2025

VERMONT

TELEHEALTH SERVICES

Before and During the COVID-19 Public Health Emergency

Vermont Program for Quality in Health Care, Inc.
Policy Integrity, LLC

Contents

Executive Summary

During the COVID-19 Public Health Emergency (PHE), telehealth became an essential tool for providers and patients to minimize the spread of COVID-19 and support continuity of care.

Under 18 VSA § 9416, and in alignment with Act 6 of 2021, the Vermont Department of Health contracted with VPQHC and Policy Integrity, LLC to examine Vermont population-level telehealth trends based on claims data.

The 2024 Telehealth Utilization Report[1] included data for 2018-2022; it was presented to the State Legislature in February and March 2024. The findings were used in the drafting and passage of Act 108 of 2024, which requires health insurance plans to reimburse health care providers the same amounts for the same services, regardless of whether the services were provided through an in-person visit or by audio-only telephone.[2]

This year's report includes years of service 2019-2023.

Key findings:

- Telehealth services appear to have primarily been used as a substitute for in-person services.
- Use of telehealth services varied by patient age, patient sex, diagnosis category, provider specialty, and payer.
- Mental health services accounted for over 80% of all telehealth services during the PHE. Only 4.9% of these services were audio-only.
- During the PHE, over 90% of Vermonters' telehealth services were received from providers practicing in Vermont, New Hampshire, and Massachusetts. Vermont's share rose dramatically compared to the period prior to the PHE (48% in 2019 vs. 82% in 2020-2023).
- In 2023, about two-thirds of *audio-visual* telehealth services were provided by mental health and behavioral health specialists. In contrast, *audio-only* services were more often provided by primary care and other providers.

[1] Vermont Program for Quality in Health Care. (2024). *2024 telehealth utilization report*. https://www.vpqhc.org/2024-telehealth-utilization-report

[2] Vermont Legislature. (2024). *Act 108 as enacted: An act relating to reimbursement parity for health care services delivered in person, by telemedicine, and by audio-only telephone and extending time for flood abatement reimbursement* (No. 108). https://legislature.vermont.gov/Documents/2024/Docs/ACTS/ACT108/ACT108%20As%20Enacted.pdf

Introduction and Background

This report examines population-level trends in telehealth use in Vermont before, during, and just after the COVID-19 Public Health Emergency (PHE), which ended on May 11, 2023, and focuses on audio-only services in Vermont during calendar year 2023.[3]

According to the federal Department of Health and Human Services[4]:

"Telehealth - sometimes called telemedicine - lets you see your health care provider without going to their office. You can have a telehealth visit online using your computer, tablet, or smartphone. Telehealth care allows you to:

- Talk with your health care provider on the phone or using video.
- Send messages with your health care provider safely.
- Track your health care using technology so you can share information like your blood pressure with your provider."

In this report, the term *telehealth* is used to describe both audio-visual (using a camera and screen) and audio-only (using a telephone).

During the onset of the pandemic, telehealth expanded significantly, and payers, such as the Centers for Medicare & Medicaid Services, paid for nearly all services provided through virtual care in the same manner as they reimbursed in-person services.[5,6]

Under 18 VSA § 9416, the Vermont Department of Health (VDH) contracted with the Vermont Program for Quality in Health Care, Inc. (VPQHC) and Policy Integrity, LLC to produce a report outlining population-level trends in telehealth use in Vermont, utilizing the Vermont Healthcare Uniform Reporting & Evaluation System (VHCURES).[7] In alignment with Act 6 of 2021, VDH also contracted with VPQHC to track and stay current on the research related to healthcare quality, and audio-only telehealth.[8]

In May 2025, VPQHC received permission for VDH to redisclose VHCURES data under their data use agreement with the Green Mountain Care Board (GMCB). The research aim is to generate a descriptive overview of telehealth and how it has changed over time in Vermont. VPQHC maintains a reference listing of audio-only telemedicine and clinical quality research on its website.[9]

[3] Centers for Disease Control and Prevention. (2023, September 12). *End of the federal COVID-19 public health emergency (PHE) declaration*. https://archive.cdc.gov/www_cdc_gov/coronavirus/2019-ncov/your-health/end-of-phe.html
[4] U.S. Department of Health and Human Services. (2025, July 29). *Why use telehealth?* https://telehealth.hhs.gov/patients/understanding-telehealth
[5] Text - H.R.748 - 116th Congress (2019 to 2020) - CARES Act Congress.gov. https://www.congress.gov/bill/116th-congress/house-bill/748/text.
[6] U.S. Centers for Medicare & Medicaid Services. Coronavirus Waivers & Flexibilities. NEW—Waivers & Flexibilities for Health Care Providers. U.S. Centers for Medicare & Medicaid Services. https://www.cms.gov/coronavirus-waivers.
[7] Appendix 1 contains a description of the VHCURES dataset.
[8] Vermont Program for Quality in Health Care. (2024, June). *Vermont audio-only telemedicine & clinical quality tracking sheet*. https://www.vpqhc.org/vermont-audio-only-telemedicine-clinical-quality-tracking-sheet
[9] Vermont Program for Quality in Health Care, Inc., https://www.vpqhc.org/vermont-audio-only-telemedicine-clinical-quality-tracking-sheet.

Methodology

Data Source

The data used in the creation of this report come from VHCURES, which is managed by the GMCB and contains claim and eligibility information for Vermont resident Medicare and Medicaid beneficiaries and for most Vermonters covered by private insurance. VHCURES only includes services that have generated a paid claim or were covered under a capitation agreement. Forms of communication that can be included in telehealth, such as certain uses of gateways like MyChart, are not included in this report. For additional information on methodological details and VHCURES, see Appendices 1 and 2.

Telehealth Claims

Audio-visual and audio-only telehealth claims were identified by procedure codes, procedure code modifiers, and place of service codes. See Appendix 2 for additional methodological details. Values associated with telehealth changed frequently over the last five years, particularly what services are covered (procedure codes). Multiple iterations of coding rules and systems were necessary to ultimately land on the core shared elements that were consistent across payers for coding, tracking, and analyzing telehealth claims. During that time, Department of Financial Regulation (DFR) promulgated two rules (see Appendix 5) that address coverage and coding for audio-only claims.

Development of an analytic approach requires a balance between specificity (e.g., time-period- and payer-specific identification of claims) and simplicity. For this report, identification was based on procedure code modifier and place of service. The code list may be found in Appendix 2. While the requirements for these differ among payers, they have been much more stable over time than procedure code lists. Requirements were identified in each payer's provider policy documents (see Appendix 5). This analysis is limited to paid professional service claims[10] and claims that fall under a capitation agreement.

Telehealth services were selected based either on their place of service (telehealth provided outside the patient's home, in the patient's home, or in another location) or their modifier (synchronous telemedicine delivered via audio only, via audio and video, or mental health telehealth delivered via audio).

Due to variations in rules across private payers, the analysis of private payer claims was limited to Vermont's three largest insurers: BlueCross BlueShield of Vermont (BCBSVT, including The Vermont Health Plan [TVHP]), Cigna Healthcare (Cigna), and MVP.
These three insurers represent over 80% of services paid for by private payers. For comparative purposes, Table 1 includes all professional services paid for by Medicare, Medicaid, BCBSVT, Cigna, and MVP. Telehealth services were identified in this table, using the criteria above. All date-based reporting is done by first date of service.

[10] The medical claim payment system defines two major types of services: 1) professional, services delivered by an individual such as a physician; and 2) facility, services delivered by a hospital, nursing home, or other organization.

Time Period

Tables that present time series data include services that were provided during the years 2019 through 2023. Tables that focus on distributions are based on 2023 because this is the most current year of service for which data are sufficiently complete for analysis.

Another important factor is that during the PHE, states were required to maintain enrollment of nearly all Medicaid enrollees. Thus, some of the increase in Medicaid services is the result of increased enrollment.

Statistics Used

Data are presented two ways – as counts and as rates.

- **Counts** are more informative when looking at the direct impact of telehealth.
- **Rates**[11] are more useful when comparing the experiences of different populations, especially when the populations differ in size.

For example, patients aged 30-34 used over 24 times as many telehealth services in 2023 as patients aged 85-89 (78,063 vs. 3,155 services). However, because there are far fewer people in the older age group, the rate at which people aged 30-34 use telehealth services (3,175.4/ 1,000) is only about seven times the rate of use by people aged 85-89 (452.7/ 1,000).

[11] Denominators for rates of services per 1,000 covered lives are published in Appendix 3.

Results

Professional Services: In-Person and Telehealth

Table 1 summarizes all professional services paid for by Medicare, Medicaid, and three private payers. Things of note include:

- A small number of telehealth services were provided to Vermonters in the years before the PHE.
- The total number of professional services, including both in-person and telehealth, dropped sharply in 2020, and returned to a level comparable to the pre-PHE period in 2021.
- Telehealth services in the period 2020-2023 represented about 11% of all services.
- During 2020-2023, audio-only services represented about 6% of telehealth services and about 0.6% of all services.
- The use of telehealth services during 2020-2023 varied somewhat among the private payers and Medicaid, typically between 10% and 15%of all professional services. Use by Medicare beneficiaries was substantially lower approximately 5%.

Table 1. Professional Services by Payer, Modality, and Year, VT, 2019-2023, Counts and % Audio-Only

Payer	Service Type	Year 2019	2020	2021	2022	2023
Blue Cross Blue Shield	Audio-Only	*	1,482	1,334	7,910	5,362
	Audio-Visual	4,137	348,428	344,484	240,324	212,479
	In-Person	2,278,520	1,549,345	1,741,901	1,548,906	1,567,881
	Total		1,899,255	2,087,719	1,797,140	1,785,722
	Percent Audio-Only		*0.1%*	*0.1%*	*0.4%*	*0.3%*
Cigna	Audio-Only	*	225	298	150	94
	Audio-Visual	60	16,683	16,554	13,236	13,089
	In-Person	120,697	123,587	142,330	144,871	144,535
	Total		140,495	159,182	158,257	157,718
	Percent Audio-Only		*0.2%*	*0.2%*	*0.1%*	*0.1%*
Medicaid	Audio-Only	*	39,126	29,076	25,794	17,169
	Audio-Visual	8,591	332,806	375,146	310,545	272,334
	In-Person	3,230,022	2,307,573	2,611,965	2,580,980	2,591,736
	Total		2,679,505	3,016,187	2,917,319	2,881,239
	Percent Audio-Only		*1.5%*	*1.0%*	*0.9%*	*0.6%*
Medicare	Audio-Only	*	37,539	15,400	9,941	7,719
	Audio-Visual	6,706	172,461	148,015	107,400	88,665
	In-Person	2,934,886	2,447,935	2,745,596	2,484,768	2,581,251
	Total		2,657,935	2,909,011	2,602,109	2,677,635
	Percent Audio-Only		*1.4%*	*0.5%*	*0.4%*	*0.3%*
MVP	Audio-Only	*	1,884	1,030	2,405	1,772
	Audio-Visual	595	66,707	72,501	54,252	37,411
	In-Person	407,416	408,791	501,028	519,863	456,213
	Total		477,382	574,559	576,520	495,396
	Percent Audio-Only		*0.4%*	*0.2%*	*0.4%*	*0.4%*
Payer Total	Audio-Only	*	80,256	47,138	46,200	32,116
	Audio-Visual	20,089	937,085	956,700	725,757	623,978
	In-Person	8,971,541	6,837,231	7,742,820	7,279,388	7,341,616
	Total		7,854,572	8,746,658	8,051,345	7,997,710
	Percent Audio-Only		*1.0%*	*0.5%*	*0.6%*	*0.4%*

* Place of service and modifier codes to identify audio-only services were not used consistently until 2020. Therefore, the number of audio-only services in 2019 cannot be calculated reliably.

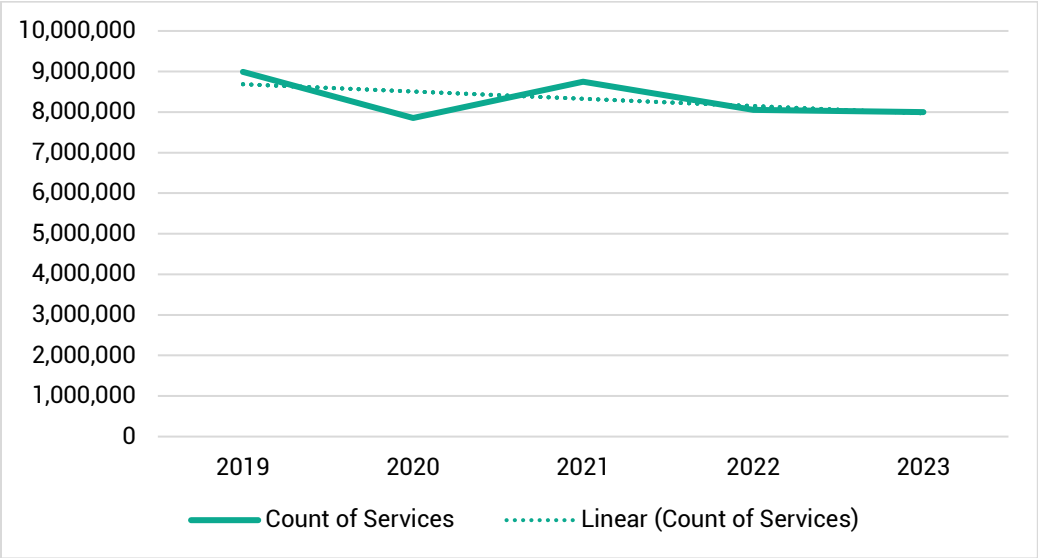
Looking at the same data through a rate lens (see Table 2), overall use of professional services by those covered by Medicare and Medicaid was higher than use by those with private coverage. However, audio-visual telehealth use shows a different pattern, with those covered by BCBSVT and Medicaid having the highest use rates. Audio-only use rates were lowest for BCBSVT and MVP.

Table 2. Professional Services by Payer, Modality, and Year, VT, 2020-2023, Rates per 1,000 Covered Lives

		Year			
Payer	**Service Type**	**2020**	**2021**	**2022**	**2023**
Blue Cross Blue Shield	Audio-Only	11.4	10.8	72.2	50.3
	Audio-Visual	2,673.0	2,795.6	2,194.3	1,992.2
	In-Person	11,885.8	14,136.0	14,142.6	14,700.3
	Total	14,570.1	16,942.4	16,409.1	16,742.8
Cigna	Audio-Only	19.4	26.7	13.9	9.1
	Audio-Visual	1,440.8	1,481.7	1,226.5	1,271.7
	In-Person	10,673.1	12,739.4	13,424.5	14,042.9
	Total	12,133.3	14,247.8	14,665.0	15,323.7
Medicaid	Audio-Only	285.2	191.2	162.0	109.5
	Audio-Visual	2,425.7	2,466.4	1,950.3	1,736.9
	In-Person	16,818.9	17,172.1	16,208.9	16,529.4
	Total	19,529.7	19,829.6	18,321.1	18,375.7
Medicare	Audio-Only	303.2	128.6	89.7	69.0
	Audio-Visual	1,392.9	1,236.5	969.1	793.1
	In-Person	19,770.8	22,936.2	22,419.7	23,089.7
	Total	21,466.8	24,301.4	23,478.5	23,951.8
MVP	Audio-Only	43.8	23.5	57.0	51.1
	Audio-Visual	1,552.5	1,657.0	1,286.6	1,078.8
	In-Person	9,514.0	11,450.9	12,328.7	13,155.1
	Total	11,110.4	13,131.4	13,672.4	14,285.0
Payer Total	Audio-Only	179.2	104.3	106.3	76.1
	Audio-Visual	2,092.0	2,116.7	1,670.1	1,477.8
	In-Person	15,263.8	17,130.8	16,751.1	17,387.3
	Total	17,535.0	19,351.7	18,527.4	18,941.2

Figure 1 presents total professional services paid for by the five payers included in this report, by year. There is a fairly large drop in 2020, the first year of the pandemic, followed by a rebound and a continuation of the general decline. There are several factors that could contribute to the decline (shown by the linear trendline), including changes in the market share of the payers included in the report or the number of people included in VHCURES.

Figure 1. Total Professional Services by Year, Vermont, 2019-2023



Looking at the same statistic by individual payer, we can see a similar pattern for the three largest payers (Medicaid, Medicare, and Blue Cross) but a steady increase in the other two private payers, MVP and Cigna. (See Figure 2.)

Figure 2. Total Professional Services by Payer and Year, Vermont, 2019-2023

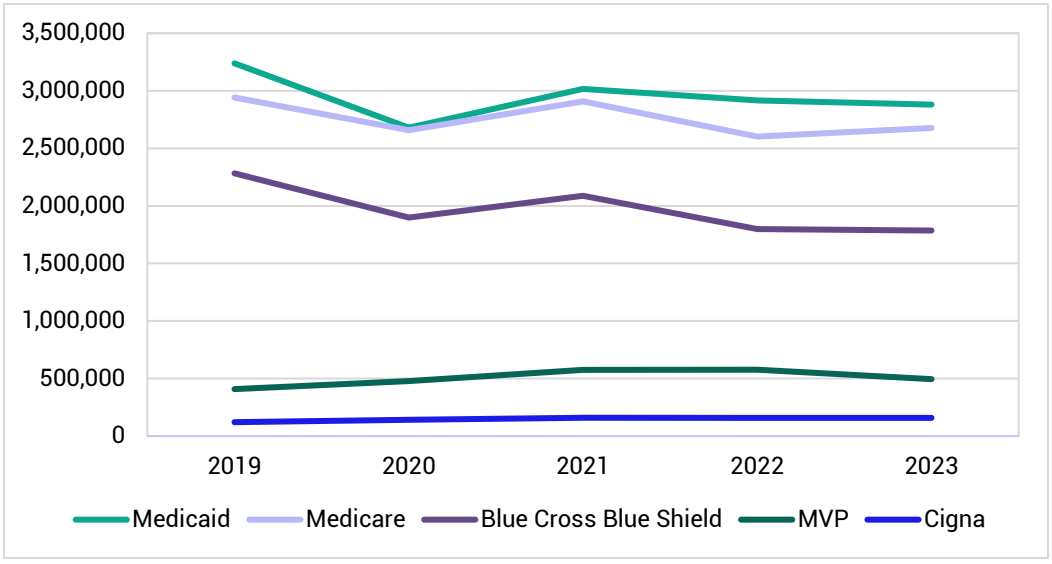
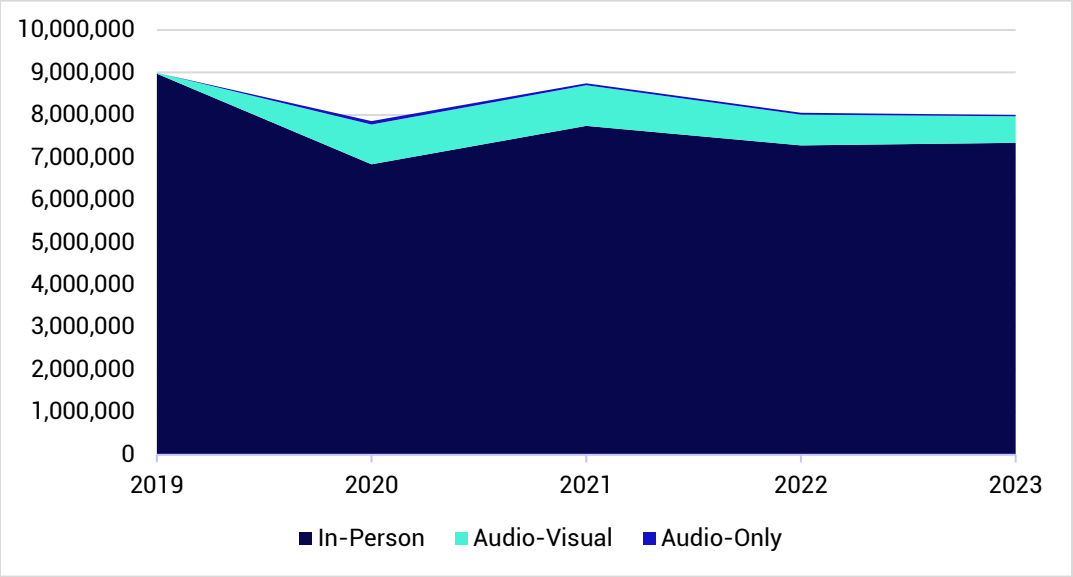


Figure 3 shows all professional services by treatment modality (in-person, audio-only telehealth, audio-visual telehealth) for the years 2018-2022. As can be seen, there is a very slight declining trend in the use of professional services, with a more significant short-term drop in 2020, the first year of the PHE. Telehealth services appear to have primarily been used as a substitute for in-person services. Audio-only services represented a very small proportion of total services.

Figure 3. Professional Services by Modality and Year, Vermont, 2019-2023



Telehealth Services

Table 3 shows that the use of telehealth services varied substantially by age of patient, with those ages 25-39 accounting for about one-third of all services and those ages 15-64 accounting for over three-quarters. Older seniors used telehealth at lower rates than younger seniors. These findings may be in part due to the proportion of the general population represented by each age group.

In 2023, about twice as many telehealth services were provided to females as were provided to males. This pattern was seen across all but the youngest and oldest age groups. Figure 3 shows how this pattern persists after accounting for the population size of each sex and age group.

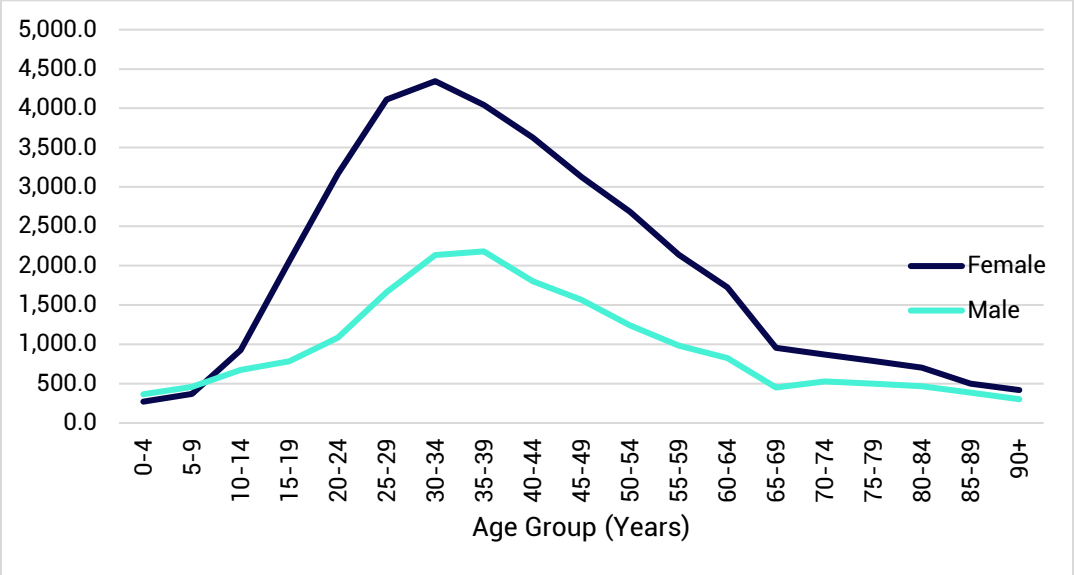
Table 3. Telehealth Services by Patient Age and Sex[12], VT, 2023, Counts and Rates per 1,000 Covered Lives

	Count of Services			Services per 1,000 Members		
Age Group (Years)	Female	Male	Total	Female	Male	Total
0-4	2,624	3,758	6,382	271.0	363.7	318.9
5-9	4,200	5,513	9,713	369.5	458.7	415.4
10-14	10,996	8,676	19,672	924.7	675.6	795.4
15-19	25,321	10,139	35,460	2056.6	782.7	1403.5
20-24	35,657	11,811	47,468	3169.8	1083.9	2143.4
25-29	47,784	15,857	63,641	4112.6	1661.8	3007.5
30-34	57,460	24,087	81,547	4345.1	2134.8	3327.5
35-39	53,101	24,962	78,063	4041.5	2181.0	3175.4
40-44	45,481	20,172	65,653	3625.7	1802.0	2765.7
45-49	34,415	15,817	50,232	3128.6	1563.3	2378.6
50-54	32,321	14,082	46,403	2682.7	1238.3	1981.3
55-59	28,361	11,985	40,346	2140.1	984.2	1586.6
60-64	27,566	11,849	39,415	1723.6	825.3	1298.7
65-69	17,634	8,100	25,734	956.2	451.8	707.6
70-74	12,904	7,538	20,442	870.3	526.7	701.6
75-79	8,462	4,907	13,369	787.5	497.6	648.7
80-84	4,819	2,643	7,462	702.0	467.5	596.1
85-89	2,070	1,085	3,155	498.7	384.9	452.7
90+	1,313	435	1,748	418.4	301.7	381.7
Total*	452,489	203,416	655,905	2080.5	1004.3	1561.6

*Total excludes 189 services with unreported sex.

[12] This report analyzes sex assigned at birth (Male/Female), rather than self-reported gender (Female/Male/Transgender/Different Term) due to how VHCURES data are collected. For more information about this distinction, please refer to the 2023 OMB Report on SOGI Data for Federal Statistical Surveys https://bidenwhitehouse.archives.gov/wp-content/uploads/2023/01/SOGI-Best-Practices.pdf

Figure 4. Telehealth Services by Age and Sex, Vermont, 2023, Rates per 1,000 Covered Lives



Diagnostic Categories: Mental Health and Physical Health

Each service included in VHCURES includes a diagnosis. Diagnoses are coded using an international standard called ICD-10-CM[13]. Each diagnosis consists of a letter, followed by two digits, a period, and up to three more digits. The initial letter identifies broad categories of disease such as neoplasms (cancers) and diseases of the respiratory system. Appendix 4 contains a table of diagnostic category codes and definitions.

The frequency of Category F (Mental, Behavioral and Neurodevelopmental disorders, hereafter referred to as "mental health diagnoses") accounted for over 80% of all telehealth services during the 2020-2023 period. This pattern appears in both sexes, as seen in Table 4.

When comparing quantities of service use, typical annual frequency of use by individuals should be taken into account. For example, mental health services are often provided on a recurring basis (e.g., weekly) while other types of service may happen far less often throughout the year.

[13] International Classification of Diseases, Clinical Modification, 10th revision, https://www.cdc.gov/nchs/icd/icd-10-cm.htm.

Table 4. Telehealth Services by Diagnostic Category and Modality, VT, 2023, Counts, % of Total, and % Audio-Only

Category	Description	Audio-Only	Audio-Visual	% of Total Audio-Only Services	% of Total Audio-Visual Services	% Audio-Only Services in Category
A	Infectious Diseases	66	831	0.2%	0.1%	7.4%
B	Infectious Diseases	63	929	0.2%	0.1%	6.4%
C	Neoplasms	929	3,893	2.9%	0.6%	19.3%
D	In situ Neoplasms and Blood Diseases	396	1,963	1.2%	0.3%	16.8%
E	Metabolic Diseases	661	8,552	2.1%	1.4%	7.2%
F	Mental Disorders	20,824	533,068	64.8%	85.4%	3.8%
G	Nervous System Diseases	751	11,302	2.3%	1.8%	6.2%
H	Diseases of Eye and Ear	77	1,064	0.2%	0.2%	6.7%
I	Circulatory System Diseases	972	3,336	3.0%	0.5%	22.6%
J	Respiratory System Diseases	376	4,157	1.2%	0.7%	8.3%
K	Digestive System Diseases	448	4,098	1.4%	0.7%	9.9%
L	Diseases of Skin	214	3,022	0.7%	0.5%	6.6%
M	Musculoskeletal Diseases	2,016	10,483	6.3%	1.7%	16.1%
N	Genitourinary Diseases	946	3,894	2.9%	0.6%	19.5%
O	Diseases of Pregnancy and Childbirth	35	403	0.1%	0.1%	8.0%
Q	Congenital Malformations and Chromosomal Abnormalities	47	525	0.1%	0.1%	8.2%
R	Signs and Symptoms	1,326	12,878	4.1%	2.1%	9.3%
S	Injury and Poisoning	230	865	0.7%	0.1%	21.0%
T	Injury and Poisoning	36	386	0.1%	0.1%	8.5%
U	Special Purpose	391	2,478	1.2%	0.4%	13.6%
P,V,Y	All Other	*	93	*	0.0%	*
Z	Health Status Factors	1,311	15,756	4.1%	2.5%	7.7%
Total**		32,115	624,069			

* Counts or percentages based on fewer than 11 services are suppressed.

**Audio-Only Total excludes cells with fewer than 11 services.

The pattern of telehealth use is quite different between mental health diagnoses and all other diagnoses when we look at age. (See Table 5, Table 6, and Figure 5.) Services with a mental health diagnosis account for over 90% of all telehealth use in ages 10-34, declining as age increases. The portion of all telehealth services that are audio-only is age-dependent, rising from 2% for ages 0-4 to 16% for ages 85-89. One possible explanation for this is the difference in availability of a device that supports audio-visual communications.

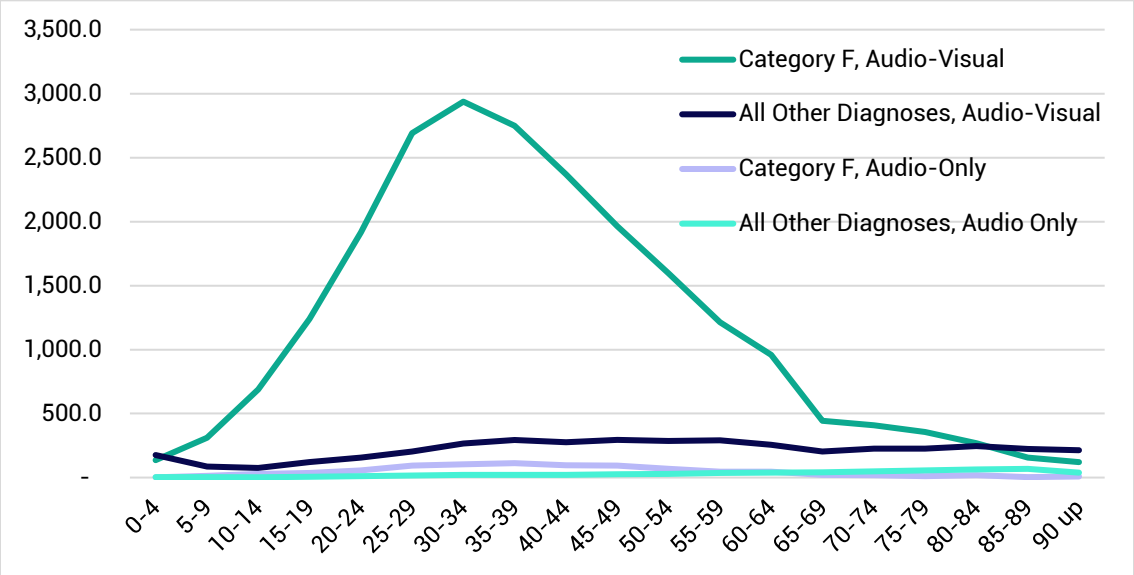
Table 5. Telehealth Services by Patient Age, Diagnostic Category, and Modality, VT, 2023, Counts, % Mental Health, and % Audio-Only

	Mental Health Diagnoses		All Other Diagnoses			
Age (Years)	Audio-Only	Audio-Visual	Audio Only	Audio-Visual	Percent Mental Health	Percent Audio-Only
0 - 4	38	2,751	62	3,531	43.7%	1.6%
5 - 9	334	7,290	78	2,011	78.5%	4.2%
10 - 14	733	17,021	61	1,860	90.2%	4.0%
15 - 19	927	31,328	157	3,051	91.0%	3.1%
20 - 24	1,263	42,488	251	3,466	92.2%	3.2%
25 - 29	1,996	57,004	356	4,304	92.7%	3.7%
30 - 34	2,571	72,035	534	6,505	91.4%	3.8%
35 - 39	2,771	67,641	489	7,219	90.1%	4.2%
40 - 44	2,293	56,276	503	6,585	89.2%	4.3%
45 - 49	1,961	41,507	547	6,222	86.5%	5.0%
50 - 54	1,622	37,371	682	6,728	84.0%	5.0%
55 - 59	1,180	30,869	898	7,399	79.4%	5.2%
60 - 64	1,367	29,136	1,172	7,740	77.4%	6.4%
65 - 69	757	16,123	1,466	7,388	65.6%	8.6%
70 - 74	522	11,874	1,424	6,622	60.6%	9.5%
75 - 79	204	7,336	1,165	4,664	56.4%	10.2%
80 - 84	220	3,372	795	3,075	48.1%	13.6%
85 - 89	28	1,093	475	1,559	35.5%	15.9%
90 +	37	553	177	981	33.8%	12.2%
Total	20,824	533,068	11,292	90,910	84.4%	4.9%

Table 6. Telehealth Services by Patient Age, Diagnostic Category, and Modality, VT, 2023, Rates per 1,000 Covered Lives

	Mental Health Diagnoses		All Other Diagnoses	
Age (Years)	Audio-Only	Audio-Visual	Audio Only	Audio-Visual
0-4	1.9	137.3	3.1	176.2
5-9	14.3	311.7	3.3	86.0
10-14	29.6	688.0	2.5	75.2
15-19	36.7	1,239.3	6.2	120.7
20-24	57.0	1,916.6	11.3	156.4
25-29	94.2	2,691.2	16.8	203.2
30-34	104.8	2,937.4	21.8	265.3
35-39	112.6	2,749.4	19.9	293.4
40-44	96.6	2,369.6	21.2	277.3
45-49	92.8	1,964.5	25.9	294.5
50-54	69.2	1,595.3	29.1	287.2
55-59	46.4	1,213.8	35.3	290.9
60-64	45.0	959.9	38.6	255.0
65-69	20.8	443.3	40.3	203.1
70-74	17.9	407.5	48.9	227.3
75-79	9.9	356.0	56.5	226.3
80-84	17.6	269.4	63.5	245.6
85-89	4.0	156.8	68.1	223.7
90 up	8.1	120.7	38.6	214.2
Total	49.6	1,268.6	26.9	216.4

Figure 5. Telehealth Services by Modality, Age, and Diagnostic Category, Vermont, 2023, Rates per 1,000 Covered Lives



The total number of healthcare services provided to a population depends on two factors: the proportion of people who use the service and how often they access it. For example, the two diagnostic categories associated with the largest number of services in 2023 can be compared:

Category F - Mental, Behavioral and Neurodevelopmental disorders
Category M - Diseases of the musculoskeletal system and connective tissue

In 2023, 417,091 people were insured by the five main payers and included in VHCURES. Approximately 375,000 of these individuals received one or more professional service.

To demonstrate the two factors of total service counts – and to better understand why such a high proportion of all telehealth services are related to mental health diagnoses – the following results compare these two categories. Category M (hereafter referred to as "musculoskeletal diagnoses") was chosen as a comparison for Category F (here after referred to as "mental health diagnoses") because it is the category with the second highest number of services after mental health diagnoses and it typically involves more "hands-on" care.

Table 7. Selected Diagnostic Categories by Modality, VT, 2023, Number of Patients and Services

	In-Person		Audio-Only		Audio-Visual		Total	
Diagnostic Category	Distinct Patients	Services	Distinct Patients	Services	Distinct Patients	Services	Distinct Patients	Services
F – Mental Health	130,972	1,233,963	4,740	20,824	57,519	533,068	193,231	1,787,855
M - Musculoskeletal	222,126	1,078,647	1,770	2,016	6,574	10,483	230,470	1,091,146

Table 8. Selected Diagnostic Categories by Modality, VT, 2023, Services per Patient

Diagnostic Category	In-Person	Audio-Only	Audio-Visual	Total
F – Mental Health	9.4	4.4	9.3	9.3
M - Musculoskeletal	4.9	1.1	1.6	4.7

Table 7 shows that the number of distinct patients served in person in each diagnostic category is similar, but very few services are provided via telehealth for musculoskeletal diagnoses.

In Table 8, the annual services per patient related to mental health diagnoses are quite similar for in-person and audio-visual modalities. In contrast, for musculoskeletal diagnoses, the number of in-person services per patient is about three times higher than the number of audio-visual services per patient.

For nearly every diagnostic category other than mental health diagnoses, 95% or more of total services were in person. For mental health diagnoses, 65% of total services were in person.

The mental health diagnosis category includes a wide range of specific diagnoses. Table 9 shows distributions at a more detailed level.

Table 9. Mental Health Telehealth Services by Subcategory and Modality, VT, 2023, Counts and % of Total

Subcategory	Description	Audio-Only	Audio-Visual	Audio-Only	Audio-Visual
F01-F09	Mental disorders due to known physiological conditions	16	921	0.1%	0.2%
F10-F19	Mental and behavioral disorders due to psychoactive substance use	4,159	60,114	20.0%	11.3%
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	324	5,272	1.6%	1.0%
F30-F39	Mood [affective] disorders	3,729	104,188	17.9%	19.5%
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	10,773	317,097	51.7%	59.5%
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors	120	7,553	0.6%	1.4%
F60-F69	Disorders of adult personality and behavior	436	8,393	2.1%	1.6%
F70-F79	Intellectual disabilities	44	867	0.2%	0.2%
F80-F89	Pervasive and specific developmental disorders	322	7,032	1.5%	1.3%
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	901	21,571	4.3%	4.0%
F99	Other / Unknown	*	60	*	0.0%
	Total**	20,824	533,068		

* Counts or percentages based on fewer than 11 services are suppressed.

**Audio-Only Total excludes Other/Unknown.

Telehealth: Provider Location (State)

As shown above, the use of telehealth increased substantially during the PHE. Table 10 shows that, prior to the PHE, about half of telehealth encounters were with providers located outside the Vermont - New Hampshire - Massachusetts region, where about 84% of Vermonters' in-person services are delivered. During the PHE, over 90% of telehealth services were provided by providers located in the three-state area, with Vermont's share increasing from 48% in 2019 to 82% between 2020 and 2023.

There are two ways to examine the geography of telehealth use: by looking at service counts (Table 10 and Figure 6), and by looking at provider share (Table 11 and Figure 7).

Table 10 shows a sharp increase in service counts in 2020, which is consistent with previous results. Over this same period, the share of services provided by out-of-state professionals declined from 52% in 2019 to 19% in 2023, while services provided by Vermont-based providers increased to 81%. This likely reflects patients' continuing to see their local providers but doing so through telehealth rather than in person.

Table 10. Telehealth Services by Provider State and Year, 2019-2023, Counts

Provider State	Year				
	2019	2020	2021	2022	2023
Vermont	9,578	831,376	832,009	635,316	531,968
New Hampshire	1,705	53,605	50,913	45,177	40,789
Massachusetts	629	32,343	26,282	16,960	15,545
New York	2,801	14,402	16,548	15,357	11,317
Missing	452	26,849	23,569	18,952	18,650
All Other	4,976	58,766	54,517	40,195	37,825
Total	20,141	1,017,341	1,003,838	771,957	656,094

Figure 6. Telehealth Services by Provider State and Year, 2019-2023

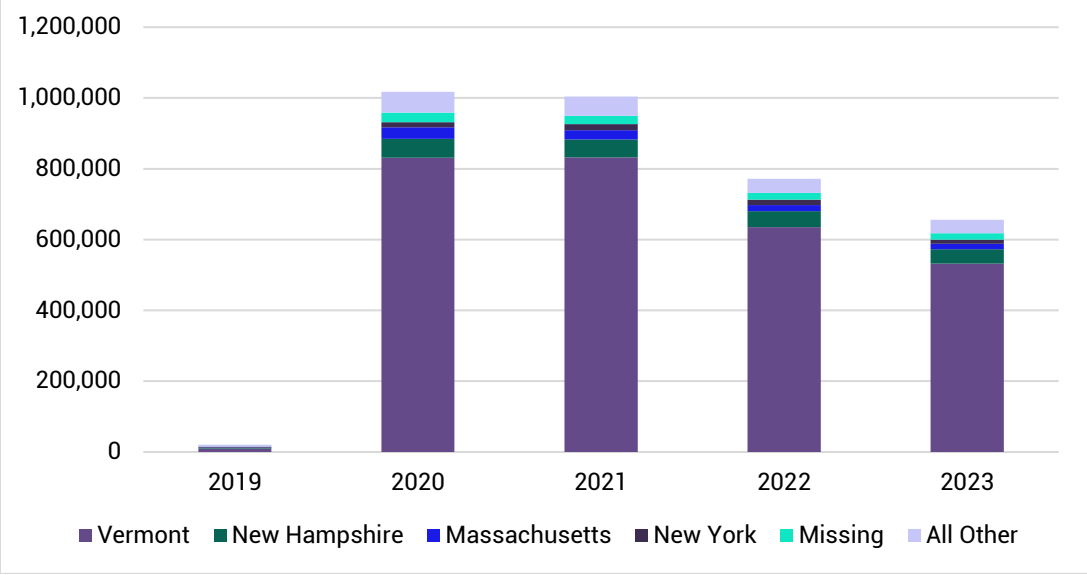


Table 11. Telehealth Services by Provider State and Year, 2019-2023, % of Total

	Year				
Provider State	**2019**	**2020**	**2021**	**2022**	**2023**
Vermont	47.6%	81.7%	82.9%	82.3%	81.1%
New Hampshire	8.5%	5.3%	5.1%	5.9%	6.2%
Massachusetts	3.1%	3.2%	2.6%	2.2%	2.4%
New York	13.9%	1.4%	1.6%	2.0%	1.7%
Missing	2.2%	2.6%	2.3%	2.5%	2.8%
All Other	24.7%	5.8%	5.4%	5.2%	5.8%

Telehealth: Provider Specialty

In addition to looking at diagnosis to understand the reasons people seek care through telehealth, it can also be useful to examine provider specialty[14]. (See Table 12.) Similar to the diagnostic category analysis, Table 13 shows that about two-thirds of audio-visual telehealth services in 2023 were provided by mental health and behavioral health specialists. In contrast, audio-only services were more often provided by primary care providers and other providers combined.

[14] Provider specialty is defined using the specialty taxonomy reported to the National Plan and Provider Enumeration (NPPES). Information on NPPES is available at https://nppes.cms.hhs.gov/#/.

Table 12. Telehealth Services by Provider Specialty and Modality, VT, 2023, Counts

	Audio-Only	Audio-Visual	All Telehealth
Mental Health Counselor	3,799	133,784	137,583
Clinical Social Worker	3,242	106,338	109,580
Addiction (Substance Use Disorder) Counselor	2,285	49,201	51,486
Clinical Psychologist	2,217	43,918	46,135
Psychologist	1,060	32,324	33,384
Psychiatry Physician	1,804	22,913	24,717
Family Nurse Practitioner	2,623	17,359	19,982
Missing	443	18,207	18,650
Family Medicine Physician	1,543	14,611	16,154
Psychiatric/Mental Health Nurse Practitioner	475	12,166	12,641
Physician Assistant	1,422	11,184	12,606
Registered Dietitian	109	11,427	11,536
Counselor	64	10,443	10,507
Nurse Practitioner	914	8,926	9,840
Marriage & Family Therapist	327	8,869	9,196
Social Worker	652	7,646	8,298
Naturopath	485	7,665	8,150
Professional Counselor	73	7,978	8,051
Internal Medicine Physician	1,018	6,303	7,321
All Other	7,561	92,716	100,277
Total	32,116	623,978	656,094
Mental Health	15,019	419,065	434,084
Primary Care	5,669	45,938	51,607
Other	11,428	158,975	170,403

Table 13. Telehealth Services by Provider Specialty and Modality, VT, 2023, % of Total

	Audio-Only	Audio-Visual	All Telehealth
Mental Health Counselor	12%	21%	21%
Clinical Social Worker	10%	17%	17%
Addiction (Substance Use Disorder) Counselor	7%	8%	8%
Clinical Psychologist	7%	7%	7%
Psychologist	3%	5%	5%
Psychiatry Physician	6%	4%	4%
Family Nurse Practitioner	8%	3%	3%
Missing	1%	3%	3%
Family Medicine Physician	5%	2%	2%
Psychiatric/Mental Health Nurse Practitioner	1%	2%	2%
Physician Assistant	4%	2%	2%
Registered Dietitian	0%	2%	2%
Counselor	0%	2%	2%
Nurse Practitioner	3%	1%	1%
Marriage & Family Therapist	1%	1%	1%
Social Worker	2%	1%	1%
Naturopath	2%	1%	1%
Professional Counselor	0%	1%	1%
Internal Medicine Physician	3%	1%	1%
All Other	24%	15%	15%
Total	100%	100%	100%
Mental Health	47%	67%	66%
Primary Care	18%	7%	8%
Other	36%	25%	26%
Total	100%	100%	100%

Key Findings

- The total number of professional services, including both in-person and telehealth, dropped sharply in 2020 and returned to a level comparable to the pre-COVID period in 2021.
- During the PHE (2020-2023), telehealth services represented about 11% of all services. Audio-only represented only 0.6% of all services.
- The use of telehealth services during the PHE varied by payer. The percentage of all services represented by telehealth was highest for Medicaid and lowest for Medicare.
- Telehealth services appear to have primarily been used as a substitute for in-person services during the PHE.
- Use of telehealth services varied substantially by age of patient, with the ages 25-39- accounting for about one-third of all services.
- About twice as many telehealth services were provided to females as males.
- Mental health services accounted for over 80% of all telehealth services during the PHE. Still, only 3.8% of these services were audio-only.
- Mental health services accounted for over 90% of all telehealth use in ages 10-34.
- The annual number of in-person services per patient and audio-visual services per patient is similar for patients with mental health diagnoses. Conversely, patients with musculoskeletal diagnoses use three times more in-person services than audio-visual services.
- During the PHE, over 90% of Vermonters' telehealth services were received from providers practicing in Vermont, New Hampshire, and Massachusetts. Vermont's share rose dramatically from 2019 to 2020.
- In 2023, about two-thirds of *audio-visual* telehealth services were provided by mental health and behavioral health specialists. In contrast, *audio-only* services were more often provided by primary care and other providers (54%) than mental health providers (48%).

Recommendations

More study is needed on the clinical quality of audio-only professional visits. Additional follow-up analysis of audio-only visits can lend insight into levels of equity and efficacy.

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The Green Mountain Care Board (GMCB) is the owner and steward of the Vermont Uniform Hospital Discharge Data Set (VUHDDS) and the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), which were the source of data in this report.

The analyses, conclusions, and recommendations from these data are solely those of the author. The GMCB had no input into the study design, implementation, or interpretation of the findings. The analyses, conclusions, and recommendations are those of the authors alone and are not necessarily those of the GMCB. No official endorsement by the GMCB is intended or should be inferred.

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Appendix 1 - VHCURES

The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), is a database composed of three broad types of data – claims, covered lives, and providers. Each type will be discussed below.

VHCURES contains information from the following types of payers:

Medicare – the federal health payment program that covers nearly all individuals age 65 and over and younger individuals with significant illnesses. CMS, the federal Centers for Medicare and Medicaid Services, provides data files on an annual basis (based on date of service).

Medicaid – state-administered health financing program for low-income families and individuals with serious illness. It is structured as a partnership between the federal government and individual states.

Private Insurers – private organizations established to provide insurance to individuals, either directly or through employers. Private insurers are regulated by the state. Insurers are required by state law to provide data to VHCURES unless they insure fewer than 200 lives in Vermont. Data are provided to VHCURES at frequencies determined by the number of insured lives.

Self-insured employers – rather than purchasing health insurance, large employers may decide to pay for the care of their employees and their families directly, often by contracting with a claims administrator. Note that these employers are exempt from state regulation and as a result of a U.S. Supreme Court decision[15], cannot be compelled to provide data, although several do voluntarily.

VHCURES does not include information on services by those without coverage, services that patients choose to pay for themselves, or services provided to people covered under a plan provided to federal employees.

Types of Data

Claims – initially, invoices submitted by providers to payers for services provided to patients. VHCURES includes what are, in effect, paid invoices, including both the information submitted to the payer and financial information resulting from the processing of the claim. Initial information includes data such as an encrypted patient identifier, dates of service, diagnoses, procedure codes, and provider information. Payment information includes the amount that the payer remitted to the provider and patient cost-sharing (deductible, coinsurance, copayment).

In addition to claims that resulted in financial liability for either the payer or the patient, VHCURES also includes services provided under a capitation agreement, a fixed monthly payment to a provider or provider organization on behalf of a patient. This payment is independent from the volume of services provided to the patient. However, although it is not required for payment, a claim is submitted to VHCURES for any service provided under a capitation agreement.

[15] Gobeille v. Liberty Mutual, https://scholar.google.com/scholar_case?case=12056457362213779071

There are two broad types of claims – professional and facility. Professional claims are for services provided by an identified individual or individuals. Facility claims are for services provided by a large organization such as a hospital or nursing home. This report includes only professional claims.

Often, a medical service may produce more than one claim in VHCURES. A common example of this is a patient covered by both Medicare and Medicaid ("dual eligible"). Medicare, the primary payer, will pay first and any remaining patient liability will be forwarded to Medicaid. VHCURES provides a mechanism to identify whether a claim is primary or not. In all analyses in this report, only primary claims are included.

One of the challenges in analyzing claims data is the lag between the date of service and the date of payment and between the claims payment and the inclusion of the record in VHCURES. Because of these lags, analyses in this report include services provided through December 31, 2023. While those services are likely to be nearly complete, final numbers may be slightly higher for 2023.

Member – in addition to claims, VHCURES includes member data. These data are available for each person with coverage for each month covered. Note that as in claims, any individual identifier, such as name, is encrypted. Additional information includes data points such as age, gender, ZIP code, and source of coverage (payer). In cases where an individual has more than one source of coverage, such as Medicare and Medicaid ("dual-eligibles") the claim paid by the primary payer are used in all analyses.

This type of data is essential for calculating rates (e.g., services per 1,000 people). Rates are useful in comparing utilization for populations of different sized, e.g. the individual private insurers.

Rates are also useful when the population covered by a payer is changing substantially over time. For example, during the Covid-19 public health emergency, Congress enacted the Families First Coronavirus Response Act (FFCRA). As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the FFCRA, states were required to maintain enrollment of nearly all Medicaid enrollees during the emergency. Use of rates in addition to counts can allow us to remove the effect of increasing enrollment on the use of telehealth services by Medicaid beneficiaries.

Appendix 2 – Detailed Methodology

Criteria for Inclusion in Analyses

Five payers are included in this report – Blue Cross Blue Shield, Cigna, Medicare, Medicaid, and MVP. These five provide over 80% of all coverage for Vermonters. The choice not to include other private insurers was made based on the variability of payer rules for identifying and covering telehealth services.

To provide a pre-PHE baseline, claims for services provided on January 1, 2019 or later are included.

Codes Used to Identify Telehealth Claims

Place of Service

Place of service (POS) codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare & Medicaid Services (CMS) maintain POS codes used throughout the health care industry.

Service

There are two complementary systems that are used to identify the service being charged for on a professional claim. The first is Current Procedural Terminology (CPT). CPT is a proprietary system, developed and maintained by the American Medical Association and licensed for use by providers. CPT is focused on medical procedures. The second is the Healthcare Common Procedure Coding System (HCPCS). HCPCS is composed of two parts. The first is identical to CPT. The second, called HCPCS II, is used primarily to identify products, supplies, and services not included in the CPT.

Medical Coding Modifier

A medical coding modifier is two characters (letters or numbers) appended to a CPT® or HCPCS Level II code. The modifier provides additional information about the medical procedure, service, or supply involved without changing the meaning of the code.

<u>Audio-Only</u>

A claim line was categorized as audio-only if it contained any of the following procedure modifiers:

- V3 – Audio-only (CPT, DFR Regulation)
- V4 – Audio-only (CPT, DFR Regulation)
- 93 - Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system (CPT)
- FQ – A mental health telehealth service was furnished using real-time audio-only communication technology (HCPCS)

or if it contained any of the following CPT service codes[16]:

- 99441 - telephone evaluation and management, 5-10 min. medical discussion
- 99442 - telephone evaluation and management, 11-20 min. medical discussion
- 99443 - telephone evaluation and management, 21-30 min. medical discussion.

[16] AMA telehealth policy, coding & payment, Updated Dec 28, 2023, https://www.ama-assn.org/practice-management/digital-health/ama-telehealth-policy-coding-payment. Accessed August 25, 2025.

Audio-Visual

A claim line was categorized as audio-visual if it contained any of the following place of service codes:

- 02 - telehealth provided other than in patient's home
- 10 - telehealth provided in patient's home

or if it contained any of the following procedure modifiers:

- 95 (CPT) – Synchronous TM service rendered via real-time A/V
- GQ (HCPCS) – Telemedicine service rendered via asynchronous telecommunications system (HCPCS)
- GT (HCPCS) – Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System (HCPCS).

A claim line meeting both audio-only and audio-visual criteria was categorized as audio-visual.

Comparison of Current Report with Prior Report

When comparing this report with the previous version, small differences may appear in many table cells. These variations result from several factors related to how data are collected and processed in VHCURES.

VHCURES, the source of data for these analyses, is compiled from quarterly submissions defined by two key dates: the date of service (when care was provided) and the date of payment (when the claim was processed). A quarter closes when both dates reach the same endpoint. For example, the data used for this report include services and payments through September 30, 2024 for both commercial and Medicaid claims. Medicare, however, follows a different schedule, providing claims with dates of service through September 30, 2025 and paid dates through February 14, 2025.

For analyses such as those in this report, the important date is date of service. Because there is often a lag between service and payment, some claims for services provided within the reporting period may not yet have been paid when the quarter closes. Subsequent analyses, with more complete data, will look slightly different as a result of inclusion of the previously unavailable claims.

A related problem is “adjustment" of claims. The adjustment process may change the payment amount of a claim or even eliminate the claim completely. For example, if a payer initially pays a claim but after investigation discovers that another payer has initial liability, that claim may be removed from the data in subsequent VHCURES versions.

The other source of change is the process that creates VHCURES. A payer's submission may have errors which need correction and resubmission. Changes in how payers submit data, particularly Medicare, may also add small differences over time.

Appendix 3 – Populations Used in Rate Calculation

	Blue Cross Blue Shield				
Age (yrs)	**July 2019**	**July 2020**	**July 2021**	**July 2022**	**July 2023**
0-4	5,860	5,424	5,145	4,087	3,874
5-9	6,263	5,720	5,437	4,642	4,437
10-14	7,400	6,760	6,357	5,489	5,139
15-19	8,488	7,811	7,309	6,611	6,436
20-24	10,496	9,373	8,710	7,545	7,368
25-29	9,020	7,941	7,157	6,128	6,175
30-34	9,658	8,642	8,429	7,326	7,169
35-39	10,672	9,628	9,155	8,045	7,861
40-44	10,573	9,695	9,580	8,664	8,622
45-49	12,101	10,489	9,562	8,594	8,498
50-54	13,453	12,116	11,627	10,480	10,007
55-59	15,645	13,728	12,487	11,111	10,745
60-64	16,620	14,891	14,076	12,919	12,759
65-69	4,757	4,602	4,327	3,820	3,753
70-74	1,763	1,911	1,976	1,992	2,010
75-79	518	575	634	733	862
80-84	161	178	179	220	244
85-89	50	65	70	74	89
90+	28	31	24	25	29
Total	143,526	129,580	122,241	108,505	106,077

Cigna

Age (yrs)	July 2019	July 2020	July 2021	July 2022	July 2023
0-4	104	473	443	468	420
5-9	95	494	443	512	494
10-14	124	577	556	596	590
15-19	147	686	634	712	639
20-24	223	818	756	804	718
25-29	219	827	785	793	690
30-34	256	918	909	919	873
35-39	227	865	850	901	927
40-44	218	856	866	929	875
45-49	238	876	862	935	852
50-54	252	957	993	1,046	944
55-59	246	1,051	1,048	1,106	958
60-64	196	964	968	1,004	920
65-69	56	449	472	322	272
70-74	17	300	307	77	86
75-79	*	183	174	24	21
80-84	*	72	88	15	13
85-89	*	62	56	*	*
90+	*	23	26	*	*
Total	2,625	11,451	11,236	11,169	10,297

* Counts based on fewer than 11 covered lives are suppressed.

	Medicaid				
Age (yrs)	**July 2019**	**July 2020**	**July 2021**	**July 2022**	**July 2023**
0-4	16,286	16,001	15,917	15,649	14,977
5-9	17,256	17,432	18,101	18,231	17,673
10-14	17,296	17,600	18,340	18,494	17,962
15-19	14,436	15,070	16,553	17,074	16,695
20-24	8,235	8,712	10,666	12,095	11,532
25-29	9,703	10,254	11,588	11,936	11,321
30-34	9,740	10,656	12,540	13,376	12,783
35-39	8,601	9,570	11,157	11,973	11,883
40-44	6,448	7,414	8,923	9,957	10,071
45-49	5,707	6,194	6,873	7,391	7,514
50-54	5,718	6,060	6,870	7,218	7,033
55-59	6,256	6,630	7,170	7,308	6,981
60-64	5,640	6,192	7,157	7,660	7,525
65-69	185	222	367	492	621
70-74	134	131	171	208	212
75-79	101	105	109	144	150
80-84	84	68	82	114	116
85-89	63	64	69	65	84
90+	70	86	87	95	84
Total	131,959	138,461	152,740	159,480	155,217

Medicare					
Age (yrs)	**July 2019**	**July 2020**	**July 2021**	**July 2022**	**July 2023**
0-4	*	*	*	*	*
5-9	*	*	*	*	*
10-14	*	*	*	*	*
15-19	*	*	*	*	*
20-24	385	372	382	356	350
25-29	812	809	757	729	676
30-34	1,217	1,212	1,170	1,068	1,044
35-39	1,522	1,530	1,505	1,411	1,294
40-44	1,623	1,662	1,640	1,542	1,563
45-49	2,060	2,022	1,862	1,689	1,557
50-54	2,866	2,701	2,504	2,271	2,133
55-59	4,304	4,196	3,718	3,218	2,911
60-64	5,362	5,319	5,123	4,728	4,594
65-69	31,466	32,264	30,701	28,186	28,621
70-74	26,608	28,150	28,076	25,123	25,111
75-79	18,123	19,270	18,614	18,343	18,563
80-84	11,463	11,834	11,771	11,159	11,742
85-89	7,264	7,473	7,072	6,649	6,604
90+	4,919	5,078	4,936	4,450	4,344
Total	119,996	123,895	119,839	110,929	111,112

* Counts based on fewer than 11 covered lives are suppressed.

MVP

Age (yrs)	July 2019	July 2020	July 2021	July 2022	July 2023
0-4	667	860	850	839	594
5-9	804	1,057	1,019	936	699
10-14	933	1,300	1,322	1,156	849
15-19	1,173	1,716	1,584	1,512	1,248
20-24	2,039	2,750	2,583	2,309	1,731
25-29	2,701	3,125	3,134	2,755	2,060
30-34	2,883	3,392	3,452	3,136	2,398
35-39	2,707	3,274	3,423	3,215	2,396
40-44	2,627	3,242	3,396	3,156	2,457
45-49	2,785	3,478	3,384	3,172	2,602
50-54	3,132	4,113	4,277	3,929	3,155
55-59	3,770	4,918	4,969	4,627	3,656
60-64	4,080	5,373	5,654	5,375	4,446
65-69	1,406	2,152	2,447	2,986	3,031
70-74	809	1,012	1,114	1,466	1,587
75-79	450	573	596	857	859
80-84	217	251	304	391	383
85-89	119	133	154	175	138
90+	82	94	99	119	99
Total	33,384	42,813	43,761	42,111	34,388

Appendix 4 - ICD-10-CM Diagnosis Categories

Codes	Definition
A00–B99	Certain infectious and parasitic diseases
C00–D48	Neoplasms
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
E00–E90	Endocrine, nutritional, and metabolic diseases
F00–F99	Mental and behavioral disorders
G00–G99	Diseases of the nervous system
H00–H59	Diseases of the eye and adnexa
H60–H95	Diseases of the ear and mastoid process
I00–I99	Diseases of the circulatory system
J00–J99	Diseases of the respiratory system
K00–K93	Diseases of the digestive system
L00–L99	Diseases of the skin and subcutaneous tissue
M00–M99	Diseases of the musculoskeletal system and connective tissue
N00–N99	Diseases of the genitourinary system
O00–O99	Pregnancy, childbirth and the puerperium
P00–P96	Certain conditions originating in the perinatal period
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
S00–T98	Injury, poisoning and certain other consequences of external causes
V01–Y98	External causes of morbidity and mortality
Z00–Z99	Factors influencing health status and contact with health services
U00–U99	Codes for special purposes

Appendix 5 – Vermont Resources

Statutory Language	Act 6 of 2022	https://legislature.vermont.gov/Documents/2022/Docs/ACTS/ACT006/ACT006%20As%20Enacted.pdf
	Act 108 of 2024	https://legislature.vermont.gov/Documents/2024/Docs/ACTS/ACT108/ACT108%20As%20Enacted.pdf
	8 V.S.A. § 4100k	https://legislature.vermont.gov/statutes/section/08/107/04100k
	18 V.S.A. § 9361	https://legislature.vermont.gov/statutes/section/18/219/09361
	18 V.S.A. § 9362	https://legislature.vermont.gov/statutes/section/18/219/09362
VPQHC	18 V.S.A. § 9416	https://legislature.vermont.gov/statutes/section/18/221/09416
DFR Orders	2022-2023	https://dfr.vermont.gov/reg-bul-ord/audio-only-telephone-services-order
	2024-2026	https://dfr.vermont.gov/content/coding-and-reimbursement-audio-only-telephone-services
Payer Policies	BCBSVT	https://www.bluecrossvt.org/sites/default/files/2023-04/Telemedicine%20and%20Telehealth%20-%202023%20-%20PUBLICATION%2005.01.2023.pdf https://www.bluecrossvt.org/documents/details-telemedicine-payment-policy-changes
	MVP	https://www.mvphealthcare.com/-/media/project/mvp/healthcare/documents/provider-policies-and-payment-policies/2025/july/mvp-payment-policies-effective-july-1-2025.pdf?rev=56f2880bb2234357a63db7f1bae06143&hash=B85DCE8FE8A5019AA7133CC3EF8632EE
	Cigna	https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/R31_Virtual_Care.pdf
	Medicaid	https://dvha.vermont.gov/providers/telehealth https://vtmedicaid.com/assets/advisories/March2024Advisory.pdf
	Medicare	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-and-coding-medicare-fee-for-service-claims#telehealth-codes-covered-by-medicare