

Date: June 1, 2022

To: Sebastian Arduengo, Department of Financial Regulation

From: Susan Ridzon, HealthFirst Executive Director

Re: Audio-only Coding and Reimbursement



HealthFirst appreciates the opportunity to comment on audio-only coding and reimbursement. HealthFirst is Vermont's independent practice association representing 62 physician-owned primary care and specialty practices located across ten counties in Vermont. We estimate that approximately 85-90 percent of the independent practices in Vermont are HealthFirst members.

HealthFirst strongly supports the following:

- 1) **Audio-only reimbursement at parity to in-person visits.** The decrease in reimbursement for audio-only visits to 75 percent is not financially sustainable for independent practices. As a result, our practices have ceased offering patients this option or will offer it only on a limited basis. Not having access to audio-only visits is a disadvantage for patients and unequally disadvantages individuals who lack resources. These individuals are often older, and/or are in a minority or lower-socio-economic group and have limited technology and technological savviness, connectivity, or transportation. Providers report that most times the same care can be provided without the video link. The standard of care is the same regardless of modality and clinicians have the skills to screen patient to see if they can address an issue via phone vs in-person.
- 2) **Reimbursement parity across provider types and care delivery sites.** We appreciate DFR's intent to clarify need for parity across provider types, e.g., same reimbursement for same service whether it is delivered by a primary care provider or a mental health provider. We support that clarification and urge the Department to extend that parity across care delivery sites. Commercial reimbursement rates vary, sometimes widely, for the same service code; and independent providers are typically reimbursed at the lowest end of the range<sup>1</sup>. This is partly because relatively small independent providers have little or no ability to negotiate payment rates. Telemedicine codes, including audio-only, should be reimbursed at the same rate regardless of the providers' employment status or care delivery location.
- 3) **Simplicity and uniformity in coding and coverage of audio-only.** Whenever possible, keep coding and coverage simple and uniform to decrease administrative burden.

HealthFirst appreciates DFR's attention in this matter. Please contact me at [sr@vermonthealthfirst.org](mailto:sr@vermonthealthfirst.org) if you have questions or clarifications.

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<sup>1</sup> See GMCB's [Reimbursement Variation Report](#) for examples. Echocardiograms is an illustrative example where total allowed amount for an echocardiogram is \$322 for independent practice Champlain Valley Cardiovascular Associates while hospital providers receive six, seven, and even ten times that amount.