

VERMONT MEDICAID PROVIDER ENROLLMENT & REVALIDATION FORM**Telemedicine Outside a Facility Application****Instructions**

This application form must be completed by all billing and servicing providers seeking to provide primary care services delivered through telemedicine to Vermont Medicaid beneficiaries outside a health care facility.

Return all completed forms to:

Department of Vermont Health Access
Medicaid Provider Relations Operations Chief
312 Hurricane Lane
Williston VT 05495

Telemedicine Under Medicaid

Vermont's Medicaid program defines telemedicine as the practice of health care delivery by a provider who is located at a site other than the site where the patient is located for the purposes of evaluation, diagnosis, consultation, or treatment that requires the use of advanced telecommunications technology by permitting two-way, real-time interactive communications between the patient at the originating site and the physician or practitioner at the distant site.

Telemedicine does not include, and Vermont Medicaid will not reimburse for, services provided with the use of audio-only telephone, e-mail, or facsimile. Medicaid providers are reimbursed at the same rate whether the service is provided in person or through the use of telemedicine.

The Department of Vermont Health Access (DVHA) will only provide coverage for primary care services delivered through telemedicine outside a health care facility that have been determined by the Department's Chief Medical Officer and Medicaid Medical Director to be clinically appropriate (Sec. 45. 33 V.S.A. § 1901(i)).

In order to bill Vermont Medicaid for primary care services delivered through telemedicine outside a health care facility, **all** of the following requirements must be met:

Provider Eligibility Requirements

- Must be a Medicaid-enrolled provider.
- Must be a Vermont licensed physician, naturopathic physician, an advanced practice registered nurse, or a physician assistant (Sec. 45. 33 V.S.A. § 1901(i)):
 - Physicians must be Board Certified.
 - Physician Assistants must have a supervising physician who is Board Certified.
 - Advanced practice registered nurses must have their advanced degree in a primary care specialty.

Covered Services Requirements

- Must be a medically necessary service covered by Vermont Medicaid.
- Must be a primary care service, defined as any encounter with a primary care provider that results in the rendering of a typical primary care service.
- Service must be limited to the following primary care specialties:
 - Internal medicine,
 - Pediatrics,
 - Family medicine, or
 - Obstetrics and gynecology.
- Must be a primary care service delivered to a single patient outside a health care facility.
- Must not include palpation, percussion or auscultation aspects of a physical examination.
- Service being delivered to a patient outside a health care facility must be comparable to the same service if it were provided through in-person consultation.

Technical Requirements

- Providers delivering health care services through telemedicine must adopt and implement technology in a manner that supports the standard of care to deliver the required service.
- Covered services must be delivered via secure two-way, real-time video. Telemedicine does not include, and Vermont Medicaid will not reimburse for, the use of audio-only telephone, e-mail, or facsimile.
- Technology used for telemedicine outside of a health care facility must be HIPAA compliant.

Administrative Requirements

- Providers must obtain a Patient Consent form for telemedicine service prior to providing the service. This consent must be maintained in the patient's chart and made available upon request to DVHA.
- Providers must maintain documentation in the same manner as during an in-person visit or consultation, using either electronic or paper medical records. The patient must have access to all transmitted medical information, with the exception of live interactive video as there is often no stored data in such encounters.
- Providers must comply with all applicable Vermont Medicaid administrative rules when providing and seeking reimbursement for Medicaid covered services delivered via telemedicine (Medicaid Covered Services, 7100-7700; available via: <http://humanservices.vermont.gov/on-line-rules/dvha>). These rules include, but are not limited to, the requirement that a beneficiary follows the rules of his/her primary insurance. If services provided through telemedicine are not covered by the primary insurer, then Vermont Medicaid will not provide coverage for the service.
- Providers must ensure that if a visit begins via telemedicine and it is determined that the patient must present at the office in order to fully address the chief complaint, then the provider may not bill Vermont Medicaid or the patient for the service provided via telemedicine. Claims found to be billed and paid incorrectly may be recouped by DVHA.
- Providers must ensure that if technical difficulties prevent the delivery of part or all of the telemedicine session, then DVHA will not reimburse for the service. Claims found to be billed and paid incorrectly may be recouped by DVHA.
- Approved telemedicine providers must submit claims in the same manner the provider uses for in-person services and must bill the appropriate CPT code or revenue code with a –GT modifier when rendering services via telemedicine. The -GT modifier indicates the services were provided via an interactive audio and video telecommunication system.

HIPAA Certification by Provider

Provider must certify that he or she will comply with the laws and regulations concerning the privacy and security of protected health information under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

Particularly, providers:

- Must ensure that all interactive video technology-assisted communication complies with HIPAA patient privacy and security regulations at the originating site (patient), the distant site (physician), and in the transmission process; and
- May not store at originating and distant sites the video images or audio portion of the telemedicine service for future use.

1. Provider Contact Information

Please provide the name and contact information of the individual to contact in regards to this form.

Contact Name: _____

Title: _____

Email Address: _____

Telephone: _____ Fax Number: _____

2. Provider/Applicant Information

Name (exactly as it appears on your license/professional certification)

Provider/Applicant Name: _____

Provider Vermont Medicaid Identification Number: _____

Provider/Group/Institution Name: _____

Provider Specialty (See *Provider Eligibility Requirements*): _____

3. Description of Technology

Please provide a comprehensive description of the technology and equipment that will be used by the provider and patient participating in telemedicine outside a facility (please attach additional pages as necessary):

4. Purposed Services and Codes

Please indicate which of the following service(s) and code(s) by checking the corresponding box that you are seeking approval to receive reimbursement from Vermont Medicaid when provided to beneficiaries outside a healthcare facility via telemedicine:

<u>Service</u>	<u>HCPCS/CPT Code</u>
<input type="checkbox"/> Office or other outpatient visit	CPT Codes 99201-99205; 99211-99215
<input type="checkbox"/> Subsequent nursing facility care services with the limitation of one (1) telehealth visit every 30 days.	CPT Codes 99307-99310
<input type="checkbox"/> Individual and group diabetes self-management training services, with a minimum of one (1) hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training.	HCPCS Codes G0108 and G0109
<input type="checkbox"/> End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT Codes 90951, 90952, 90954, 90955, 90957, 90958, 90960 and 90961
<input type="checkbox"/> Individual and Group medical nutrition therapy	CPT codes 97802–97804
<input type="checkbox"/> Neurobehavioral status examination	CPT code 96116
<input type="checkbox"/> Smoking cessation services	CPT codes 99406 and 99407
<input type="checkbox"/> Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	CPT codes 99408 and 99409
<input type="checkbox"/> Annual alcohol misuse screening, fifteen (15) minutes	HCPCS code G0442
<input type="checkbox"/> Brief face-to-face behavioral counseling for alcohol misuse, fifteen (15) minutes	HCPCS code G0443
<input type="checkbox"/> Annual depression screening, fifteen (15) minutes	HCPCS code G0444
<input type="checkbox"/> High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, thirty (30) minutes	HCPCS code G0445
<input type="checkbox"/> Face-to-face behavioral counseling for obesity, fifteen (15) minutes	HCPCS code G0447
<input type="checkbox"/> Transitional care management services with moderate medical decision complexity (face-to-face visit within fourteen [14] days of discharge)	CPT code 99495
<input type="checkbox"/> Transitional care management services with high medical decision complexity (face-to-face visit within seven [7] days of discharge)	CPT code 99496

5. Declaration & Signature

I have read the contents of this application. I declare under penalty of perjury under the laws of the State of Vermont that the information in this application and any attachments are true, accurate and complete to the best of my knowledge and belief. My signature legally and financially binds this provider to the laws, regulations, and program instructions of the Vermont Medicaid program and state/federal assisted healthcare programs. I declare that I have the authority to legally bind the provider(s) listed or I am the provider on this Application.

If I become aware that any information in this application is not true, correct or complete, I agree to notify DXC Technology of this fact immediately (within 30 days of change) at (802) 878-7871 or (800) 925-1706

<i>Individual Practitioner First Name :</i>	<i>Middle:</i>	<i>Individual Last Name:</i>	<i>Jr., Sr, M.D., D.O. etc.:</i>
<i>Authorized Signature or Practitioner Signature:</i>			<i>Date:</i>
<i>Title of Authorized Signature:</i>			

All signatures must be original and signed in blue ink. Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures are not accepted.

Definitions for Telemedicine Outside a Healthcare Facility

Distant site means a site approved by the Department of Vermont Health Access to provide telemedicine services, at which the licensed consulting provider is located at the time the service is provided via technology-assisted communication.

Originating site means the location of an eligible Vermont Medicaid participant at the time the service being furnished via technology-assisted communication occurs.

Outside a healthcare facility means a community or residential setting.

Protected Health Information or PHI means individually identifiable health information, transmitted or maintained electronically or in any form, as defined in 45 C.F.R. § 160.103.

Security means the protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction.

Technology-assisted communication means multimedia communication equipment permitting two-way, real-time interactive communication between a participant at an originating site and a consulting provider at a distant site.

Telemedicine means the delivery of medically necessary services to a participant at an originating site by a consulting provider, using technology-assisted communication.

Vermont Medicaid means the Department of Vermont Health Access.