Risk Matters: The Continuing Growth and Persisting Challenges of Remote Healthcare

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Remote healthcare technology continues to be an increasingly valuable tool, especially for delivering care to patients who have mobility or transportation challenges, or who live far away from their provider. According to a 2023 HHS report surveying over a million individuals, 22% of adults in the US reported using telehealth services within the past month.[1] Another survey indicated that, as of the end of 2022, 80% of individuals had received healthcare by telemedicine, an 8% increase from the prior year, with it becoming a preferred modality for prescription management and treating minor illnesses.[2] A 2023 study found that a majority of healthcare systems surveyed were investing in expanding their virtual health and remote monitoring capabilities, as well as their home care service capacity.[3] Additionally, as remote monitoring technology[4] continues to evolve and improve, an increasing amount of care can be delivered to patients remotely. Indicative of

this trend, the American Medical Association introduced five new CPT codes for remote therapeutic monitoring (RTM).[5] Further, CMS recently issued clarifications for remote monitoring services coverage.[6]

Despite the continued growth in utilization by both patients and providers, as well as continued investment in remote healthcare technology, points of friction remain. Licensure restrictions continue to be an area of risk for providers, as most state laws consider care to be provided at the place where the patient is located at the time of the visit (i.e., the originating site). While there are some states with exceptions, providers should assume that a full medical license in the state where the patient is located is required for treating a patient by telemedicine located in another state at the time of the visit. Additionally, many states have specific restrictions on certain prescribing practices and other aspects of delivering care via telemedicine of which providers must be aware. Although professional organizations such as the American Medical Association and the American Telemedicine Association continue to advocate for state licensure efficiency and flexibility to expand the utility and availability of telehealth, many states remain quite restrictive on an out-of-state provider's ability to treat their established patients by telemedicine, even those temporarily located in a state in which the provider is not licensed.[7]

Reimbursement for telemedicine and remotely delivered healthcare services continues to vary by plan and payor. While other variables (such as age and income levels) can influence utilization rates, the 2023 HHS report revealed that patients with Medicare or Medicaid were more likely to use telehealth than those with commercial coverage, while patients without any health insurance were the least likely to use telehealth.[8] Providers and their groups should be familiar with telehealth billing guidelines, including the necessary information to be reported for reimbursement for services provided remotely. These guidelines, many of which were altered during the COVID-19 public health emergency (PHE), continue to evolve. For its part, CMS has extended many PHE telehealth flexibilities, such as the elimination of geographic and modality restrictions, through December 31, 2024.[9]

[1]. U.S. Department of Health and Human Services Office of Health Policy, "Updated National Survey Trends in Telehealth Utilization and Modality (2021-2022)" at 3 (April 19, 2023), https://aspe.hhs.gov/sites/default/files/documents/7d6b4989431f4c70144f209622975116/household-pulse-survey-telehealth-covid-ib.pdf (the "2023 HHS Report").

[2]. Rock Health and Stanford Center of Digital Health, "Consumer adoption of digital health in 2022: Moving at the speed of trust," https://rockhealth.com/insights/consumer-adoption-of-digital-health-in-2022-moving-at-the-speed-of-trust/.

[3]. PwC, "When the walls come tumbling down: the hospital of the future," https://www.pwc.com/us/en/industries/health-industries/library/healthcare-delivery.html

[4]. These devices should often be differentiated from consumer wearable devices, which were addressed in a recent Risk Matters article.

[5]. American Medical Association, “As remote patient monitoring expands, so does CPT to describe it” (April 15, 2022), https://www.ama-assn.org/practice-management/cpt/remote-patient-monitoring-expands-so-does-cpt-describe-it.

[6]. CMS CY 2024 Payment Policies under the Physician Fee Schedule (Nov. 16, 2023) (PDF pages 178–185), https://public-inspection.federalregister.gov/2023-24184.pdf.

[7]. American Medical Association, “AMA issue brief: Telehealth licensure - Emerging state models of physician licensure flexibility for telehealth” (May 8, 2023) (see AMA perspective and model board rule language on pages 3–4), https://www.ama-assn.org/system/files/issue-brief-telehealth-licensure.pdf; American Telemedicine Association, “Recommendations on Enabling Healthcare Delivery Across State Lines,” https://www.americantelemed.org/policies/atas-recommendations-on-enabling-healthcare-delivery-across-state-lines/.

[8]. 2023 HHS Report at 7.

[9]. U.S. Department of Health and Human Services, “Telehealth policy changes after the COVID-19 public health emergency,” (last updated Dec. 19, 2023); https://telehealth.hhs.gov/providers/telehealth-policy/policy-changes-after-the-covid-19-public-health-emergency. Additionally, CMS has a guide for providers serving Medicare patients, “Telehealth for Providers: What You Need to Know.”
