover the services if they were provided through in-person consultation. Services covered under this subdivision shall include services that are covered when provided in the home by home health agencies.

SOURCE: VT Statutes Annotated, Title 8 Sec. 41001. (Accessed Mar. 2024).

PAYMENT PARITY

[To be repealed Jan. 1, 2026]

A health insurance plan shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the health insurance plan and provider contract, regardless of whether the service was provided through an in-person visit with the health care provider or through telemedicine.

This shall not apply to:

- Services provided pursuant to the health insurance plan's contract with a third-party telemedicine vendor to provide health care or dental services; or
- In the event that a health insurer and health care provider enter into a value-based contract for health care services that include care delivered through telemedicine or by store-and-forward means.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k. (Accessed Mar. 2024).

Audio-Only Telephone

The Department of Financial Regulation, in consultation with the Department of Vermont Health Access, the Green Mountain Care Board, representatives of health care providers, health insurers, and other interested stakeholders, shall determine the amounts that health insurance plans shall reimburse health care providers for delivering health care services by audio-only telephone during plan years 2022, 2023, and 2024. In determining the reimbursement amounts, the Department shall seek to find a reasonable balance between the costs to patients and the health care system and reimbursement amounts that do not discourage health care providers from delivering

medically necessary, clinically appropriate health care services by audio-only telephone. The Department may determine different reimbursement amounts for different types of services and may modify the rates that will apply in different plan years as appropriate but shall finalize its determinations not later than April 1 for plan years after 2022.

SOURCE: Senate Bill 117 (2021 Session), (Accessed Mar. 2024).

Beginning on January 1, 2023, health insurance plans shall provide reimbursement for audio-only telephone services billed using accepted CPT language and definitions including both CPT codes for in-person services and telephone-specific E/M codes.

Audio-only telephone services using the CPT code for in-person services shall be reimbursable if the claim is submitted with a V3 modifier or any more specific, nationally-recognized successor modifier that may subsequently be adopted by the American Medical Association (to indicate “service delivered via telephone, i.e., audio-only”) and a place of service code of “99 – other.”

- The V3 modifier should not be used with telephone-specific E/M codes.
- Commercial health insurance plans may additionally reimburse audio-only telephone claims with a V4 modifier to allow differential reimbursement.
 - Plans may only use differential reimbursement for audio- only services, as provided in subparagraph b below.
 - Plans may not reimburse different provider types differently for performing the same service.

In determining which codes are clinically appropriate for audio-only delivery, commercial health insurance plans shall consider providers’ clinical judgment, as documented in the medical record under Act 6. Commercial health insurance plans are also encouraged to align as closely as possible with codes identified by Vermont Medicaid as “telephone allowable.” Nothing in this order, however, shall be construed to require commercial payers to reimburse Medicaid-specific codes.

Health insurance plans shall reimburse providers for audio-only services at a rate no less than 75% of the rate for equivalent in-person or audio/visual telemedicine covered service.

- Plans are strongly encouraged to negotiate rates with providers for audio- only telephone services that reflect their clinical value, including reimbursing E/M codes recognized by the American Medical Association (AMA) as having a “straightforward” or lower level of Medical Decision Making (MDM) at parity with in-person services.

Telephone-specific E/M codes with no in-person equivalent shall be reimbursed subject to the terms of the health insurance plan and provider contract.

Visits initiated in good faith over audio/visual telemedicine which switch to audio-only for any reason shall be reimbursed according to 8 V.S.A. § 4100k(a)(2)(A).

This Order shall remain effect until December 31, 2023, or until rescinded or superseded by further order of the Commissioner.

This Order shall be governed by and construed under the laws of the State of Vermont.

SOURCE: VT Department of Financial Regulation, Coding and Reimbursement for Audio-Only Telephone Services Required by Act 6 of 2021 (June 24, 2022). (Accessed Mar. 2024).

Beginning on January 1, 2024:

Health insurance plans shall provide reimbursement for audio-only telephone services billed using accepted CPT language and definitions including both CPT codes for in-person services and telephone-specific E/M codes.

- Audio-only telephone services using the CPT code for in-person services shall be reimbursable if the claim is submitted with a V3 modifier or any more specific, nationally-recognized successor modifier that may subsequently be adopted by the American Medical Association (to indicate “service delivered via telephone, i.e., audio-only”) and a place of service code of “99 – other.”
- The V3 modifier should not be used with telephone-specific E/M codes.
- Commercial health insurance plans may additionally reimburse audio-only telephone claims with a V4 modifier to allow differential reimbursement.
 - Plans may only use differential reimbursement for audio-only services, as provided in subparagraph b below.
 - Plans may not reimburse different provider types differently for performing the same service.
- In determining which codes are clinically appropriate for audio-only delivery, commercial health insurance plans shall consider providers’ clinical judgment, as documented in the medical record under Act 6. Commercial health insurance plans are also encouraged to align as closely as possible with codes identified by Vermont Medicaid as “telephone allowable.” Nothing in this order, however, shall be construed to require commercial payers to reimburse Medicaid-specific codes.

Health insurance plans shall reimburse providers for audio-only services at a rate no less than 75% of the rate for equivalent in-person or audio/visual telemedicine covered service.

- Plans are strongly encouraged to negotiate rates with providers for audioonly telephone services that reflect their clinical value, including reimbursing E/M codes recognized by the American Medical Association (AMA) as having a “straightforward” or lower level of Medical Decision Making (MDM) at parity with in-person services. More information on MDM is available on the AMA website: <https://www.amaassn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>
- Telephone-specific E/M codes with no in-person equivalent shall be reimbursed subject to the terms of the health insurance plan and provider contract.

Visits initiated in good faith over audio/visual telemedicine which switch to audio-only for any reason shall be reimbursed according to 8 V.S.A. § 4100k(a)(2)(A).

This Order shall remain in effect until December 31, 2024, or until rescinded or superseded by further order of the Commissioner.

SOURCE: VT Department of Financial Regulation, Coding and Reimbursement for Audio-Only Telephone Services Required by Act 6 of 2021 (Jan. 1, 2024). (Accessed Mar. 2024).

Medicaid

OVERVIEW

Last updated 03/05/2024

Vermont Medicaid reimburses for live video under certain circumstances. Store-and-forward is covered when it is clinically appropriate and medically necessary. DVHA will not reimburse for teleophthalmology or teledermatology by store-and-forward means. Home health monitoring is considered a Medicaid benefit and is available under certain conditions. Additionally, audio-only telephone is also required to be reimbursed under certain circumstances. The Medicaid program has updated their regulations to include reimbursement of audio-only services when clinically appropriate and medically necessary.

DEFINITIONS

Last updated 03/05/2024

“Telemedicine” means the delivery of health care services, including dental 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 of 1996, Pub. L No. 104-191.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k(h)(7), (Accessed Mar. 2024).

“Telehealth” means methods for health care service delivery using telecommunications technologies. Telehealth includes telemedicine, store and forward, and telemonitoring.

“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.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101), Telehealth, (Accessed Mar. 2024).

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.

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.

The term “telemedicine” is sometimes used interchangeably with “telehealth.” Telehealth 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. (Accessed Mar. 2024).

LIVE VIDEO

Last updated 03/05/2024

POLICY

All health insurance plans in this State shall provide coverage for health care services and dental services 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.

[Subdivision (a)(2) repealed effective January 1, 2026.]

A health insurance plan shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the health insurance plan and provider contract, regardless of whether the service was provided through an in-person visit with the health care provider or through telemedicine.

The provisions of subdivision (A) of this subdivision (2) shall not apply:

- to services provided pursuant to the health insurance plan's contract with a third-party telemedicine vendor to provide health care or dental services; or
- in the event that a health insurer and health care provider enter into a value-based contract for health care services that include care delivered through telemedicine or by store-and-forward means.

A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service or dental service provided through telemedicine as long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

A health insurance plan may limit coverage to health care providers in the plan's network. A health insurance plan shall not impose limitations on the number of telemedicine consultations a covered person may receive that exceed limitations otherwise placed on in-person covered services.

Nothing in this section shall be construed to prohibit a health insurance plan from providing coverage for only those services that are medically necessary and are clinically appropriate for delivery through telemedicine, subject to the terms and conditions of the covered person's policy.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k (Accessed Mar. 2024).

To be covered, services shall 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 Mar. 2024).

Health Care Administrative Rule 3.101 Telehealth can be found on the Agency of Human Services website at: <https://humanservices.vermont.gov/rules-policies/health-care-rules>. Providers use of telehealth practices are subject to the requirements of administrative rule. Information contained in rule will not be repeated in the provider manuals.

- 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 professional claims (CMS-1500 form) with services billed for telemedicine must have POS 02. Modifier GT should not be used on professional services.
- All facility claims (UB-04 form) must include modifier GT on any telemedicine services delivered via interactive audio and/or video.
- 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.
 - GT modifier should not be used on Q301

Dialysis

Revenue code 780, Telemedicine – is reimbursable when billed with the appropriate HCPCS code. Pricing is the current Level II price on for the HCPCS code billed on the claim.

SOURCE: VT Agency of Human Services. General Billing and Forms Manual. Sec. 6.5.2, p. 99 (Dec. 20, 2023). (Accessed Mar. 2024).

FAQ – Is telemedicine a covered service under Vermont Medicaid?

Yes – this type of service is reimbursable through Vermont Medicaid as long as 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.

SOURCE: Department of Vermont Health Access. Agency of Human Services. Telehealth: Methods for healthcare service delivery using telecommunications technologies. (Accessed Mar. 2024).

Effective 1/1/24, Telehealth coding for place of service and modifier guidance given during the Public Health Emergency (PHE) period no longer applies. Vermont Medicaid

updated the following changes to telehealth coding: Place of Service code 10 – Telehealth Provided in Patient’s Home and Place of Service code 02 – Telehealth Provided Other than in Patient’s Home. Current Procedural Terminology (CPT) Code Modifier 93 for Telemedicine services delivered via audio-only telecommunications should be billed for clinically appropriate services delivered via telephone. Modifier 93 replaces the use of modifier V3. A list of allowable audio-only service codes can be found on the DVHA website. VT Medicaid follows Medicare place of service guidelines, CPT, and Healthcare Common Procedure Coding System (HCPCS) modifiers as indicated in the VT Medicaid General Billing and Forms Manual.

SOURCE: Department of VT Health Access, Banner Notice, Feb. 9, 2024, Telehealth Guidance (Accessed Mar. 2024).

ELIGIBLE SERVICES/SPECIALTIES

Services delivered shall:

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

Services provided through telehealth are subject to the same prior authorization requirements that exist for the service when not provided through telehealth.

Non-Covered Services

- Services and procedures that are not covered in a face-to-face setting under Vermont Medicaid are not covered under telemedicine or audio-only.
- Services delivered via facsimile, text communication, or electronic mail messages are not considered telehealth and are not covered.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth, (Accessed Dec. 2023).

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 professional claims (CMS-1500 form) with services billed for telemedicine must have POS 02. Modifier GT should not be used on professional services.

All facility claims (UB-04 form) must include modifier GT on any telemedicine services delivered via interactive audio and/or video.

SOURCE: VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 90, (Dec. 20, 2023). (Accessed Mar. 2024).

Substance Use Disorder

In order to facilitate the use of telemedicine in treating substance use disorder, when the originating site is a health care facility, 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.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k 2B(h), (Accessed Dec. 2023).

Re/Habilitative Therapy

Telehealth services are a covered benefit. Best practice allows for the type of physical examination, tests, and measures which result in establishment of the diagnosis, management plan, and outcome measures. It includes a plan to allow for in-person visits if required, and the ability to monitor patient safety. There may be circumstances where an evaluation is done via telehealth when necessary to prevent delays in essential care. If the testing required to complete a thorough evaluation requires physical contact with the patient, telehealth-only service is not indicated. If the management plan requires the use of physical agents such as ultrasound, electrical stimulation, or light, or manual therapies such as joint mobilization, telehealth-only services are not indicated.

SOURCE: VT Agency of Human Services, PT/OT/SLP Supplement, Sec. 2, (Jan. 12, 2024), (Accessed Mar. 2024).

ELIGIBLE PROVIDERS

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 Mar. 2024).

Telehealth services must be provided by a provider who is working within the scope of his or her practice and enrolled in Vermont Medicaid.

Qualified telemedicine and store and forward providers shall:

- Meet or exceed applicable federal and state legal requirements of medical and health information privacy, including compliance with HIPAA.
- Provide appropriate informed consent, in a language that the beneficiary understands, consistent with 18 VSA § 936l(c)(l) (see code for details)
- 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.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.3), Telehealth, (Accessed Mar. 2024).

Dentists

Vermont Medicaid is encouraging Medicaid-participating providers, including dentists, to utilize telemedicine for delivery of medically necessary and clinically appropriate services to Medicaid

members when possible. For more information, see the DVHA website at:

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

[Telephonic Coverage_Dental Providers 04.10.2020.pdf](https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA Telemedicine %26 Emergency Telephonic Coverage_Dental Providers 04.10.2020.pdf)

SOURCE: Department of Vermont Health Access, Dental Supplement, pg. 13, (Feb. 12, 2024), (Accessed Mar. 2024).

Substance Use Disorder

In order to facilitate the use of telemedicine in treating substance use disorder, when the originating site is a health care facility, 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.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k 2B(h), (Accessed Mar. 2024).

ELIGIBLE SITES

Effective 1/1/24, Telehealth coding for place of service and modifier guidance given during the Public Health Emergency (PHE) period no longer applies. Vermont Medicaid updated the following changes to telehealth coding: Place of Service code 10 – Telehealth Provided in Patient’s Home and Place of Service code 02 – Telehealth Provided Other than in Patient’s Home. Current Procedural Terminology (CPT) Code Modifier 93 for Telemedicine services delivered via audio-only telecommunications should be billed for clinically appropriate services delivered via telephone. Modifier 93 replaces the use of modifier V3. A list of allowable audio-only service codes can be found on the DVHA website. VT Medicaid follows Medicare place of service guidelines, CPT, and Healthcare Common Procedure Coding System (HCPCS) modifiers as indicated in the VT Medicaid General Billing and Forms Manual.

SOURCE: Department of VT Health Access, Banner Notice, Feb. 9, 2024, Telehealth Guidance (Accessed Mar. 2024).

Telehealth services are reimbursed at the same rate as in person visits. A system error was discovered for telehealth services billed with place of service 10. POS 10 is defined as – patient is located in their home (which is a location other than a hospital or other facility). The system has been corrected and claims will be adjusted and reprocessed by Gainwell, retroactive to 1/1/2023.

SOURCE: Department of VT Health Access, Banner Notice, Dec. 15, 2023, Place of Service 10 (Accessed Mar. 2024).

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.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k (Accessed Mar. 2024).

“Originating site” means the site where the beneficiary is located, whether or not accompanied by a health care provider, when telemedicine, or audio-only services are provided. 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.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.1), Telehealth, (Accessed Mar. 2024).

Substance Use Disorder

In order to facilitate the use of telemedicine in treating substance use disorder, when the originating site is a health care facility, 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.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k 2B(h), (Accessed Mar. 2024).

GEOGRAPHIC LIMITS

No Reference Found

FACILITY/TRANSMISSION FEE

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.

GT modifier should not be used on Q3014.

SOURCE: VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 90, (Dec. 20, 2023). (Accessed Mar. 2024).

Substance Use Disorder

In order to facilitate the use of telemedicine in treating substance use disorder, when the originating site is a health care facility, 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.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k 2B(h), (Accessed Dec. 2023).

STORE-AND-FORWARD

Last updated 03/05/2024

POLICY

“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.

Qualified telemedicine and store and forward providers shall:

- Meet or exceed applicable federal and state legal requirements of medical and health information privacy, including compliance with HIPAA.
- Provide appropriate informed consent, in a language that the beneficiary understands, consistent with 18 VSA § 936I(c)(I) (see code for details)
- 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.

Services provided through telehealth are subject to the same prior authorization requirements that exist for the service when not provided through telehealth.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.1) & (3.101.5-6), Telehealth, (Accessed Mar. 2024).

“Store and forward” means an asynchronous transmission of medical information, such as one or more video clips, audio clips, still images, x-rays, magnetic resonance imaging scans, electrocardiograms, electroencephalograms, or laboratory results, sent over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L No. 104-191 to be reviewed at a later date by a health care provider at a distant site who is trained in the relevant specialty. In store and forward, the health care provider at the distant site reviews the medical information

without the patient present in real time and communicates a care plan or treatment recommendation back to the patient or referring provider, or both.

A health insurance plan (including Medicaid) shall reimburse for health care services and dental services delivered by store-and-forward means.

A health insurance plan shall not impose more than one cost-sharing requirement on a patient for receipt of health care services or dental services delivered by store-and-forward means. If the services would require cost-sharing under the terms of the patient's health insurance plan, the plan may impose the cost-sharing requirement on the services of the originating site health care provider or of the distant site health care provider, but not both.

A health insurer shall not construe a patient's receipt of services delivered through telemedicine or by store-and-forward means as limiting in any way the patient's ability to receive additional covered in-person services from the same or a different health care provider for diagnosis or treatment of the same condition.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k. (Accessed Mar. 2024).

ELIGIBLE SERVICES/SPECIALTIES

DVHA will not reimburse for teleophthalmology or teledermatology by store-and-forward means.*

SOURCE: VT Agency of Human Services. General Billing and Forms Manual. Sec. 5.3.52, p. 91, (Dec. 20, 2023). (Accessed Mar. 2024).

To be covered, services shall:

- Be clinically appropriate for delivery through store-and-forward
- Be medically necessary

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.2), Telehealth, (Accessed Mar. 2024).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 03/05/2024

POLICY

See Health Care Administrative Rule 3.101 on Telehealth for requirements of telemonitoring.

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.

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. 9, 2024), (Accessed Mar. 2024).

"Remote Patient Monitoring" means a health service that enables remote monitoring of a beneficiary's physiological health-related data by a home health agency done outside of a conventional clinical setting and in conjunction with a plan of care ordered by a physician, nurse practitioner, clinical nurse specialist, or physician assistant.

To be covered, services shall be:

- Clinically appropriate for delivery through telemonitoring, and
- Medically necessary, and
- Limited to a Congestive Heart Failure, Hypertension, or Diabetes diagnosis.

SOURCE: VT Health Care Administrative Rule 3.101 (Accessed Mar. 2024).

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 that can result in frequent or recurrent hospitalizations and emergency room admissions.

“Home telemonitoring service” means a health service that requires scheduled remote monitoring of data related to a patient’s health, in conjunction with a home health plan of care, and access to the data by a home health agency or other qualified provider as defined by the Agency of Human Services.

SOURCE: VT Statutes Annotated Title 33 Sec. 1901g. (Accessed Mar. 2024).

CONDITIONS

The Agency shall provide coverage for home telemonitoring for one or more conditions or risk factors for which it determines, using reliable data, that home telemonitoring services are appropriate and that coverage will be budget-neutral. The Agency may expand coverage to include additional conditions or risk factors identified using evidence-based best practices if the expanded coverage will remain budget-neutral or as funds become available.

SOURCE: VT Statutes Annotated Title 33 Sec. 1901g(a). (Accessed Mar. 2024).

To be covered, services shall be:

- Clinically appropriate for delivery through telemonitoring,
- Medically necessary, and
- Be limited to a Congestive Heart Failure, hypertension or diabetes diagnosis.

For telemonitoring services, beneficiaries shall:

- 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.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.2) & (3.101.4), Telehealth, (Accessed Mar. 2024).

PROVIDER LIMITATIONS

The Agency of Human Services shall provide Medicaid coverage for home telemonitoring services performed by home health agencies or other qualified providers as defined by the Agency of Human Services for Medicaid beneficiaries who have serious or chronic medical conditions that can result in frequent or recurrent hospitalizations and emergency room admissions.

A home health agency or other qualified provider shall ensure that clinical information gathered by the home health agency or other qualified provider while providing home telemonitoring services is shared with the patient's treating health care professionals. The Agency of Human Services may impose other reasonable requirements on the use of home telemonitoring services.

SOURCE: VT Statutes Annotated Title 33 Sec. 1901g. (Accessed Mar. 2024).

Telehealth services must be provided by a provider who is working within the scope of his or her practice and enrolled in Vermont Medicaid.

Qualified telemonitoring providers shall:

- Use the following licensed health care professionals to review data:
 - Registered nurse (RN)
 - Nurse Practitioner (NP)
 - Clinical nurse specialist (CNS)
 - Licensed practical nurse (LPN) under the supervision of a RN or physician assistant (PA), and
- Follow data parameters established by a licensed physician's plan of care, and
- Meet or exceed applicable federal and state legal requirements of medical and health information privacy, including compliance with HIPAA.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.5), Telehealth, (Accessed Mar. 2024).

When Telemonitoring services are provided to clinically eligible Vermont Medicaid patients, qualified providers may bill CPT S9110 for once every 30 days for telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month. CPT 98969 may be billed once every 7 days for ongoing assessment and management of telemonitoring data. Providers should use revenue code 780 for both S9110 and 98969.

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. 9, 2024). (Accessed Mar.

2024).

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 03/05/2024

“Audio-Only” means real-time 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 audio-only telecommunications technology.

Audio-Only: To be covered, services shall be:

- Clinically appropriate for delivery through audio-only, and
- Medically necessary.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.7), Telehealth, (Accessed Mar. 2024).

Effective 1/1/24, Telehealth coding for place of service and modifier guidance given during the Public Health Emergency (PHE) period no longer applies. Vermont Medicaid updated the following changes to telehealth coding: Place of Service code 10 – Telehealth Provided in Patient’s Home and Place of Service code 02 – Telehealth Provided Other than in Patient’s Home. Current Procedural Terminology (CPT) Code Modifier 93 for Telemedicine services delivered via audio-only telecommunications should be billed for clinically appropriate services delivered via telephone. Modifier 93 replaces the use of modifier V3. A list of allowable audio-only service codes can be found on the DVHA website. VT Medicaid follows Medicare place of service guidelines, CPT, and Healthcare Common Procedure Coding System (HCPCS) modifiers as indicated in the VT Medicaid General Billing and Forms Manual.

SOURCE: Department of VT Health Access, Banner Notice, Feb. 9, 2024, Telehealth Guidance (Accessed Mar. 2024).

Audio-Only Telephone

Subject to the limitations of the license under which the individual is practicing and, for Medicaid patients, to the extent permitted by the Centers for Medicare and Medicaid Services, a health care provider may deliver health care services to a patient using audio-

only telephone if the patient elects to receive the services in this manner and it is clinically appropriate to do so. A health care provider shall comply with any training requirements imposed by the provider's licensing board on the appropriate use of audio-only telephone in health care delivery.

A health care provider delivering health care services using audio-only telephone shall include or document in the patient's medical record:

- The patient's informed consent for receiving services using audio-only telephone in accordance with subsection (c) of this section; and
- The reason or reasons that the provider determined that it was clinically appropriate to deliver health care services to the patient by audio-only telephone.

A health care provider shall not require a patient to receive health care services by audio-only telephone if the patient does not wish to receive services in this manner.

A health care provider shall deliver care that is timely and complies with contractual requirements and shall not delay care unnecessarily if a patient elects to receive services through an in-person visit or telemedicine instead of by audio-only telephone.

Neither a health care provider nor a patient shall create or cause to be created a recording of a provider's telephone consultation with a patient.

Audio-only telephone services shall not be used in the following circumstances:

- For the second certification of an emergency examination determining whether an individual is a person in need of treatment pursuant to section 7508 of this title; or
- For a psychiatrist's examination to determine whether an individual is in need of inpatient hospitalization pursuant to 13 V.S.A. § 4815(g)(3).

SOURCE: VT Statute 18 VSA Sec. 9362, (Accessed Mar. 2024).

See list of covered audio-only telehealth service codes.

SOURCE: Department of VT Health Access, VT Medicaid Audio Only Telehealth Services 10.1.23, (Accessed Mar. 2024).

The Department of Financial Regulation, in consultation with the Department of Vermont Health Access, the Green Mountain Care Board, representatives of health care providers, health insurers, and other interested stakeholders, shall determine the amounts that health insurance plans shall reimburse health care providers for delivering health care services by audio-only telephone during plan years 2022, 2023, and 2024. In determining the reimbursement amounts, the Department shall seek to

find a reasonable balance between the costs to patients and the health care system and reimbursement amounts that do not discourage health care providers from delivering medically necessary, clinically appropriate health care services by audio-only telephone. The Department may determine different reimbursement amounts for different types of services and may modify the rates that will apply in different plan years as appropriate but shall finalize its determinations not later than April 1 for plan years after 2022.

See bill for requirements of Department in 2023 and 2024.

SOURCE: Senate Bill 117 (2021 Session), (Accessed July 2023).

Is audio-only (telephone) a covered service under Vermont Medicaid?

Yes – Vermont Medicaid will provide reimbursement at the same rate for medically necessary, clinically appropriate services delivered by telephone. Reimbursement will be at the same rate as 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”).

SOURCE: Department of Vermont Health Access. Agency of Human Services. Telehealth: Methods for healthcare service delivery using telecommunications technologies. (Accessed Mar. 2024).

See the Miscellaneous section of the Professional Regulation category for additional requirements.

CONSENT REQUIREMENTS

Last updated 03/05/2024

Qualified telemedicine and store and forward providers shall: ...

Provide appropriate informed consent, in a language that the beneficiary understands, consistent with 18 VSA § 936l(c)(I) to include:

- Identifying the beneficiary, the provider, and the provider’s credentials,
- The types of services permitted using telemedicine technologies,
- A statement that the provider determines whether the conditions being diagnosed and/or treated are appropriate for a telemedicine encounter,
- Details on security measures taken with the use of telemedicine technologies,
- Disclosure to the beneficiary that information may be lost due to technical failures,

- A statement that the provider will follow all applicable federal and state legal requirements of medical and health information privacy, and
- Circumstances under which consent is not required.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.5), Telehealth, (Accessed Mar. 2024).

A health care provider delivering health care services or dental services through telemedicine shall obtain and document a patient's oral or written informed consent for the use of telemedicine technology prior to delivering services to the patient. See law for special informed consent instructions third-party vendors, emergency situations, a psychiatrist's examination and a patient receiving by store-and-forward means

SOURCE: VT Statutes Annotated, Title 18 Sec. 9361 (Accessed Mar. 2024).

Audio-Only Telephone

A health care provider delivering health care services by audio-only telephone shall obtain and document a patient's oral or written informed consent for the use of audio-only telephone prior to the appointment or at the start of the appointment but prior to delivering any billable service.

The informed consent for audio-only telephone services shall be provided in accordance with Vermont and national policies and guidelines on the appropriate use of telephone services within the provider's profession and shall include, in language that patients can easily understand:

- that the patient is entitled to choose to receive services by audio-only telephone, in person, or through telemedicine, to the extent clinically appropriate;
- that receiving services by audio-only telephone does not preclude the patient from receiving services in person or through telemedicine at a later date;
- an explanation of the opportunities and limitations of delivering and receiving health care services using audio-only telephone;
- informing the patient of the presence of any other individual who will be participating in or listening to the patient's consultation with the provider and obtaining the patient's permission for the participation or observation;
- whether the services will be billed to the patient's health insurance plan if delivered by audio-only telephone and what this may mean for the patient's financial responsibility for co-payments, coinsurance, and deductibles; and
- informing the patient that not all audio-only health care services are covered by all health plans.

For services delivered by audio-only telephone on an ongoing basis, the health care provider shall be required to obtain consent only at the first episode of care.

If the patient provides oral informed consent, the provider shall offer to provide the patient with a written copy of the informed consent.

Notwithstanding any provision of this subsection to the contrary, a health care provider shall not be required to obtain a patient's informed consent for the use of audio-only telephone services in the case of a medical emergency.

A health care provider may use a single informed consent form to address all telehealth modalities, including telemedicine, store and forward, and audio-only telephone, as long as the form complies with the provisions of section 9361 of this chapter and this section.

SOURCE: 18 Vermont Statute Annotated Ch. 219, Sec. 9362, (Accessed Mar. 2024).

OUT OF STATE PROVIDERS

Last updated 03/05/2024

If you hold an active out-of-state license which is in good standing in a healthcare profession, you may practice in Vermont under certain circumstances. Visit the Office of Professional Regulation (OPR) for Updates to Telehealth Registrations and Licensing.

SOURCE: Department of Vermont Health Access. Agency of Human Services. Telehealth: Methods for healthcare service delivery using telecommunications technologies. (Accessed Mar. 2024).

MISCELLANEOUS

Last updated 03/05/2024

Qualified telemedicine and store and forward providers shall:

- Meet or exceed applicable federal and state legal requirements of medical and health information privacy, including compliance with HIPAA.
- Provide appropriate informed consent, in a language that the beneficiary understands, consistent with 18 VSA § 9361(c)(1) (see code for details)
- 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.

SOURCE: VT Health Care Administrative Rules 13.174.003 (3.101.3), Telehealth, (Accessed Mar. 2024).

Professional Requirements

DEFINITIONS

Last updated 03/05/2024

“Telemedicine” means the delivery of health care services, including dental 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 of 1996, Pub. L No. 104-191.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k(h)(7) (Accessed Mar. 2024).

“Telehealth” means health care services delivered by telemedicine, store and forward, or audio-only telephone.

“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 of 1996, Pub. L No. 104-191.

SOURCE: VT Statutes Annotated, Title 26, Ch. 56, Sec. 3052, (Accessed Mar. 2024).

“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 of 1996, Pub. L No. 104-191.

SOURCE: VT Statutes Annotated, Title 18 Sec. Ch. 113, Sec. 5281, (Accessed Mar. 2024).

CONSENT REQUIREMENTS

Last updated 03/05/2024

A health care provider delivering health care services or dental services through telemedicine shall obtain and document a patient's oral or written informed consent for the use of telemedicine technology prior to delivering services to the patient.

The informed consent for telemedicine services shall be provided in accordance with Vermont and national policies and guidelines on the appropriate use of telemedicine within the provider's profession and shall include, in language that patients can easily understand:

- an explanation of the opportunities and limitations of delivering health care services or dental services through telemedicine;
- informing the patient of the presence of any other individual who will be participating in or observing the patient's consultation with the provider at the distant site and obtaining the patient's permission for the participation or observation; and
- assurance that all services the health care provider delivers to the patient through telemedicine will be delivered over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

For services delivered through telemedicine on an ongoing basis, the health care provider shall be required to obtain consent only at the first episode of care.

The provider shall include the patient's written consent in the patient's medical record or document the patient's oral consent in the patient's medical record.

A health care provider delivering telemedicine services through a contract with a third-party vendor shall comply with the provisions of this subsection (c) to the extent permissible under the terms of the contract. If the contract requires the health care provider to use the vendor's own informed consent provisions instead of those set forth in this subsection, the health care provider shall be deemed to be in compliance with the requirements of this subsection if he or she adheres to the terms of the vendor's informed consent policies.

Notwithstanding any provision of this subsection to the contrary, a health care provider shall not be required to obtain a patient's informed consent for the use of telemedicine in the following circumstances:

- in the case of a medical emergency;
- for the second certification of an emergency examination determining whether an individual is a person in need of treatment pursuant to section 7508 of this title; or

- for a psychiatrist's examination to determine whether an individual is in need of inpatient hospitalization pursuant to 13 V.S.A. § 4815(g)(3).

Neither a health care provider nor a patient shall create or cause to be created a recording of a provider's telemedicine consultation with a patient.

A patient receiving health care services or dental services by store-and-forward means shall be informed of the patient's right to refuse to receive services in this manner and to request services in an alternative format, such as through real-time telemedicine services or an in-person visit.

Receipt of services by store-and-forward means shall not preclude a patient from receiving real-time telemedicine services or an in-person visit with the distant site health care provider at a future date.

Originating site health care providers involved in the store-and-forward process shall obtain informed consent from the patient as described in subsection (c) of this section.

SOURCE: VT Statutes Annotated, Title 18 Sec. 9361 (Accessed Mar. 2024).

Audio-Only Telephone

A health care provider delivering health care services by audio-only telephone shall obtain and document a patient's oral or written informed consent for the use of audio-only telephone prior to the appointment or at the start of the appointment but prior to delivering any billable service.

The informed consent for audio-only telephone services shall be provided in accordance with Vermont and national policies and guidelines on the appropriate use of telephone services within the provider's profession and shall include, in language that patients can easily understand:

- that the patient is entitled to choose to receive services by audio- only telephone, in person, or through telemedicine, to the extent clinically appropriate;
- that receiving services by audio-only telephone does not preclude the patient from receiving services in person or through telemedicine at a later date;
- an explanation of the opportunities and limitations of delivering and receiving health care services using audio-only telephone;
- informing the patient of the presence of any other individual who will be participating in or listening to the patient's consultation with the provider and obtaining the patient's permission for the participation or observation;

- whether the services will be billed to the patient's health insurance plan if delivered by audio-only telephone and what this may mean for the patient's financial responsibility for co-payments, coinsurance, and deductibles; and
- informing the patient that not all audio-only health care services are covered by all health plans.

For services delivered by audio-only telephone on an ongoing basis, the health care provider shall be required to obtain consent only at the first episode of care.

If the patient provides oral informed consent, the provider shall offer to provide the patient with a written copy of the informed consent.

Notwithstanding any provision of this subsection to the contrary, a health care provider shall not be required to obtain a patient's informed consent for the use of audio-only telephone services in the case of a medical emergency.

A health care provider may use a single informed consent form to address all telehealth modalities, including telemedicine, store and forward, and audio-only telephone, as long as the form complies with the provisions of section 9361 of this chapter and this section.

SOURCE: 18 Vermont Statute Annotated Ch. 219, Sec. 9362. (Accessed Mar. 2024).

ONLINE PRESCRIBING

Last updated 03/05/2024

Controlled substances for use in treatment of opioid use disorder may be prescribed via telehealth in accordance with federal requirements.

SOURCE: VT Statute Annotated Title 18, Sec. 4752 (Accessed Mar. 2024).

Providers may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations to a patient after having performed an appropriate examination of 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 Mar. 2024).

A physician shall not be subject to any civil or criminal liability or professional disciplinary action if the physician prescribes to a patient with a terminal condition medication to be self-administered for the purpose of hastening the patient's death and

the physician affirms by documenting in the patient's medical record that all of the following occurred:

- The patient made an oral request to the physician in the physician's physical presence or by telemedicine, if the physician determines the use of telemedicine to be clinically appropriate, for medication to be self-administered for the purpose of hastening the patient's death.
- Not fewer than 15 days after the first oral request, the patient made a second oral request to the physician in the physician's physical presence or by telemedicine, if the physician determines the use of telemedicine to be clinically appropriate, for medication to be self-administered for the purpose of hastening the patient's death.

See statute for complete list

SOURCE VT Statutes Annotated, Title 18, Ch. 113, Sec. 5283, (Accessed Mar. 2024).

CROSS-STATE LICENSING

Last updated 03/05/2024

Interim Telehealth Registration

An Interim Telehealth Registration authorizes a healthcare professional, who is licensed in good standing in another state, to provide licensed services via telehealth to patients or clients located in Vermont after registering with the Vermont Office of Professional Regulation.

A healthcare professional who does not hold an active, conventional Vermont license and who is providing healthcare in Vermont via telehealth must register for an Interim Telehealth Registration. This includes mental health professionals providing telehealth services to patients or clients located in Vermont. Healthcare providers holding only an Interim Telehealth Registration may not provide in-person services to patients or clients located in Vermont.

Please note that healthcare professionals who hold an active, conventional Vermont license do not need to obtain an Interim Telehealth Registration to practice telehealth in Vermont.

Per Act 4 (2023), the Interim Telehealth Registration will remain available until the permanent Telehealth Registration and Licensure Rules are in effect and operational. All Interim Telehealth Registration holders will receive notice to the email on file when this occurs and will have at least 90 days after the effective date of the Telehealth Licensure and Registration Rules to transition.

Telehealth Registration and Telehealth License (Not in effect until rules are in place)

A healthcare professional, who is licensed in good standing in another state and wishes to provide healthcare in Vermont via telehealth will be required to obtain a Telehealth Registration or Telehealth License.

The Telehealth Registration and Telehealth Licensure options will be effective upon the adoption of the Rules. Please check back for updates.

Telehealth Registration

A health care professional who is not otherwise licensed, certified, or registered to practice in Vermont may obtain a Telehealth Registration to provide health care services in Vermont via telehealth to a total of not more than *10 unique (0-10) patients or clients* for a period of not more than *120 consecutive days* from the date the Telehealth Registration was issued.

A health care professional may only reactivate a Telehealth Registration once every three years. The Telehealth Registration cannot be renewed or reactivated upon expiration. A health care professional who exceeds the 120-day or 10-patient or client limit must either apply for a Telehealth License or a full license to practice in Vermont. Health care professionals who hold a Telehealth Registration may not provide in-person care in Vermont.

Telehealth License

A health care professional who is not otherwise licensed, certified, or registered to practice in Vermont may obtain a Telehealth License to provide healthcare services in Vermont via telehealth to a *total* of not more than *20 (0-20) unique patients or clients* located in Vermont during the *two-year license term*.

A health care professional who wishes to provide telehealth services for more than a total of 20 unique patients or clients must apply for a full license to practice in Vermont. A health care professional may renew a Telehealth License every two years. Health care professionals who hold a Telehealth License may not provide in-person care in Vermont.

See webpage for list of healthcare professions eligible to practice telehealth in Vermont.

I am providing telehealth services to a client/patient located in Vermont. If I travel to Vermont, or locate permanently to Vermont, can I still use my out-of-state license or do I need to now hold a full Vermont license?

Once you physically enter Vermont's borders, you need to get an in-state license to provide services in-person. If you relocate to Vermont and remain licensed in the other state, in good standing, they may continue to provide care to the patient by telehealth means only.

SOURCE: Agency of Human Services, Department of Vermont Health Access, Telehealth Registrations and Licenses (Accessed Mar. 2024).

Temporary Registration for out-of-state health care professionals

Notwithstanding any provision of Vermont's professional licensure statutes or rules to the contrary, beginning on April 1, 2022 the Office of Professional Regulation and Board of Medical Practice shall register a health care professional who is not licensed or registered to practice in Vermont but who seeks to provide health care services to patients or clients located in Vermont using telehealth, provided:

- the health care professional completes an application in the manner specified by the Director of the Office of Professional Regulation or the Board of Medical Practice, as applicable; and
- the health care professional
 - holds an active, unencumbered license, certificate, or registration in at least one other U.S. jurisdiction to practice the health care profession for which the health care professional seeks to provide telehealth services in Vermont;
 - the health care professional's license, certificate, or registration is in good standing in all other U.S. jurisdictions in which the health care professional is licensed, certified, or registered to practice; and
 - the health care professional provides verification of licensure, certification, or registration to the Office or the Board, as applicable.

The temporary telehealth registration option available pursuant to this section shall continue to be available to out-of-state health care professionals until the telehealth licensure and registration system established in 26 V.S.A. chapter 56 by 2022 Acts and Resolves No. 107 is operational. The Office of Professional Regulation and Board of Medical Practice shall provide appropriate notice to health care professionals registered under this section of the expiration date of the temporary telehealth registration option and shall allow temporary telehealth registrants 90 days following the effective date of the applicable telehealth licensure and registration rules to transition from temporary registration to a telehealth license or registration.

SOURCE: House Bill 411 (2023 Session), (Accessed Mar. 2024).

Telehealth Licensure or Telehealth Registration

A health care professional who is not otherwise licensed, certified, or registered to practice in Vermont but is licensed, certified, or registered in good standing in all other U.S. jurisdictions in which the health care professional is or has been licensed, certified, or registered and who wishes to provide health care services to a patient or client located in Vermont using telehealth shall obtain a telehealth license or telehealth registration from the Office or the Board in accordance with this chapter.

A telehealth license or telehealth registration issued pursuant to this chapter shall authorize a health care professional to provide services to a patient or client located in Vermont using telehealth only. Telehealth licensure or telehealth registration does not authorize the health care professional to open an office in Vermont or to provide in-person health care services to patients or clients located in Vermont.

A health care professional who is not otherwise licensed, certified, or registered to practice in Vermont and provides health care services in Vermont using telehealth without a telehealth registration or telehealth license, or provides services beyond the limitations of the telehealth registration or telehealth license, is engaged in unauthorized practice as defined in 3 V.S.A. § 127 and section 1314 of this title and is subject to the penalties set forth in those sections.

A health care professional who is not otherwise licensed, certified, or registered to practice in Vermont may obtain a telehealth license to provide health care services using telehealth to a total of not more than 20 unique patients or clients located in Vermont during the two-year license term.

See statute for additional information regarding scope, health care professions, eligibility and telehealth registration.

Exemptions from registrations and Licensure Requirements

A health care professional is not required to obtain a telehealth registration or licensure solely to provide consultation services to another health care professional regarding care for a patient or client located in Vermont, provided the consulting health care professional holds a license, certificate, or registration to practice the profession in one or more U.S. jurisdictions and the consultation is based on a review of records without in-person or remote contact between the consulting health care professional and the patient or client.

SOURCE: VT Statutes Annotated, Title 26, Ch. 56, Sec. 3053; 3054; and 3059 (Accessed Mar. 2024).

Health Care Provider Compacts: Direction to VT Representatives

The General Assembly finds that a state's prohibition of or limitation on the provision of gender-affirming health care services or reproductive health care services, or both, as defined by 1 V.S.A. § 150, prohibits health care providers from following health care best practices and is a failure on the part of the state to provide health care services that are medically necessary and clinically appropriate for its residents. Therefore, it is the General Assembly's intent to protect the ability of professionals licensed, certified, or registered in Vermont, and professionals from other member states seeking to practice a profession in Vermont pursuant to an interstate compact or agreement, to have the benefit of compacts and agreements while at the same time engaging in, providing, or otherwise facilitating, personally or professionally, gender-affirming health care and reproductive health care services.

Vermont's representative or delegate for an interstate compact or agreement related to health care shall seek an amendment or exception to the language, rules, directives, or bylaws of the compact or agreement, as necessary, so that if a licensee is disciplined by another state solely for providing or assisting in the provision of gender-affirming health care services or reproductive health care services that would be legal and meet professional standards of care if provided in Vermont, the compact or agreement does not require that Vermont take professional disciplinary action against the licensee.

SOURCE: VT Statute Annotated Title 26, Ch. 56, Sec. 3071, (Accessed Mar. 2024).

LICENSURE COMPACTS

Last updated 03/05/2024

Member of the Interstate Medical Licensure Compact.

SOURCE: Interstate Medical Licensure Compact. The IMLC. (Accessed Mar. 2024).

Member of the Nurse Licensure Compact (NLC).

SOURCE: Nurse Licensure Compact Map. (Accessed Mar. 2024).

Member of Speech and Audiology Compact

SOURCE: ASLP-IC, Compact Map, (Accessed Mar. 2024).

Member of Counseling Compact.

SOURCE: Counseling Compact, Compact Map, (Accessed Mar. 2024).

Member of Physical Therapy Compact

SOURCE: PT Compact, Compact Map, (Accessed Mar. 2024).

Member of Psychology Interjurisdictional Compact.

SOURCE: PSYPACT, PSYPACT Map, (Accessed Mar. 2024).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 03/05/2024

No Reference Found

MISCELLANEOUS

Last updated 03/05/2024

“Store and forward” means an asynchronous transmission of medical information, such as one or more video clips, audio clips, still images, x-rays, magnetic resonance imaging scans, electrocardiograms, electroencephalograms, or laboratory results, sent over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L No. 104-191 to be reviewed at a later date by a health care provider at a distant site who is trained in the relevant specialty. In store and forward, the health care provider at the distant site reviews the medical information without the patient present in real time and communicates a care plan or treatment recommendation back to the patient or referring provider, or both.

SOURCE: VT Statutes Annotated, Title 26, Ch. 56, Sec. 3052, (Accessed Mar. 2024).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 03/05/2024

An Encounter at a FQHC/RHC is defined as a face-to-face visit between a member and a provider. Face-to-face visits with more than one provider and multiple visits with the same provider that take place on the same day and the same location constitute a single visit, except when one of the following conditions exists

- After the first encounter, the member suffers illness or injury requiring additional diagnosis or treatment

- The patient has a medical visit with a physician, physician assistant, nurse practitioner, nurse midwife, or a visiting nurse, and a visit with a clinical psychologist, clinical social worker, or other health professional for mental health services. *Vermont Medicaid follows the same list of health professionals as Medicare.*

Centers must bill procedure code T1015 for the encounter in addition to CPT/HCPCS codes for all services provided during their visit.

SOURCE: Vermont Medicaid Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC) Supplement (Nov. 7 2023), (Accessed Mar. 2024).

MODALITIES ALLOWED

Last updated 03/05/2024

Live Video

Health insurance plans (includes Medicaid) must provide coverage for health care services and dental services 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.

SOURCE: VT Statutes Annotated, Title 8 Sec. 4100k (Accessed Mar. 2024).

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 Mar. 2024).

No explicit reference to whether or not FQHC's are eligible telehealth providers.

See: VT Medicaid Live Video

Store and Forward

While some reimbursement is allowed for store-and-forward in VT Medicaid, including HCPCS G2010, it is unclear whether or not FQHCs can bill for these services.

See: VT Medicaid Store and Forward

Remote Patient Monitoring

While reimbursement for some remote patient monitoring is provided in VT Medicaid, it is not explicitly specified whether or not FQHCs can bill for these services.

See: VT Medicaid Remote Patient Monitoring

Audio-Only

VT Medicaid allows audio-only reimbursement when clinically appropriate and medically necessary, however no explicit reference is made to whether or not FQHCs can bill for these services.

See: VT Medicaid Audio-Only

SAME DAY ENCOUNTERS

Last updated 03/05/2024

Face-to-face visits with more than one provider and multiple visits with the same provider that take place on the same day and the same location constitute a single visit, except when one of the following conditions exists

- After the first encounter, the member suffers illness or injury requiring additional diagnosis or treatment
- The patient has a medical visit with a physician, physician assistant, nurse practitioner, nurse midwife, or a visiting nurse, and a visit with a clinical psychologist, clinical social worker, or other health professional for mental health services. *Vermont Medicaid follows the same list of health professionals as Medicare.*

If an FQHC/RHC provides one or more services on the same day to a Vermont Medicaid member with insurance other than Medicare, the visit should first be billed to the other insurer using the appropriate CPT code(s). The facility may bill Vermont Medicaid for the balance between the other insurance payment and the facility's encounter rate using T1015 as the encounter code. (Refer to the instructions in Section 29 of CMS-1500 form.)

See supplement for examples of two separate encounters on the same day.

SOURCE: Vermont Medicaid Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC) Supplement (Nov. 11, 2023), (Accessed Mar. 2024).

ELIGIBLE ORIGINATING SITE

Last updated 03/05/2024

An originating site is defined as 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. However, there is no explicit reference to FQHCs.

See: VT Medicaid Live Video Eligible Sites.

ELIGIBLE DISTANT SITE

Last updated 03/05/2024

A distant site is defined broadly to mean the location of a health care provider delivering services through telemedicine at the time the services are provided. However, there is no explicit reference to FQHCs.

See: VT Medicaid Live Video Eligible Providers.

FACILITY FEE

Last updated 03/05/2024

Originating site providers may be reimbursed a facility fee using Q3014. However, there is no explicit reference to whether or not FQHCs qualify for this fee.

See: VT Medicaid Live Video Facility/Transmission Fee

PPS RATE

Last updated 03/05/2024

No Reference Found.

HOME ELIGIBLE

Last updated 03/05/2024

No Reference Found.

PATIENT-PROVIDER RELATIONSHIP

Last updated 03/05/2024

No Reference Found.

