Vermont Medicaid: Health Care Service Delivery through Telemedicine and Audio-Only Modalities During the COVID-19 Public Health Emergency

Data Requested by the House Committee on Health Care
Submitted by DVHA on February 3, 2021

VERMONT
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Vermont Medicaid Data for Telemedicine, Audio-Only Telehealth, and Brief Communication Technology-Based Services

Month*,**	Telemedicine[1]	Audio-Only[2]	Brief Communication[3]
March of 2020	19,080	4,847	322
April of 2020	58,177	15,860	637
May of 2020	53,461	11,642	403
June of 2020	45,459	9,899	326
July of 2020	41,378	8,830	316
August of 2020	36,950	7,083	286
September of 2020	38,307	7,248	266

By contrast, from January 2019 to February 2020, the highest total number of telemedicine services per month was just over 1,700 per month (January of 2020).**

*Based on claims submitted for dates of service through December 2020. **Service counts change as more claims are submitted, claims are adjusted, etc.

[1] Two-way, real-time, audio and video (visual) interactive communication.

[2] Audio-only is also referred to telephonic; temporary coverage and reimbursement parity for medically necessary and clinically appropriate specific services furnished by audio-only became effective for dates of service on/after March 13, 2020.

[3] Brief communication technology-based services, commonly referred to as the 'triage codes,' include G0071, G2012 ('virtual check-in'), & G2010 ('remote evaluation of recorded video/images', i.e., patient to provider store and forward). These services are not considered telehealth by CMS/Medicare and so are not on the CMS list of telehealth services.

Medicare: CY2021 Payment Policies Under the Physician Fee Schedule, Telehealth and Other Services Involving Communications Technology

- CMS Final Rule published 12/28/2020; Effective January 1, 2021:

  "Some commenters stated that if CMS continues payment for the audio-only E/M visits, these should continue to be paid at rates commensurate to the level 2-4 established patient office visits, consistent with how these services have been paid during the PHE for COVID-19. Other commenters disagreed, stating that outside the circumstances of the PHE for COVID-19, these services should not have the same payment rate as in-person services."

  CMS Response: "After the end of the PHE, there will be no separate payment for the audio-only E/M visit codes. At the conclusion of the PHE, we will assign a status of 'bundled' and post the RUC-recommended RVUs for these codes in accordance with our usual practice."

- CMS indicated that during the COVID-19 public health emergency, the best way "**to recognize the relative resource costs of these kinds of services and make payment for them**" was under the Physician Fee Schedule.