



State of Vermont  
Agency of Human Services  
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Waterbury, VT 05671-1000

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# Global Commitment Register

July 2, 2020

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GCR 20-075  
FINAL

## **Provider to Provider Store and Forward Coverage Expansion: Interprofessional Consultations**

### **Policy Summary:**

During the State of Emergency produced by COVID-19, Vermont Medicaid began providing coverage and reimbursement for patient to provider brief virtual communication services inclusive of the remote evaluation of a recorded video/image by a provider when initiated by the patient (i.e., patient to provider store and forward, HCPCS G2010). Effective July 1, 2020, Vermont Medicaid continues to provide coverage and reimbursement for HCPCS G2010 in addition to providing new coverage and reimbursement for interprofessional consultations when performed through store and forward technology (i.e., provider to provider store and forward, CPT codes 99451 & 99452). This new coverage expansion will provide reimbursement for interprofessional consultations between a consultative physician/dentist (CPT code 99451) and a treating/requesting physician or other qualified health care professional (CPT code 99452) when performed through an asynchronous telecommunications system. Thus, CPT codes 99451 & 99452 will require the addition of the telehealth modifier GQ (i.e. “through an asynchronous telecommunications system”) in addition to the appropriate CPT code for performed interprofessional consultation services.

This coverage expansion is intended to:

- increase access to specialists;
- result in more patients being treated, when appropriate, in the primary care setting;
- provide additional support for primary care providers, including education, through the consultative physician/dentist’s written treatment recommendation that is submitted back to the treating/requesting physician or other qualified health professional.

For the above codes to be considered for reimbursement, the following documentation requirements must be met:

- A request for consult must be made by the treating/requesting physician or other qualified health care professional;
- The request for consult must be documented in the patient’s medical record;
- The consultative physician/dentist’s treatment recommendation must be communicated to the treating/requesting physician or other qualified health care professional, inclusive of a written report;

- The consultative physician/dentist's treatment recommendation must be documented in the patient's medical record;
- The interprofessional consultations must be performed through an asynchronous telecommunications system and claims submitted for performed interprofessional consultation services must include the GQ modifier and Place of Service (POS) 02 – Telehealth.

Finally, Vermont Medicaid is terminating the previous store and forward coverage which limited provider specialties to teleophthalmology and teledermatology and use of CPT codes 99201-99203 & 99211-99213 with the GQ modifier.

**Effective Date:**

July 1, 2020

**Authority/Legal Basis:**

[Medicaid State Plan](#)

[COVID-19 Public Health Emergency](#)

**Population Affected:**

All Medicaid

**Fiscal Impact:**

Budget Neutral

**Public Comment Period:**

The public comment period ended July 2, 2020. [Comment received](#) and [responsiveness summary](#) can be viewed at these links.

To be added to the GCR email list, send an email to [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov).