



Telehealth Extension Talking Points For PPS Members

- Telehealth has become essential in the time of physical distancing.
- Current state of affairs:
 - Multiple payers – state (BC/BS), national (UHC), public/private (MA plans, Tricare, “Obamacare”/exchange plans), public (Medicare, VA, IHS) are recognizing telehealth in various ways
 - Many State Medicaid Programs are recognizing Telehealth as an important service to ensure beneficiary access.
 - Many State Workers Compensation programs are covering telehealth to ensure that their injured workers are receiving important return-to-work rehabilitation services.
 - Unfortunately, these payers have tremendous variability in coding requirements – CPT codes exist but wide variation in applicability.
 - Large insurers including Aetna, Anthem, Cigna, Humana, and United have all agreed to recognize the value of a range of PT services provided via telehealth to some degree.
- Private practice PTs are very appreciative of the flexibility most large insurers have shown in allowing the use of telehealth platforms for the continuing provision of physical therapist services. These novel technologies have allowed many patients to continue to access services from PTs, who have been designated as essential workers during the pandemic.
- Payers and government need to recognize that the added cost of telehealth systems, their upkeep and eventual need for upgrading, justify at least parity in payment for physical therapist services provided via this technology.
- The ideal solution for private practice PTs would be uniform recognition for telehealth services by private payers in the following way:
 - Allows codes typically used by physical therapists (like 97xxx series) excluding manual therapy and modalities
 - PTs are explicitly listed as eligible providers
 - Use Place of Service Code 02 depending on payer specifications
 - Use corresponding and appropriate modifiers (-GT or -95)
 - Payment equal to payment received for in-person treatment
 - Continues in perpetuity
- Patients need the services of physical therapists. Pain does not abate because a pandemic is occurring. The absence of physical therapist interventions during this time could ultimately lead to an increase in opioid use and abuse.

PRIVATE PRACTICE SECTION



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- In addition, physical therapists are treating a variety of other conditions, including arthritis, cognitive/neurological/vestibular disorders, multiple sclerosis, musculoskeletal conditions, Parkinson disease, pelvic floor dysfunction, and sarcopenia.
- Physical therapists' treatments prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions.
- Physical therapists are effectively decreasing strains on other parts of the health system that are stretched thin at this time.
- Practices need support from insurers as anecdotal reports from PT practices across the country show between a 20 and 80 percent drop-off in face to face visits in different communities. Many practices will fold if they cannot provide services through non-face-to-face means.
- The preservation of small physical therapist private practices will allow for competition after the pandemic abates. PE funds have already disclosed their plans to buy distressed practices, which would create more consolidation and drive prices higher.
- Ideal solution would also include the creation of a compilation of data/evidence/results from widespread March/April telehealth expansion in response to COVID-19 pandemic. We urge insurers to examine what has happened by creating an evidence roadmap to examine safety and effectiveness, difficulty with adjusting claims process programming, utilization of visits and codes, with an overall focus on creating the evidence base to evaluate the downstream impacts - both in dollars and hard numbers - of the shift to telehealth. It is recommended the comparison be between receiving care vs NOT receiving care.