

COVID-19, Telehealth and Physical Therapists: We're Getting There, But We're Not There Yet

During the COVID-19 pandemic, health authorities across the government have urged the mitigation strategy of “social distancing,” which has a critical public health aim, but an outsized impact on PT practices. The number of individuals that have been suggested as a maximum for gatherings has seen a precipitous decline from [50 to 10](#) within less than a week. The CDC has [recommended](#) that employers “increase physical space between workers at the worksite.” Finally, the population that many physical therapists care for is disproportionately older, and these populations have a higher risk of isolation as well as a proven [higher risk](#) of mortality from COVID-19 infection.

These factors add up to a perfect storm for physical therapy practices that generally depend upon a hands-on approach -especially with seniors. Luckily, the federal government has started to loosen some restrictions on delivering care through the use of telemedicine. But it is important to recognize that, as of this writing, no major payer – whether the government or private payers – has officially recognized PT practices as eligible to provide all usual and customary services delivered through telemedicine for payment.

There are many considerations when physical therapists turn to telemedicine to deliver care. At some time, the pandemic will abate and practices will return to some semblance of normal. If you decide to implement telemedicine in your practice, it is important it be done with liability and ethical issues in mind. To provide more flexibility to practices, two federal responses to the pandemic have included an explicit allowance for telemedicine to be used by physical therapists. Under a [newly-announced program](#) in Medicare Part B, physical therapists may bill codes G2061-G2063 for “E-visits,” and in Medicare Advantage, the Administration has earlier allowed for [flexibilities](#) for Medicare Advantage private plans to begin loosening restrictions on payment. However, in response to the pandemic, Medicaid, the Children’s Health Insurance Program, federal premium and other tax credits [many “Obamacare” plans], the Veterans Administration, the Indian Health Service, and others still do not explicitly allow reimbursement for telemedicine by PTs. Tricare recently allowed for telemedicine for PTs to be reimbursed [in some instances](#).

Advocacy can change this, and PPS and APTA have an excellent lobbying campaign and team on this issue. But their job is an uphill one as much of the current health focus is on mortality related to COVID-19. Economic recovery efforts tend not to focus on health care providers as businesses, but on the needs of small and other businesses as a whole.

Then what about private payers? Unfortunately, in this realm as well, results have been disappointing even for those private plans who initially seemed to allow for some flexibility triggered by the COVID-19 pandemic. Aetna in particular seemed to provide some wiggle room regarding payment for telehealth in an update released Monday, March 16:



For the next 90 days, Aetna will offer zero co-pay telemedicine visits for any reason. Aetna members should use telemedicine as their first line of defense in order to limit potential exposure in physician offices. Cost sharing will be waived for all video visits through the CVS MinuteClinic app, Aetna-covered Teladoc offerings and in-network providers delivering synchronous virtual care (live videoconferencing) for all Commercial plan designs.

And Aetna has gone farther than most private payers. Hopefully others will follow suit, but there are hitches in how codes will be billed and reimbursed. Payers' stance illustrates a deeper issue: the way we have reimbursed for services like PT is outdated and inflexible, especially for historic times like these. We urge you to keep working with PPS to push all payers – federal, state and private - on these issues.

If you have found success at billing for telemedicine, please share your story with us by emailing me at RHall@ppsapta.org. PPS is actively doing an enormous amount of work on the pandemic, and we are working hard to get your questions answered and your practice needs addressed. We need input from individuals on their questions and experiences, so we can get answers and advocate for the profession. We cannot be unprepared for the next time something like this happens.

Please refer to the following resources to determine if using telemedicine is right for your practice during these unusual times.

Resources for your practice:

[PPS hub on COVID-19](#)

[APTA telehealth posting](#)

[CMS Guidance to Medicare Advantage plans](#)