

To: Centers for Medicare & Medicaid Services, Department of Health and Human Services

From: Vermont Medical Society, Jessa Barnard, Executive Director, jbarnard@vtmd.org

Date: September 1, 2022

RE: **File Code CMS–1770–P. Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies**

Submitted electronically to <http://www.regulations.gov>

The Vermont Medical Society (VMS) is the largest physician membership organization in Vermont, representing over 2400 physicians, physician assistants and medical students across all specialties and geographic locations. VMS is a 501(c)(6) nonprofit organization founded in 1784, dedicated to protecting the health of all Vermonters and improving the environment in which Vermont physicians and physician assistants practice medicine.

VMS submits the comments primarily in response to the Telehealth and Other Services Involving Communications Technology (section II.D.) and Medicare Part B Payment for Preventive Vaccine Administration Services (Section III.H) contained in the proposed CY2023 Physician Fee Schedule.

Telehealth and Other Services Involving Communications Technology (section II.D.)

VMS strongly urges CMS to add the three CPT codes for telephone evaluation and management services (99441-99443) to Category 3 and provide coverage through 2023 – not just 151 days after the end of the Public Health Emergency (PHE).

The experience of Vermont’s health care practices is that audio-only connections offer critical access to care for patients who face barriers that might otherwise cause them to delay, defer, or cut short medical treatment. These barriers exist outside of the pandemic. However, the pandemic highlighted the number of patients, especially older patients or patients with disabilities who are likely to be covered by Medicare, for whom technological barriers (broadband access, affordability, computer equipment, and/or comfort with technology) make an audio-visual connection impractical. Recent data from Dartmouth Health (located in New Hampshire but serving Vermont patients) shows that a significant percent of patients who obtain telephone services do so because an audio-visual visit failed – the highest percent among seniors over age 65 and in more underserved counties. See:

https://dfr.vermont.gov/sites/finreg/files/doc_library/Attachment%20%20-%20Dartmouth%20Health%20Data%20for%20Vermont%20Audio-Only.pdf (slide 5).

The pandemic has also pushed to the fore our understanding for the appropriate clinical circumstances for different telehealth modalities. VMS disagrees with the conclusion of CMS that audio-only visits are inherently “non analogous” to in-person care and cannot meet the same standard of care as audio-visual visits, when used appropriately. While we applaud continuing coverage of telephone E/M service for mental health care, those are not the only needs that can be met via phone. Since 2020, practices have been using audio-only visits for a number of situations, including medication management, follow-up appointments for chronic conditions,

post-discharge or post-procedure follow-up, making health treatment plans, and discussing imaging and labs. See the following data from Vermont's largest medical center showing that the most common reasons for an audio-only visits are: follow-up (50%), chronic kidney disease (9%), routine prenatal visit (7%), nutrition counseling (6%), anxiety (5%) and pain (5%): https://dfr.vermont.gov/sites/finreg/files/doc_library/Attachment%201%20-%20UVMHN%20Audio%20Only%20Data%202021%20-%202022_1.pdf. The specialties using audio-only visits range from Family Medicine (15%) and Clinical Laboratory (10%), to Orthopedics (7%) and Cardiology (3%).

As an issue of equity for older and more rural Vermonters, VMS strongly urges that Codes 99441-99443 be covered on an ongoing basis.

VMS does support the proposal to allow the OTP intake add-on code to be furnished via telehealth for the initiation of treatment with buprenorphine, including use of audio-only communication technology when audio-video is not available to the patient, and urges that it be finalized. **VMS also recommends that OTPs continue to be allowed to furnish periodic assessments using audio-only** communication for patients who are being treated with buprenorphine, methadone, or naltrexone following the end of the COVID-19 PHE (Section III.F. of the proposed rule).

Medicare Part B Payment for Preventive Vaccine Administration Services (Section III.H)

As CMS has acknowledged in the proposed rule, many interested parties have raised concerns about the reductions in payment rates for the preventive vaccine administration services that have occurred over the past several years. Medicare's payments for such services have a connection to other fee schedules, in particular Medicaid, leaving many Vermont physician practices – pediatricians in particular - struggling to continue to administer vaccines with year over year payment cuts.

The VMS urges CMS to adopt the RUC's recommended work RVUs and direct PE inputs for vaccine administration services (CPT codes 90460, 90461, 90471, 90472, 90473, and 90474).

Expansion of Coverage for Colorectal Cancer Screening and Reducing Barriers (section III.D)

VMS supports CMS' proposal to expand Medicare coverage of certain CRC screening tests by reducing the minimum age payment limitation to 45 to align with the recently revised recommendation by the United States Preventive Services Task Force.

Thank you for considering the feedback from Vermont's physicians in finalizing this rule and ensuring critical access to health care services.