



The Value of Physical Therapist Services Delivered via Telehealth

The COVID-19 pandemic made colossal changes in physical therapists' practices necessary. The APTA released an initial statement on March 17, 2020, encouraging “physical therapists to use their professional judgment to determine when, where, and how to provide care, with the understanding this is not the optimal environment for care, for anyone involved.” Since that time, anecdotal reports from PT practices show between a 20 and 80 percent drop-off in face to face visits in different communities across the country. Many practices have supplemented in-person visits with telehealth visits because a significant number of payers have allowed for billing of services provided via telehealth, sometimes due to explicit mandates from state and federal government, and sometimes voluntarily. At the heart of each of these efforts is a focus on patients and their optimal care.

Telehealth has become much more common in this time of physical distancing, but the current state of affairs for acceptance of telehealth services varies widely by payer type and plan. Even if they cover the use of telehealth services, different payers have created tremendous variability in billing requirements. Many State Medicaid Programs are recognizing telehealth as an important service to ensure beneficiary access. In addition, various State Workers Compensation programs are covering telehealth to ensure that their injured workers are receiving important return-to-work rehabilitation services. Telehealth is recognized in various ways at the state (BC/BS), national (UHC), public/private (Medicare Advantage plans, Tricare, “Obamacare”/exchange plans), and public (Medicare, VA, IHS) levels, exacerbating the chaos of coding and billing at the practice level.

The ideal solution for private practice PTs includes uniform recognition for telehealth services by private payers in the following way:

- Allows typical therapy CPT codes (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

PPS urges payers to recognize these components to telehealth billing in PT practice.

Large insurers including Aetna, Anthem, Cigna, and United have all agreed to recognize the value of a range of physical therapists' services provided via telehealth to a good degree. Private practice PTs are very appreciative of the flexibility most large insurers

PRIVATE PRACTICE SECTION



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have shown in allowing the use of telehealth platforms for the continuing provision of their professional services. These novel technologies have allowed many patients to continue to access services from physical therapists, who have been designated as essential workers during the pandemic.

What should insurers do now about telehealth provided by physical therapists?

First and foremost, we urge insurers to recognize that patients need the rehabilitative and preventive services of a physical therapist. While telehealth does NOT replace all of these needed services, it can meet important needs during this time and beyond. Pain and movement impairments do not abate because a pandemic is occurring. The absence of a physical therapist's intervention during this time could lead to an **increase in opioid use and abuse**.

Physical therapists are treating a **variety of conditions** not only related to pain, including arthritis, cognitive/neurological/vestibular disorders, multiple sclerosis, various other musculoskeletal conditions, Parkinson's disease, pelvic floor dysfunction, and sarcopenia. Physical therapist interventions also have the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions.

Furthermore, we urge insurers to recognize that physical therapists are effectively decreasing strains on other parts of the health system that may be stretched thin. But if they can not provide services through non-face-to-face means, distressed physical therapist practices stand an even greater chance of folding, fueling a **troubling trend of consolidation**. The preservation of small physical therapist private practices will allow for competition and patient choice after the pandemic abates, and provide services where the patients live.



Finally, we urge insurers to establish non-burdensome evaluation metrics through claims review to catalyze the establishment of a compilation of data, evidence and results from the widespread March and April, 2020 telehealth expansion for physical therapists in response to the COVID-19 pandemic. **Insurers should create an evidence roadmap** to examine safety and effectiveness, difficulty with adjusting claims process programming, and the 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. We need to know what has happened in physical therapist practices, and patients' lives, to structure insurance to the benefit of patients.