**Telemedicine: Basic Information for Re/habilitation Therapists and Assistive Technologists:**

**Update: Telephonic visits during the Covid 19 Emergency: see all comments in red, below.**

**The law:** VT Law now allows any medical provider to bill for telemedicine services provided that the type of service is amenable to telemedicine. Assistive technologists cannot bill Medicaid but can provide telemedicine services when appropriate. Telephone visits using certain codes are also covered during the Covid 19 emergency.

**Platforms:** While it is not a requirement during the covid 19 pandemic, it is recommended that you use an end-to-end HIPAA compliant (encrypted) platform. This will ensure that nefarious individuals do not interfere with your telemedicine session (for example, “zoombombing”). Social media sites and business-type sites are generally NOT HIPAA compliant. There are many options, which offer a full range of capabilities from simple to very complex. Likewise there are a broad range of costs, from free to quite expensive.

VT Medicaid has no preference as to the platform you may choose to use. In our research at the Clinical Unit, we have found that there are many useful platforms, most of which offer a range of products. The more expensive the product, generally the more features it offers. We recommend that you research the platforms and find which product best meets your needs. The attached power point shows the method to access a free site called Doxy.me, which was recommended to us by a current provider. Some other commonly used sites are: Zoom, Vtconnect, Amwell, and Chiron. Remember that right now, platforms are experiencing overload so you may experience some freezing or crashing. Patience and adaptability are an asset at this time!

**Utility:** In discussion with therapists and assistive technologists throughout the state, the consensus was as follows:

It might be most useful for:

* Concerns regarding contagion
* Individuals who are too ill, infectious, or too medically fragile to allow a clinic visit
* Individuals who need confirmation/upgrading of a home program
* Individuals whose behavior/condition affects their ability to allow a clinic visit
* Bad weather situations
* Opportunities to see an individual’s routines during off-hours (for example, bedtime routines, work )
* Opportunities to visualize the individual’s home environment and current equipment
* Telephone visits might be most useful for situations where the member does not have access to telemedicine- for example, has no smartphone, computer, tablet, or laptop, or who has poor connectivity.

It might be less useful or inappropriate, unless contagion is an issue, for:

* Initial evaluations/re-evaluations
* Individuals who require manual therapy techniques or measurements that can not be performed by the family/caregivers
* Individuals who require in-person direct instruction or hands-on guarding and assistance

Most therapists and assistive technologists feel that it would be uncommon for them to work with a member solely by telemedicine, and that it would be more likely to have a mix of in-person and telemedicine visits UNLESS contagion is an issue.

**Preparing to begin telemedicine services:** We recommend that providers practice with other medical professionals before starting to use telemedicine with VT Medicaid members. We also recommend that providers discuss with the members how best to use telemedicine. For example, it is best not to sit with a window or light directly behind the member, to ensure a clear image.

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

**Financials:** For therapists: There is no different fee for a telemedicine or telephone visit as compared to a clinic visit. There may be a benefit in fewer cancellations/no-shows due to circumstances such as weather, illness, contagion concerns, or lack of transportation.

**Coding: Use the same therapy CPT or revenue codes that you would use for an in-person visit. Do not use codes that are listed in the State documents cited below but are not codes you typically bill: these are opened for other medical disciplines but may not be clearly labeled as such in those documents. Certain codes may be missing from the current list but may be phased in as the covid 19 response evolves.**

**Billing:** For therapists:

**Telemedicine:** If you bill with a HCFA 1500 form, use the usual procedure codes but use the place of service 02 on your claims. If you use the UB04, use the GT modifier with your billing codes. If there are any problems, please let me know.

**Telephone**: For those who bill with HCFA 1500 forms (including private practitioners, hospital outpatient clinics), use a V3 modifier with your procedure code.

For those who bill with the UB 04 forms (home health agencies), do not use the V3 modifier with your revenue code.

Place of service for telephone visits is “99”.

**Telemedicine Information:**

* Department of Vermont Health Access TeleHealth Page:  
  <http://dvha.vermont.gov/telehealth>
* Department of Vermont Health Access TeleHealth Brochure:  
   <http://dvha.vermont.gov/telehealth-handout-10-12-18-ekc-edits.pdf>
* TeleHealth Medicaid Rule (HCAR 3.101)  
  <http://humanservices.vermont.gov/on-line-rules/health-care-administrative-rules-hcar/3.101-telehealth-rule-adopted-rule.pdf>
* Medicaid Banner – Type ‘Telehealth’ in the ‘Topic’ Section for Related Info  
  [http://vtmedicaid.com/#/bannerMain](http://vtmedicaid.com/)

**Telephone Information:** <https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Memo%20Provider%20Guidance%20in%20Response%20to%20COVID-19%20Chart%20Services%20Updated%2004.09.20.pdf>