

# Telehealth and Remote Patient Monitoring for Pregnant and Postpartum Women

## COVID-19 State Advocacy Brief

*The COVID-19 pandemic has exacerbated weaknesses in our health care infrastructure, exposed limitations in our nation's health care policies, and comes at a time in our nation's history when women's health is in crisis. Individuals continue to become infected with the virus and no vaccine is presently available. Continued vigilance and evidence-based strategies for infection control are imperative as are policies that promote essential and critical health care access during this time. As the leading organization of physicians dedicated to the health care of women, ACOG's calls to action prioritize equity in women's health care access and outcomes, value equitably and fairly the care provided by obstetrician-gynecologists, and should be considered for broad-scale implementation.*

## OVERVIEW

In times of social distancing, strained health care resources, and increased economic hardship, the COVID-19 pandemic significantly impacts how patients receive pregnancy-related care. ACOG urges state officials to adopt evidence-based policies, including telehealth and remote patient monitoring, that prioritize access to high-quality care, including affordable durable medical equipment (DME) for risk-appropriate pregnant and postpartum women. Increasing the availability of DME for pregnant and postpartum women will improve access to comprehensive obstetric telehealth services, ease burdens on hospitals and other health care facilities, and reduce the risk of exposure for patients and health care professionals.

## CALLS TO ACTION

- (1) Facilitate access to telehealth and remote patient monitoring
- (2) Broaden durable medical equipment benefits
- (3) Eliminate financial barriers and other inequities for patients

## ADVOCATE!

**Facilitate access to telehealth and remote patient monitoring:** The COVID-19 response has altered how many women receive pregnancy-related care and has fostered an increased reliance on telehealth for prenatal and postpartum visits. States can improve access to evidence-based medicine, including through the following measures:

- **Expand Telehealth Across Payers.** Many prenatal and postpartum health care services can be safely offered via telehealth. Logistical barriers and coverage variability should be removed.
  - Guarantee insurance coverage of telehealth visits regardless of geographic location or benefits package.

- Reimburse telehealth visits at the same rate as in-person visits, waive place-of-service and modality restrictions, and suspend licensure and in-state requirements.
- Adopt [expanded Medicare telehealth guidance](#), including [coverage of audio-only and emergency department visits](#), to ensure uniform coverage and reimbursement of telehealth services across payers.
- **Promote Adoption of Remote Patient Monitoring.** State Medicaid agencies and private payers should urge their participating health care practitioners to utilize remote patient monitoring, where appropriate. Evidence indicates that remote patient monitoring interventions result in fewer high-risk obstetric monitoring visits while maintaining maternal and fetal outcomes. Expanding remote patient monitoring services for pregnant and postpartum women may reduce the number of in-person visits they require, subsequently reducing their risk, and that of their obstetric care practitioner, to COVID-19.

**Broaden durable medical equipment benefits:** In order to conduct certain telehealth services, including remote patient monitoring, patients will need access to DME. To protect women and the obstetric care workforce, states should broaden DME benefits, including through the following measures:

- **Expand DME Benefits under Medicaid.** State Medicaid agencies should expand their DME benefit so that obstetrician-gynecologists and other practitioners can write prescriptions for at-home blood pressure cuffs, pulse oximeters, scales, and blood glucose monitors. ACOG guidance indicates that blood pressure, glucose, and weight monitoring are essential components of comprehensive obstetric care, making the availability of at-home monitoring equipment essential for improving access to telehealth services for pregnant and postpartum women.
- **Ensure Adequate Reimbursement of DME under Medicaid.** To guarantee access to DME for pregnant and postpartum women, state Medicaid agencies should pay for DME and reimburse remote patient monitoring services at 100 percent of Medicare rates. States use a variety of methods to develop their maximum allowable price for DME, but the majority use the Medicare rate or a percentage of the Medicare rate in their base rate calculations.
- **Mandate Coverage of DME for Remote Patient Monitoring in Private Plans.** Private health plans are not required to cover DME, so coverage will vary from plan to plan. States should mandate that private plans provide coverage for DME.
- **Issue Guidance on Billing and Coding for Remote Patient Monitoring Services, Including DME.** As policies continue to evolve at a rapid pace in response to the COVID-19 pandemic, it is critical that state Medicaid agencies communicate policy changes to obstetric care providers and other health care practitioners. Not only

will obstetrician-gynecologists need to know about their enhanced prescription authority, but they will also need to know how to properly bill and code for these services in order to provide this option to their patients.

- **Work with Obstetrician-Gynecologists and Women's Health Practices to Effectively Implement Remote Patient Monitoring Technology.** Patients may require an in-person visit with their obstetric care practitioner to learn how to use at-home monitoring equipment and have DME calibrated for accuracy. State Medicaid agencies and private payers should work with obstetric practices to ensure supply chains and other workflows adequately meet these needs.

**Eliminate financial barriers and other inequities for patients:** Patient cost-sharing is known to create barriers to care. The COVID-19 pandemic may intensify existing financial obstacles to accessing health services. States can eliminate coverage barriers and other inequities for DME, including through the following measures:

- **Guarantee Coverage Without Cost-Sharing.** States and private payers should make DME available to pregnant and postpartum women without cost-sharing. The COVID-19 pandemic has put many families out of work, resulting in reduced household income. As a result, many women may be unable to purchase the at-home equipment required to operationalize remote patient monitoring. In addition, many obstetric practices are facing financial strain and are not able to purchase the necessary equipment for their patients.
- **Limit the Use of Utilization Management Techniques.** State Medicaid agencies and private payers should limit the use of utilization management techniques for pregnant and postpartum women. States have discretion to establish utilization management policies for DME including prior authorization, rental and repair requirements, and preferred items and supplies lists.
- **Implement Payment Parity for Audio-Only Telehealth Visits.** States and private payers should increase reimbursement rates for audio-only visits to be the same as the rates for audio-video visits. Older patients, those who live in rural areas, and patients who do not have access to a tablet or smartphone may not be able to access audio-video telehealth services. The Centers for Medicare and Medicaid Services [has implemented payment parity](#) for Medicare audio-only visits.

Telehealth is essential to maintaining access to prenatal and postpartum care during the COVID-19 pandemic. ***Expanded access to telehealth modalities like remote patient monitoring and durable medical equipment should be considered for broad-scale and long-term implementation beyond this pandemic.***