Alternative Telehealth Modalities

Audio-Only Telehealth

California Telehealth Policy Coalition

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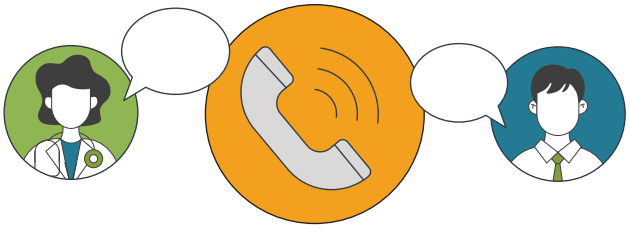

Telehealth capabilities have enabled health care services to continue safely throughout the COVID-19 Public Health Emergency (PHE). Because many Californians lack access to the hardware and internet bandwidth necessary for video visits, policymakers and payers responded by ensuring audio-only services are reimbursed at parity with in-person services. As California emerges from the PHE, policymakers should consider continuing coverage and payment.

Why is audio only coverage important?

During the COVID-19 pandemic, the inequalities that already exist in our state have been laid bare. As many activities have gone virtual, communities who struggle with digital literacy, and those without access to the internet or the devices required to get online have been left behind. This digital divide disproportionately impacts communities of color, low-income communities, Spanish speaking individuals, disabled individuals and the elderly.[1] Groups impacted by this gap tend to also face significant health disparities. During the public health emergency, audio-only telehealth has been indispensable in ensuring healthcare access to vulnerable communities. CMS estimated that during the pandemic, 30% of all telehealth visits in the US have been audio-only. In comparison, around 94% of telehealth visits have been audio-only at Californian FQHCs,[2] facilities that serve mainly Medi-Cal beneficiaries and a disproportionate number of patients of color[3].

Evidence also demonstrates that audio-only telehealth will be an important tool to address healthcare disparities beyond the pandemic. Recent research shows that patients who have reported transportation needs were three times more likely to have an audio-only telehealth encounter.[4] Furthermore, reports from FQHCs indicate that coverage for telephone visits have helped to cut down no-show rates by half.[5] Additionally, CHBRP findings suggest that ensuring telehealth payment parity, including for audio-only, may lead reduced wait times and disparities in access to health care and health outcomes for low-income people and people of color.[6]

Standing alone, audio-only telehealth has proved to be effective in improving access to quality healthcare. Eliminating coverage for audio-only visits or disincentivizing them with lower rates would disproportionately affect communities that are already chronically underserved. Audio-only is a primary telehealth modality for many of these low-access communities and research suggests these groups are satisfied and even prefer telehealth to in person care.[7]

Audio-Only Payment Parity

Audio-only payment parity means that a provider can bill at the same rate for a service provided over the phone as they would if that same service was performed in person. Per the American Medical Association (AMA) Common Procedural Terminology (CPT) rules, billing for services varies depending on the services provided, the topics discussed, and the length of the visit. As with an in-person service, audio-only parity would require health care professionals to bill only for the services that they provide.

Under current provisional payment policies allowing for payment parity for audio-only, providers must document that the services provided meet the requirements of the corresponding CPT code attached to the claim. This would remain true if payment parity became permanent policy.

Some services cannot be provided by telephone because they do not meet the requirements of the CPT code. For example, if a CPT code requires the provider to visualize the patient, then the provider cannot bill using that CPT code if the provider renders the service through audio-only, as it would not meet the definition of the code.

Addressing concerns around audio-only telehealth

Quality of Care: Little evidence exists to examine quality differences between telephone and video telehealth, as telephone has never really been utilized and covered this broadly before. However, studies do confirm that generally telehealth care results in equal or improved clinical outcomes when compared to in-person care.[8] Additionally, studies have found consistent satisfaction with telehealth care with many patients preferring it to in person visits.[9, 10]

The California Health Benefits Review Program (CHBRP) has also found that a preponderance of evidence suggests that audio-only telehealth results in equal or better health outcomes than care delivered in person. A 2016 CHBRP report found telephone consultations result in equal or better health outcomes as in-person consultations.[11]

Health Care Fraud: Audio-only visits require the same documentation as all other telehealth and in-person visits, and can facilitate the same level of accountability, as call logs and recordings can be electronically captured. Research has found telehealth to be no more susceptible to billing fraud than in-person services.[12] The Office of Inspector General (OIG) also recently released a statement cautioning against comparing "telefraud" schemes to telehealth fraud, noting that investigations more often deal with providers who fraudulently bill for items and services, unrelated to how the visit was provided.[13]

Utilization and Cost: Audio-only telehealth removes barriers to preventative care and improves care coordination—making it a valuable tool for increasing access to care in under resourced communities. Instead of increasing healthcare costs, research suggests that increased telehealth access helps patients avoid longer, high-cost hospital stays.[14] In addition, CHBRP's 2019 analysis found that telehealth use in rural areas may be associated with an overall decrease in cost of care due to reduced rural patient travel and reductions in unnecessary office visits, emergency department visits, or hospitalizations.[15] Generally, they stated telehealth was associated with overall cost savings or was cost neutral.[16]

Endnotes

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