June 1, 2020

Re: Maintaining Telehealth Coverage Improvements Made During the COVID-19 Pandemic

To whom it may concern:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), thank you for the work you have done to respond to COVID-19, a global pandemic and serious public health threat. ACOG is appreciative of the actions your organization has taken to expand access to covered telehealth services and we want to be sure that these improvements are maintained. To that end, we are writing to request that your organization continue broad coverage and payment parity for telehealth services for the duration of the public health emergency and long term.

While the COVID-19 pandemic has been challenging for physicians and their patients, obstetrician-gynecologists report that broadened telehealth coverage has improved their ability to provide patient-centered care. ACOG guidance indicates that telehealth modalities can and should be used to deliver high-quality, evidence-based women’s health services. Researchers found that there were no significant differences in the rates of preterm birth, cesarean birth, neonatal intensive care unit admissions, or birth weight for women who received virtual prenatal visits in place of some in-person visits. In fact, patient satisfaction was higher among women with virtual visits. Opioid use disorder treatment received via telehealth in obstetric practices was also not associated with any statistically significant differences in outcomes compared to in-person treatment. Remote patient monitoring and text message interventions have also been shown to improve the rate of adherence to blood pressure monitoring guidelines and reduce the number of unscheduled visits in the postpartum period. Telehealth has been shown to address barriers to contraceptive access.

The coverage and payment expansions that your organization has put in place during the COVID-19 pandemic have expanded access to this evidence-based care. To ensure uninterrupted access to essential obstetric and gynecologic care, telehealth services, including audio-only visits, should be covered for all of your members and reimbursed at the same level as in-person visits for the duration of the national public health emergency. It is vital that insurance coverage policies allow patients to seek care in the safest possible way. Requiring patients to seek care in-person will unnecessarily increase their risk of exposure to COVID-19. ACOG further recommends that you waive all prior authorization requirements for the duration of the public health emergency. We strongly urge you to protect the health of your members by ensuring they can access timely, affordable care through the end of the public health emergency.

ACOG believes that access to covered telehealth services should be maintained after this national emergency ends. For the remainder of plan year 2020 and in all the plan years to come, telehealth visits with in-network health care practitioners should be considered a standard benefit for all members. In addition to the broad base of evidence supporting the use of telehealth for women’s health care, studies show that women seek care via telehealth more than men. Absent the COVID-19 pandemic, pregnant and postpartum women prefer to have telehealth visits in place of some in-person prenatal and
Durable medical equipment benefits should be expanded so that all patients can access the at-home equipment they need for remote prenatal and postpartum visits via a prescription. ACOG guidance indicates that blood pressure and weight monitoring are essential to comprehensive prenatal care. Thousands of women regularly seek telehealth services for acute conditions such as urinary tract infections and vulvovaginitis, and evidence indicates that telehealth visits are just as effective as in-person in determining accurate diagnoses. Some studies suggest that telehealth visits are also lower cost. Therefore, ACOG recommends that your plan maintain expanded coverage of telehealth services after the public health emergency has ended and in all future plan years.

Specifically, we recommend that you implement and maintain the following policies:

- Include telehealth coverage as a benefit for all members.
- Implement and maintain payment parity between telehealth and in-person visits.
- Cover audio-only telehealth visits for all members and reimburse for them at the same rate as video visits.
- Expand durable medical equipment benefits to make at-home monitoring equipment available to all pregnant and postpartum women via prescription, including blood pressure, pulse oximetry, blood glucose, and weight monitors.
- Refrain from requiring members to use a specific telehealth company to access covered services via telehealth and instead ensure patients can seek covered, affordable telehealth services from their regular health care practitioners.
- Ensure member cost-sharing for telehealth services is equal to or less than the cost-sharing for in-person visits.
- Ensure each of the Current Procedural Terminology (CPT) codes in Appendix 1 can be billed with a telehealth modifier and/or place of service code, which should be used only to track the use of telehealth services.
- Notify health care practitioners of the services that can be provided via telehealth and provide educational materials for how to bill and code for each of those services.
- Notify your members of the option to seek care from in-network practitioners via telehealth.

Thank you for your consideration, as well as the actions you have taken to date in response to the public health emergency. We look forward to working with you to improve women’s access to evidence-based health care throughout the COVID-19 pandemic and in the years to come. Should you have any questions, please contact Meredith Yinger, Health Policy Analyst, at myinger@acog.org.

Sincerely,

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