Telehealth Services Analysis, CO All Payer Claims Database Overview and Methodology, August 2020

The Telehealth Services Analysis provides important information regarding the utilization of telehealth services and payments made for telehealth services in Colorado. The analysis includes all public and private health insurance payers submitting data to the Colorado All Payer Claims Database (CO APCD), representing the majority of covered lives in the state (not including most self-insured employer covered lives and federal programs such as Tricare, Indian Health Services and the VA).

The intent of this analysis is to provide historical information related to the use of telehealth services across the state prior to the COVID-19 pandemic. Data in this analysis will be updated regularly to understand how telehealth service use has changed with the onset of the pandemic.

This analysis helps answer several key questions about telehealth services:
- What types of telehealth services are being provided?
- Why are patients using telehealth services?
- What types of providers deliver the most telehealth services?
- How does use of telehealth differ between counties across the state?
- Has utilization of telehealth changed over time?
- How much do we spend on telehealth per person and as a state?

Tableau Interactive Reports
The Telehealth Services Analysis is available at www.civhc.org in three interactive Tableau displays:

Telehealth Overview and Breakouts by County – Provides utilization and spending information for telehealth services across the state and by county (based on patient residence). Data is available by payer type, and telehealth service category, and includes Patient demographics (age and gender), type of telehealth service, diagnoses and type of telehealth provider.

Telehealth Trends – Provides trend information of telehealth service utilization and spending since January 2018. Filters are available to select the type of telehealth service (telemedicine – synchronous communication, asynchronous communication, remote monitoring or transitional care management), payer type, and provider type. Results are available across all months and years. In addition, individual and multiple months can be selected that provide percent change month over month with breakouts by type of telehealth service.

Top 10 Telehealth Procedure Detail by Division of Insurance (DOI) – Provides top 10 telehealth procedures by volume, diagnoses and provider types. Filters are also available to sort by the type of telehealth service, payer and DOI rating area. Utilization and spending are displayed as totals, not as rates. Hovering over the percentage displayed provides utilization or spending trends from January 2018 based on the selection. Multiple selections can be combined for a more specific view by clicking on the percentage displayed in the three categories.

Definition of Telehealth Services and Inclusions
This analysis tracks telehealth based largely on Governor Jared Polis' expanded definition in Colorado statute C.R.S. § 10-16-123(4)(e)(I)).

Telehealth Definition: Telehealth is a mode of delivery of health care services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site.

Telehealth Includes:
- Synchronous interactions (both parties are present and interacting at the same time),
- Asynchronous interactions, or "store-and-forward transfers" (messages, images, or data communicated at one point in time and interpreted or responded to later, i.e. results of lab tests are shared and discussed between the patient and provider through a patient portal),
- Services provided through HIPAA-compliant interactive audio-visual communication or the use of a HIPAA compliant application via a cellular telephone, and
- Voice-only telephone communication (recently added with expansion of definition due to the COVID-19 pandemic.

This analysis expands the definition of telehealth to also describe:
- Remote monitoring – electronic transmission of patient physiologic parameters (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate) from a distance to a health care provider, and
- Transitional care management provided through telehealth (per Centers for Medicare & Medicaid Services (CMS) inclusion).

Telehealth does NOT include services delivered by:
- Facsimile machine,
- E-mail, or
- Text messages.

Method used to Identify Telehealth Claims
This analysis includes four categories of telehealth services:
- Telemedicine (synchronous communications, i.e. real time)
- Asynchronous communications (not in real time)
- Remote monitoring
- Transitional care management

The telemedicine (synchronous communications) category includes a large number of subcategories as listed below.

Telehealth services were identified in the CO ACPD through a combination of locating 1) CPT-4 and HCPCS procedure codes for services that can be provided in-person or via telecommunications, and 2) CPT-4 and HCPCS procedure codes that specifically describe telehealth services. In the first case, the service is identified as telehealth because the place of service or a modifier 95 (synchronous telemedicine via real-time interactive audio and video telecommunication systems) or GT (interactive audio and video telecommunication systems) used to specify it as a telehealth service. The 95 modifier is mostly used by private payers and GT by Medicare and Medicaid.

The following is a list of the CPT-4 and HCPCS procedure codes used to define each telehealth category and subcategory. Codes with and asterisk (*) are those that specifically describe telehealth services.

Telehealth Procedure Categories	
Telehealth-Specific Categories:	**CPT-4 Procedure Codes**
Transitional Care Evaluation and Management Services	99495, 99496
Remote Monitoring	99444*, 99453-4*, 99457-8*
Asynchronous Communication	99421-3*, 98969-72*, G2061-3*
Telemedicine (Synchronous Communication) Subcategories:	**CPT-4 Procedure Codes**
Telephone Services – Established Patient	• 99441-3*, 98966-8*
Office or Other Outpatient E&M Visits – New Patient	• 99201 - 99205
Office or Other Outpatient E&M Visits – Established Patient	• 99211 - 99215
Psychiatry Services and Procedures	• 90785 - 90899, G0177, G0410, G0444
Education and Training for Patient Self-Management	• 98960 - 98962
Health and Behavior Assessment/Intervention Procedures	• 96150 - 96171, 96127, G0445, H0032, H0004
Facility Telehealth Services	• Q3014*
Physical Medicine and Rehabilitation	• 97100 - 97799, G8978-80
Special Ear, Nose, and Throat Services and Procedures	• 92502 - 92700
Other	• All other procedures billed with a telehealth POS/modifier
Consultation Services	• 99241 - 99255, T1017
Virtual Provider-Patient Communication	• G2010*, G2012*
Virtual Provider-Patient Communication FQHC, RH	• G0071*
Preventive Medicine Services	• 99381 - 99429, G0439, G0513-4
Nursing Facility Services	• 99304 - 99318
Hospital Inpatient Services	• 99221 - 99239; G0406-8*; G0459*
Prolonged Services	• 99354 - 99360
Genetic Counseling	• 96040
Medical Nutrition Therapy Procedures	• 97802 - 97804
Emergency Department Services	• 99281 - 99288; G0425-7*
Critical Care Services	• 99291 - 99292; G0508*

Method Used to Define Telehealth Services Utilization and Spending

Once telehealth claims were identified, spending and utilization associated to those claims were defined as follows:

Spending: Total allowed amount (health plan and patient responsibility) from all telehealth claim lines. This measure is displayed as a per member per month (PMPM) dollar amount.

Utilization: A telehealth service is defined as a unique combination of claim service line (whether facility or professional-based), member and service date. This measure is displayed as a rate of number of telehealth services per 1,000 average members.

Method Used to Define Diagnosis Categories

The principal diagnoses for each telehealth service was classified into summary and detailed categories using AHRQ Clinical Classification Software. Summary level information is based on the classification of diagnoses to the body system involved (e.g., respiratory conditions, musculoskeletal conditions, digestive conditions, etc.).

Method Used to Define Provider Taxonomy

Service providers are classified to their National Plan & Provider Enumeration System (NPPES) taxonomy. An aggregation of NPPES categories was also created to identify and provide a summary of key types of providers – primary care, behavioral health, OB-GYN, internal medicine subspecialties, surgery.

The primary care and behavioral health categories were based largely on provider taxonomies in the definition of primary care that was established for the Colorado Primary Care Payment Reform Collaborative.

For more information or additional questions, feel free to contact us at ColoradoAPCD@civhc.org.