Department of Vermont Health Access

Coverage of Audio-Only Telehealth Services

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VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Landscape

- As a result of Public Health Emergency (PHE), we substantially opened up coverage for Audio-Only Telehealth Services. Prior to this, telehealth in general had been allowed but underutilized. Audio-Only had not been covered before PHE.

- We expanded access and allowed audio-only telehealth for many services, so that Vermonters could continue to access their care providers safely and easily.

- It should be noted that Audio-Only was always meant as an **exception** for when in-person, or other telehealth options are not available.

- DVHA tracked and recorded codes, compiling list of all services billed as audio-only.

DVHA's Work

- PHE ended and disallowed many of the services that had been permitted as audio-only.
- DVHA is going through the code list to determine appropriateness for audio-only. In this process, we first verify if there were coding errors, and if Medicare allowed it, and then affirm a decision from there. Our decisions never run counter to correct coding.
- Stakeholder group to talk about audio-only services that included VT Care Partners, Vermont Association of Hospitals and Health Systems, Bi-State Primary Care, Vermont Medical Society, and Vermont Health First. In gathering this group together; we undertook a fiscal study to see if there would be an additional cost to audio-only.

Current Status

- On 7/1/23 we posted all the codes that would be allowed.
- This was based on all requested services for 4 years – every code that was requested for audio-only, and telemedicine was reviewed and determined whether it was acceptable.
- Stakeholder group, Clinical Utilization Review Board (CURB), and the Medicaid and Exchange Advisory Committee (MEAC) reviewed and weighed in.
- On our website, there is a telehealth page with a list of codes that are audio-only. If it's not on that list, there may be several reasons.
  - There may be a more appropriate code, or it could be that the service is incorrect to code as telehealth. It's also possible that it may not have come up yet as a question for review.
  - The current list is about half of what the maximum allowable codes were during PHE.
  - We did analyze how often they were used; if it was only used once and not allowed by Medicare, and/or not correct coding, then we wouldn't allow it.

Codes

- Currently, these codes are allowed through 12/31/24.
- We have seen a decrease in utilization overall for telehealth and audio-only since the height of the PHE.
- Utilization is decreasing steadily; some codes remain stable at an increased level, and we don’t know what that level-off point is overall or for specific services.

Concerns

If we see an increase in the number of office visits, a decrease in number of enrolled members, and an increase in number of audio-only services, then we can reasonably believe that audio-only services are being billed **in addition** to other visits, ending up with DVHA paying for both.

Conclusion and Next Steps

- At the end of the day, we want to ensure members have access, but we also want to ensure that their care is clinically appropriate. In this, we are trusting providers to communicate with members, and we have asked SIU and DVHA's Business Office to monitor utilization.
- The Department would like to take a moment to thank our aforementioned partners in this project: VT Care Partners, Vermont Association of Hospitals and Health Systems, Bi-State Primary Care, Vermont Medical Society, and Vermont Health First – as well as the CURB, and MEAC.
- Looking forward, we will continue to conduct our analysis. DVHA is monitoring developing research through a clinical lens, considering utilization, and working with our partners to set policy on audio-only services.

Conclusion and Next Steps

Thank you!

Please reach out with any questions:

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