**Simplification and Standardization of Billing and Coding Across Health Insurers**

**WHEREAS,** family physicians and other clinicians spend a substantial portion of their time on administrative tasks, including billing, coding, and insurer-specific documentation requirements, detracting from direct patient care; and

**WHEREAS,** variation in billing rules, coding interpretations, documentation requirements, and prior authorization processes across multiple public and private insurers creates inefficiencies, increases practice costs, and contributes to physician burnout; and

**WHEREAS,** physicians often must navigate multiple insurer portals, policies, and workflows, even within the same payer, leading to fragmentation and delays in care delivery; and

**WHEREAS,** administrative complexity in billing and coding has been shown to increase healthcare costs and disproportionately burden small, independent, and rural practices; and

**WHEREAS,** lack of standardization across insurers contributes to claim denials, delays in reimbursement, and unnecessary appeals; and

**WHEREAS,** existing coding systems such as CPT and ICD-10 are intended to provide a standardized language for reporting medical services, yet inconsistent payer implementation undermines their effectiveness; and

**WHEREAS,** telehealth billing and coding requirements have become increasingly complex in recent years, with frequent changes to covered services, modifiers, place-of-service rules, and eligible codes across Medicare, Medicaid, and commercial insurers; and

**WHEREAS,** recent updates have included the introduction of new telehealth-specific CPT codes, deletion or replacement of prior codes, and uncertainty regarding payer adoption and reimbursement policies, requiring continuous adaptation by clinicians and staff; and

**WHEREAS,** telehealth policies and reimbursement rules remain variable and frequently updated across payers and jurisdictions, creating an unpredictable and administratively burdensome environment for physicians attempting to deliver consistent care; and

**WHEREAS,** differing requirements for telehealth coding (including modifiers, audio-only vs. audio-visual distinctions, and documentation elements) across insurers contribute to confusion, billing errors, and increased risk of claim denials; and

**WHEREAS,** national organizations and policy experts have called for reducing administrative burden and harmonizing payer processes to improve efficiency and patient care; therefore be it

**RESOLVED,** that the AAFP collaborate with the AMA, CMS, and other stakeholders to support the development and adoption of a single, uniform set of billing, coding, documentation, and claims submission rules, including consistent interpretation of E & M, CPT, ICD-10, and telehealth codes across all payers, including public and private insurers; and be it further

**RESOLVED,** that the AAFP support policies requiring transparency and consistency in payer coverage determinations, coding edits, and claim adjudication processes; and be it further

**RESOLVED,** that the AAFP support ongoing evaluation of administrative burden related to billing and coding and promote reforms that prioritize patient care over administrative complexity.