

BRIEF

The Evolution of Telehealth during the COVID-19 Pandemic

A Multiyear Retrospective of FAIR Health's Monthly Telehealth
Regional Tracker

A FAIR Health Brief, June 14, 2022



Summary

Since the spring of 2020, the national, independent nonprofit FAIR Health has tracked month-to-month changes in telehealth utilization with its [Monthly Telehealth Regional Tracker](#). Using FAIR Health's comprehensive collection of telehealth data, this free, online tool has shed light on telehealth's evolving role in the healthcare system and provided a greater understanding of telehealth utilization throughout the COVID-19 pandemic.

To further illuminate telehealth's growth, this brief provides a multiyear retrospective of the findings made available through the Monthly Telehealth Regional Tracker. Focusing on the period from January 2020 to March 2022, it reports on monthly changes in telehealth's utilization, top diagnoses and top procedure codes—in addition to other descriptive aspects of this venue of care—at national and regional levels. Supported by infographics with vivid data visualizations, the brief also shows how the Telehealth Tracker itself has evolved: focusing in the first year on a comparison of telehealth in 2019 versus 2020; changing in 2021 to an emphasis on month-to-month fluctuations; and adding new features in 2022, such as a Telehealth Cost Corner, in which cost information for a specific telehealth procedure code is presented.

Among the key findings:

- From March 2019 to March 2020, the percentage of national telehealth claim lines when compared to all medical services increased 4,347 percent.¹ The increase was even greater from April 2019 to April 2020 (8,336 percent).
- The top five telehealth diagnoses nationally in spring 2020 indicated that telehealth was being used for conditions that had not been among the top five the year before, including hypertension, joint/soft tissue diseases and issues, and developmental disorders.
- In November 2020, COVID-19 appeared for the first time on one of the regional lists of top five telehealth diagnoses, ranking fourth in the Midwest; in December 2020, COVID-19 emerged as a top telehealth diagnosis nationally and in every region.
- For 6 of the 12 months of 2021, telehealth utilization fell from the level of utilization in the prior month. Nevertheless, it remained much higher than before the pandemic. In December 2021, telehealth claim lines accounted for 4.9 percent of medical claim lines nationally, compared to 0.2 percent in December 2019.
- Many changes in telehealth utilization were likely related to the course of the pandemic. For example, in spring and summer 2021, telehealth claim lines dropped as vaccination levels increased. In fall and winter 2021, however, telehealth utilization rose again as the Delta and Omicron variants led to increased COVID-19 cases.
- Mental health conditions have been the most common telehealth diagnosis nationally throughout the pandemic. Consistent with that finding, in January 2022, social worker was the provider specialty rendering the most telehealth services (most commonly psychotherapy) nationally and in every region but the West. In every region, as in the nation as a whole, three of the top five provider specialties were related to mental health: social worker, psychiatrist and psychologist.
- In January 2022, CPT^{®2} 90837, one hour of psychotherapy, ranked highest among telehealth procedure codes nationally and in every region.

¹ A claim line is an individual service or procedure listed on an insurance claim.

² CPT © 2021 American Medical Association (AMA). All rights reserved.

Background

Telehealth, the remote delivery of clinical services via telecommunications technology, readily connects patients with providers outside of traditional care settings. Since the onset of the COVID-19 pandemic, telehealth has undergone notable growth. Starting in the spring of 2020, FAIR Health's [Monthly Telehealth Regional Tracker](#) has monitored the evolution of telehealth on a monthly basis, providing a clear and reliable analysis of its changing contours to key stakeholders across the healthcare continuum.

Drawing on the nation's largest repository of private healthcare claims, the Monthly Telehealth Regional Tracker is a free, interactive map of the four US census regions, which allows users to view an infographic on telehealth in a specific month in the nation as a whole or in individual regions (Midwest, Northeast, South and West). While monitoring the changes in this venue of care, the Telehealth Tracker itself has evolved with new features and analytics. Each iteration of the Telehealth Tracker has been adjusted to reflect the evolving needs of stakeholders:

- **Monthly Telehealth Regional Tracker 1.0 (2020):** In the Telehealth Tracker's first year, to study the initial impact of the COVID-19 pandemic on telehealth, each month in 2020 was compared to the corresponding month in 2019. Data fields evaluated included telehealth's volume of claim lines, urban versus rural usage, top five procedure codes and top five diagnoses.
- **Monthly Telehealth Regional Tracker 2.0 (2021):** In the Telehealth Tracker's second year, the focus turned to monthly rather than year-over-year changes. Data fields evaluated included telehealth's volume of claim lines, top five procedure codes, top five diagnoses and top five mental health diagnoses.
- **Monthly Telehealth Regional Tracker 3.0 (2022):** In the Telehealth Tracker's third year, each infographic continues to show telehealth's month-to-month changes. Data fields evaluated include telehealth's volume of claim lines, top five procedure codes, top five diagnoses and top five specialties. Additionally, the Telehealth Cost Corner features the median charge amount³ and median allowed amount⁴ for a specific telehealth procedure code.

The Telehealth Tracker has become a mirror reflecting the cycles of the pandemic, and as a result, relevant and actionable to all stakeholders. Plans use it to inform reimbursement and/or networking decisions, hospitals to identify potential affiliation arrangements, consultants to advise on investment opportunities, tech companies to understand what kinds of new asynchronous telehealth technologies are worthy of investment, and researchers to better understand patient migratory patterns and the evolving nature of the healthcare system. The Telehealth Tracker has likewise attracted the interest of federal agencies and policy makers, including the Health Resources & Services Administration (the Office for the Advancement of Telehealth and the Federal Office of Rural Health Policy), the Senate Finance Committee, the National Cancer Institute and the Centers for Disease Control and Prevention (CDC)—many of whom have used FAIR Health's findings to inform proposed legislation and regulation related to telehealth's role in the healthcare system.

Methodology

To create the Monthly Telehealth Regional Tracker, FAIR Health uses data from its repository of billions of private healthcare claim records, which represents the privately insured population, including Medicare Advantage and excluding Medicare Fee-for-Service and Medicaid.

FAIR Health applies several methodologies to segregate claims for telehealth services, including using the Centers for Medicare & Medicaid Services (CMS) place of service codes for telehealth (02 or 10),

³ The charge amount is the amount charged to a patient who is uninsured or obtaining out-of-network service.

⁴ The allowed amount is the total fee negotiated between an insurance plan and a provider for an in-network service. It includes both the portion to be paid by the plan member and the portion to be paid by the plan.

telehealth-only CPT codes such as CPT 99441 (physician or other qualified healthcare professional telephone evaluation, 5-10 minutes) or telehealth modifiers (GT, GQ, FQ, FR, 93 or 95).

The data are aggregated by a variety of key fields, including region, rural/urban, diagnostic categories and month/year of service, to identify trends and patterns in utilization. Regional aggregation is based on the four US census regions:

- **Midwest:** Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin;
- **Northeast:** Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont;
- **South:** Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia; and
- **West:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming.

Telehealth utilization is measured by telehealth's share of all medical claim lines. To normalize the data and avoid fluctuations due to natural changes within plan data (e.g., the closing of a major retailer and the loss of those members, or the addition of a major employer to a plan from which FAIR Health receives data, which would create a net influx of data from those members), FAIR Health calculates each data point as a percentage of the total number of medical claim lines for each month. When evaluating telehealth utilization, the number of telehealth services (telehealth claim lines) is the numerator and the number of overall medical services (all medical claim lines) is the denominator.

To calculate costs for the Telehealth Cost Corner, FAIR Health uses 2021 data from its FH[®] Telehealth and FH[®] Allowed Telehealth benchmarks.

Limitations

The data used in this report comprise claims data for privately insured patients who are covered by insurers and third-party administrators who voluntarily participate in FAIR Health's data contribution program. Medicare Advantage (Medicare Part C) enrollees from contributing insurers are included, but not participants in Medicare Parts A, B and D.⁵ In addition, data from Medicaid, CHIP and other state and local government insurance programs are not included, nor are data collected regarding uninsured patients.

This is an observational report based on the data FAIR Health receives from private payors regarding care rendered to covered patients.

The report was not subject to peer review.

⁵ FAIR Health, as a CMS-certified national Qualified Entity, receives the entire collection of claims for traditional Medicare Parts A, B and D under the CMS Qualified Entity Program, but those data are not a source for this report.

Findings

Monthly Telehealth Regional Tracker 1.0 (2020)

The original iteration of the Telehealth Tracker, launched in May 2020, compared a month in 2020 with its corresponding month in 2019 to show the dynamic changes associated with virtual visits before and after the onset of the COVID-19 pandemic.

Each infographic included findings on the volume of telehealth claim lines, urban versus rural usage, the top five telehealth procedure codes and the top five telehealth diagnoses.

Winter 2020

In January 2020, telehealth accounted for 0.24 percent of all medical claim lines nationally (figure 1). This was a 43 percent increase from the same month the year before, revealing that telehealth utilization was on the rise prior to the onset of the COVID-19 pandemic. Telehealth's volume of medical claim lines varied throughout the four US census regions, making up the smallest share of claim lines in the Northeast at 0.09 percent and the largest share in the South at 0.41 percent. Throughout the United States, urban locations saw higher rates of telehealth services than rural ones, except in the Midwest, where telehealth captured 0.12 percent of medical claim lines in urban areas and 0.16 percent in rural areas.

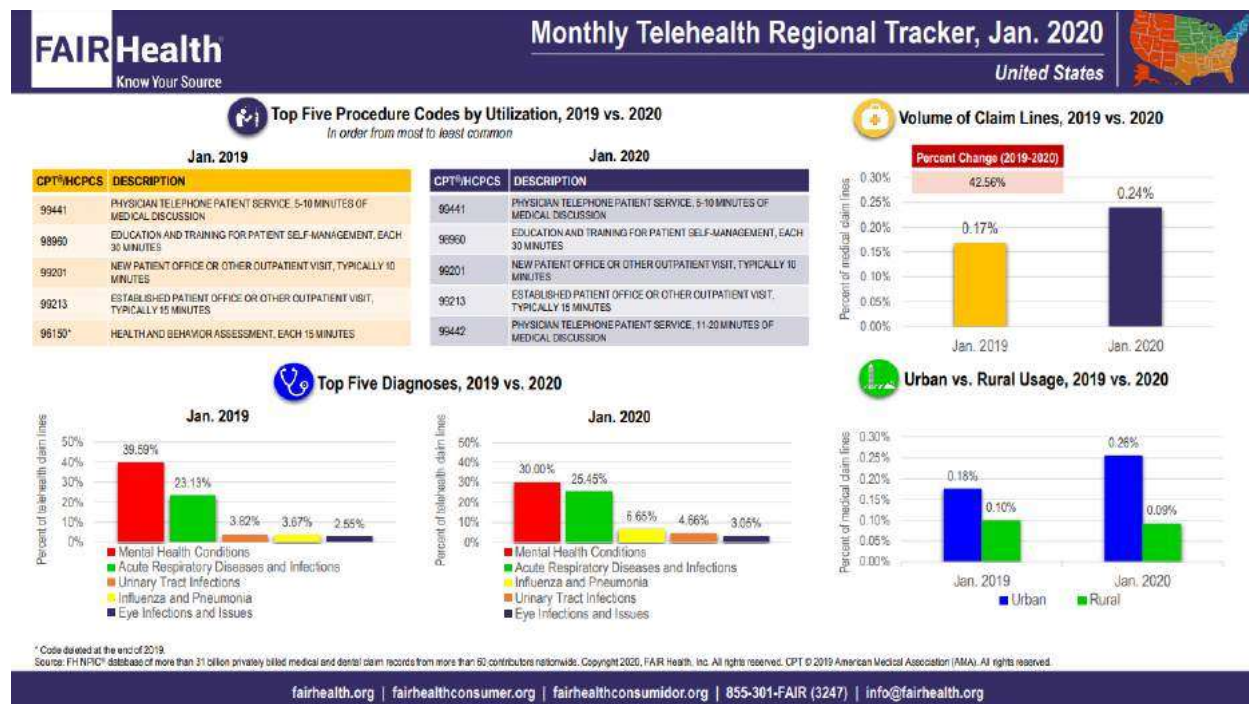


Figure 1. Monthly Telehealth Regional Tracker: January 2020, United States

Analysis of CPT codes in the United States and all four regions revealed that evaluation and management (E&M) visits (such as CPT 99213, 15-minute established patient office or other outpatient visit) and telephone services of varying lengths (such as CPT 99441, 5-10 minute physician telephone patient service) were among the top five procedures conducted via telehealth in both January 2020 and 2019. Also included on the national list in January 2019 and January 2020 was CPT 98960, 30-minute education and training for patient self-management (figure 1). Notably, the Northeast was the only region

with a psychotherapy visit (CPT 90834) included among the top five telehealth procedures in January 2020, prior to the beginning of the pandemic.

The top telehealth diagnoses (or diagnostic categories) were similar nationally and in each region for both January 2019 and January 2020. Mental health conditions, acute respiratory diseases and infections, influenza and pneumonia, urinary tract infections, and eye infections and issues made up the top five telehealth diagnoses nationally (figure 1) and in the Midwest and South. In the Northeast, skin infections and issues ranked among the top five, while eye infections and issues did not. The West differed the most from the other regions, with encounter for procreative or contraceptive management and joint/soft tissue diseases and issues appearing in its list. In every region except for the South, mental health conditions were the number one telehealth diagnosis; in the South, acute respiratory diseases and infections were the most common diagnosis.

In February 2020, telehealth claim lines accounted for 0.38 percent of all medical claim lines, a 121 percent increase from the same month the year before. Each region's volume of claim lines was higher in February 2020 than it was in February 2019, except for the Midwest, where telehealth utilization decreased four percent year to year.

Similar to January, the top telehealth procedure codes in February 2019 and February 2020 were largely E&M visits and telephone services of varying lengths nationally and in all regions. In the Midwest, however, CPT 90837 (60-minute psychotherapy) and CPT 90834 (45-minute psychotherapy) ranked as number three and five, respectively, in the list of top procedure codes in February 2020. The same codes also appeared on the list in the Northeast, with CPT 90834 ranking as second and CPT 90837 ranking as third in February 2020. CPT 90834 was also among the top procedure codes in the Northeast in February 2019.

The top telehealth diagnoses in February 2019 and 2020 were similar to those in January, though the Northeast saw some notable differences. In the Northeast, urinary tract infections and influenza and pneumonia no longer ranked among the top five in February 2020, as they had in February 2019 (as well as January 2020); general signs and symptoms and joint/soft tissue diseases and issues took their positions.

Spring 2020

During the spring 2020 wave of the COVID-19 pandemic, telehealth grew markedly. Telehealth claim lines as a share of all medical claim lines increased 4,347 percent nationally, from 0.17 percent of medical claim lines in March 2019 to 7.52 percent in March 2020. In an indication that the growth was related to the COVID-19 pandemic, the increase was even more pronounced (15,503 percent) in the Northeast, where the pandemic hit hardest in March (figure 2).

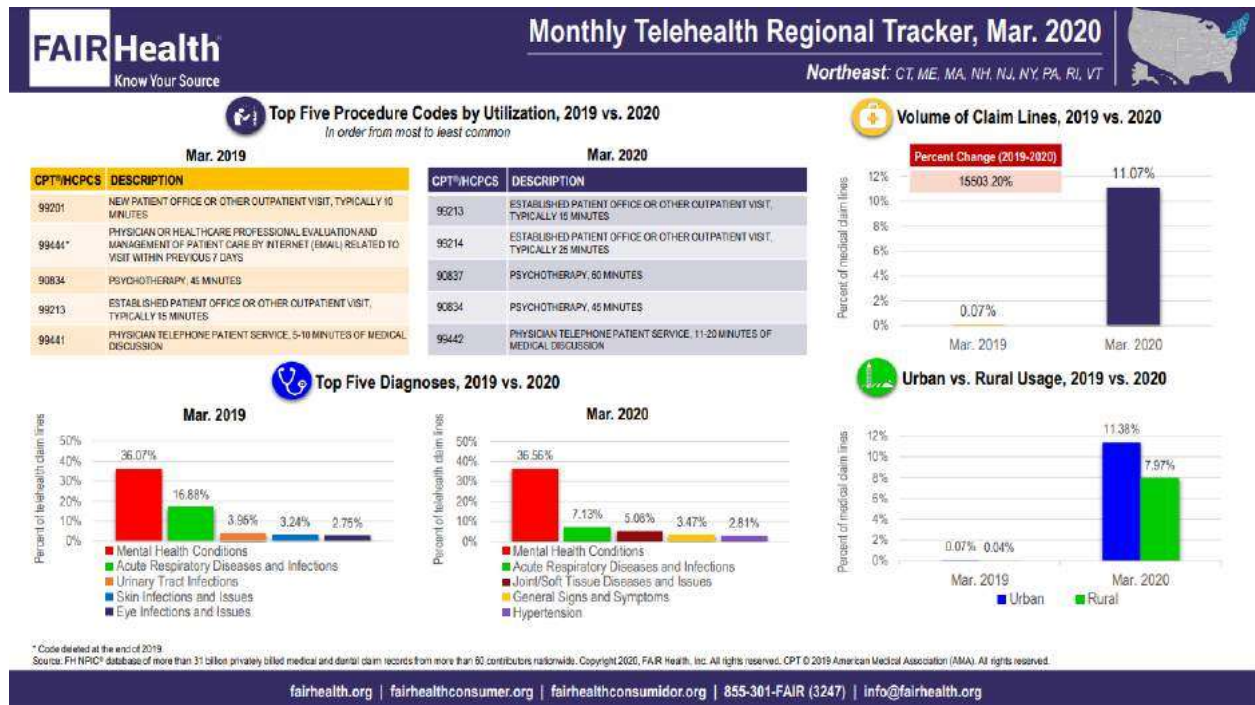


Figure 2. Monthly Telehealth Regional Tracker: March 2020, Northeast

Telehealth reduced the risk of COVID-19 transmission associated with in-person visits. For that reason, patients and providers turned to it, federal and state regulations related to telehealth were somewhat relaxed,⁶ and private payors expanded access to telehealth. In addition, widespread restrictions on elective in-person procedures made telehealth a viable option.

⁶ Gabriela Weigel et al., "Opportunities and Barriers for Telemedicine in the U.S. during the COVID-19 Emergency and Beyond," KFF, May 11, 2020, <https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/>.

In April 2020, when those restrictions continued in much of the country, telehealth grew even more sharply. Telehealth's share of all medical claim lines increased 8,336 percent nationally, from 0.15 percent of medical claim lines in April 2019 to 13 percent in April 2020 (figure 3). In each region, the increase from April 2019 to April 2020 was greater than from March 2019 to March 2020.

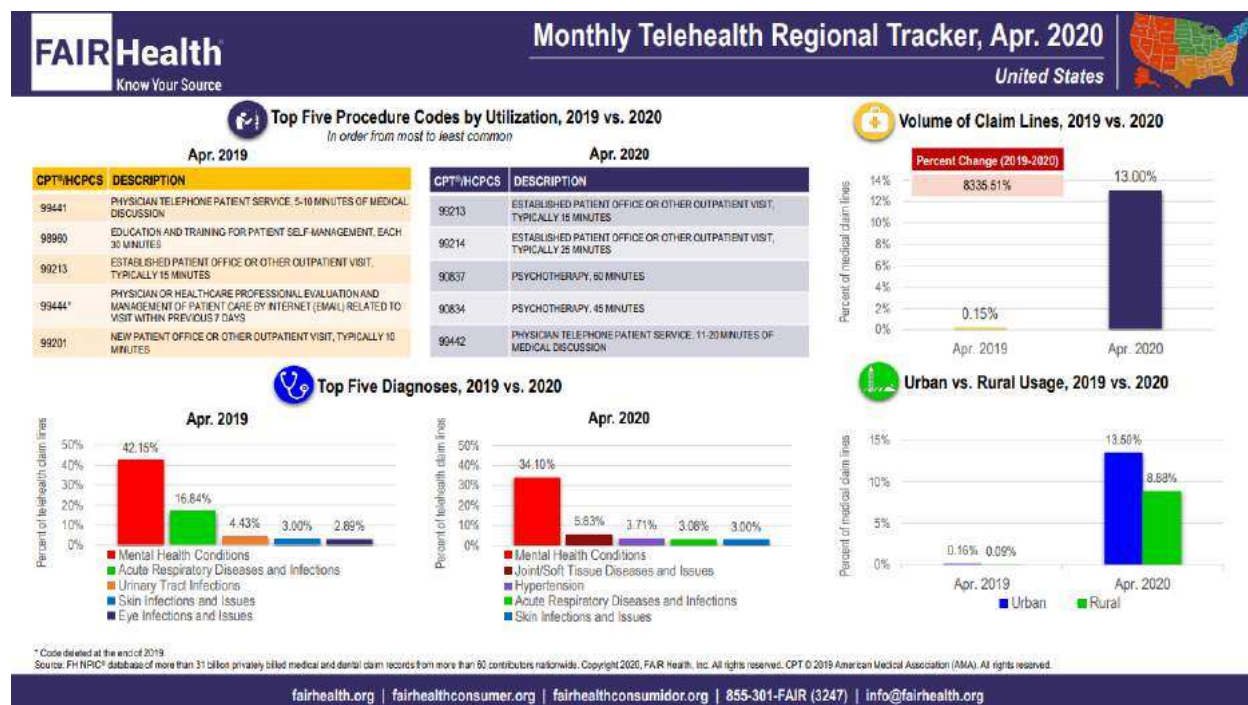


Figure 3. Monthly Telehealth Regional Tracker: April 2020, United States

In March and April 2020, established patient E&M services and psychotherapy visits of varying lengths dominated the lists of top procedures rendered via telehealth. Telephone services, such as CPT 99441 (5-10 minute telephone service) and CPT 99442 (11-20 minute telephone service), became less frequent, and by April, they had dropped to the bottom of the top five procedure codes nationally (figure 3) and in every region except for the West, where they fell off the list entirely.

Nationally and in all regions, the top five telehealth diagnoses that spring indicated that telehealth was being used for conditions that had not been among the top five the year before—such as hypertension, diabetes mellitus, joint/soft tissue diseases and issues and developmental disorders. Mental health conditions, which became the number one telehealth diagnosis nationally and in every region in March 2020, accounted for an even larger share of telehealth claim lines by May 2020, increasing from 33.91 percent of telehealth claim lines nationally in March 2020 to 39.56 percent in May 2020.

After the first months of the pandemic, many of the restrictions on elective in-person care expired in May 2020. Telehealth had another large year-to-year increase—its share of medical claim lines increased 5,680 percent nationally, from 0.15 percent of medical claim lines in May 2019 to 8.69 percent in May 2020—but the increase was not as large as it was from April 2019 to April 2020. On a month-to-month basis, telehealth claim lines as a percentage of all medical claim lines fell 33 percent nationally from April to May 2020. Nevertheless, the pandemic continued and telehealth usage remained high in comparison with 2019.

Summer 2020

In the summer months of June to August 2020, telehealth continued to have large year-to-year increases—smaller than during the spring wave, but substantial enough to suggest telehealth’s staying power. For example, telehealth’s share of medical claim lines increased 4,131 percent nationally from June 2019 to June 2020, rising from 0.16 percent of medical claim lines in June 2019 to 6.85 percent in June 2020.

However, at the beginning of the summer, in each region and nationally, there was a small decline in the volume of telehealth claim lines from month to month. While increasing notably from 2019 to 2020, telehealth’s share of medical claim lines fell 12 percent nationally, from 6.85 percent of medical claim lines in June 2020 to 6 percent in July 2020. In August, there were month-to-month variations somewhat commensurate with changes in the pandemic—for example, telehealth’s share of medical claim lines rose the most (9.7 percent) in the South, which was particularly hard-hit in the summer; it fell the most (7.7 percent) in the Northeast, which had experienced its peak of cases that year in the spring.

Throughout the summer, urban utilization of telehealth services continued to outdistance rural utilization nationally and in every region. From June to August 2020, telehealth captured between 7.29 and 6.36 percent of medical claim lines in urban areas, respectively, and only 3.05 to 3.45 percent in rural areas, respectively. This trend of higher utilization rates in urban areas, as compared to rural areas, persisted through the rest of the year.

Although the top procedures conducted via telehealth largely remained the same from spring through summer 2020—consisting of E&M services, psychotherapy visits and short telephone services—the top telehealth diagnoses continued to diversify. In June 2020, exposure to communicable diseases became the fifth most common diagnosis in the South and West, which was likely a result of patients contacting providers via telehealth out of concern they had been exposed to COVID-19. Notably, in July 2020, substance use disorders emerged as one of the top five telehealth diagnoses in the Northeast, where it ranked fifth. This is consistent with an increase in substance use disorders that was reported during the COVID-19 pandemic by the CDC⁷ and others.

⁷ Mike É. Czeisler et al., “Mental Health, Substance Use, and Suicidal Ideation during the COVID-19 Pandemic – United States, June 24–30, 2020,” *Morbidity and Mortality Weekly Report* 69, no. 32 (August 14, 2020): 1049–57, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>.

Mental health conditions continued to rise as a share of all telehealth diagnoses during the summer, growing nationally from 45.39 percent to 48.93 percent from July to August 2020. During that same period, acute respiratory diseases and infections rose from the fifth most common diagnosis in telehealth nationally (at 2.37 percent) to the fourth most common (at 2.32 percent). Even so, acute respiratory diseases and infections accounted for a much smaller share of telehealth claim lines in August 2020 than they did in August 2019 (17.63 percent; figure 4), due to the diversity of other diagnoses that became more common in telehealth as a result of the pandemic.

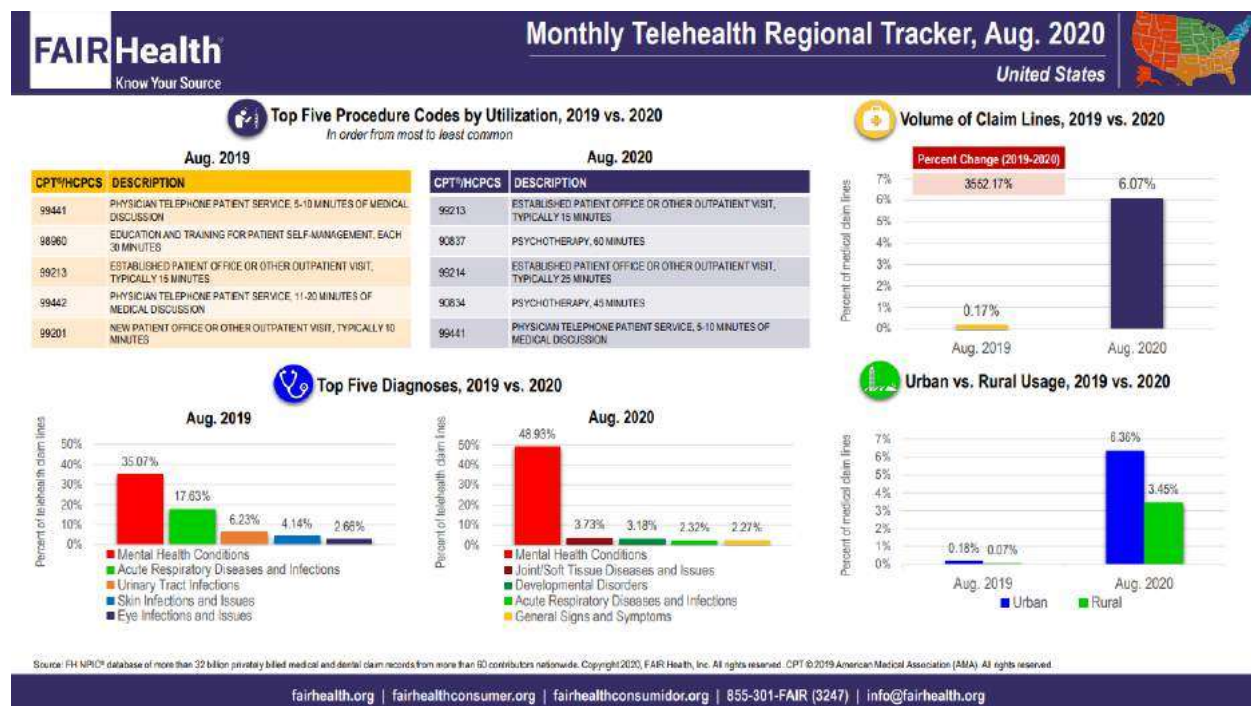


Figure 4. Monthly Telehealth Regional Tracker: August 2020, United States

Fall 2020

At the beginning of fall 2020, telehealth maintained its pattern of marked, though declining, increases in utilization compared to the year before. Telehealth's share of medical claim lines increased 2,980 percent nationally from September 2019 to September 2020, rising from 0.16 percent of all medical claim lines in September 2019 to 5.07 percent in September 2020. From month to month, telehealth's share of medical claim lines fell 16.5 percent nationally, from 6.07 percent in August 2020 to 5.07 percent in September 2020. The following month, however, telehealth claim lines' share rose 10.6 percent nationally, coinciding with a surge in COVID-19 cases beginning in October 2020 (figure 5). There were sizable year-to-year and smaller month-to-month increases in each region as well. Month-to-month growth continued in November nationally and in all regions but the South.

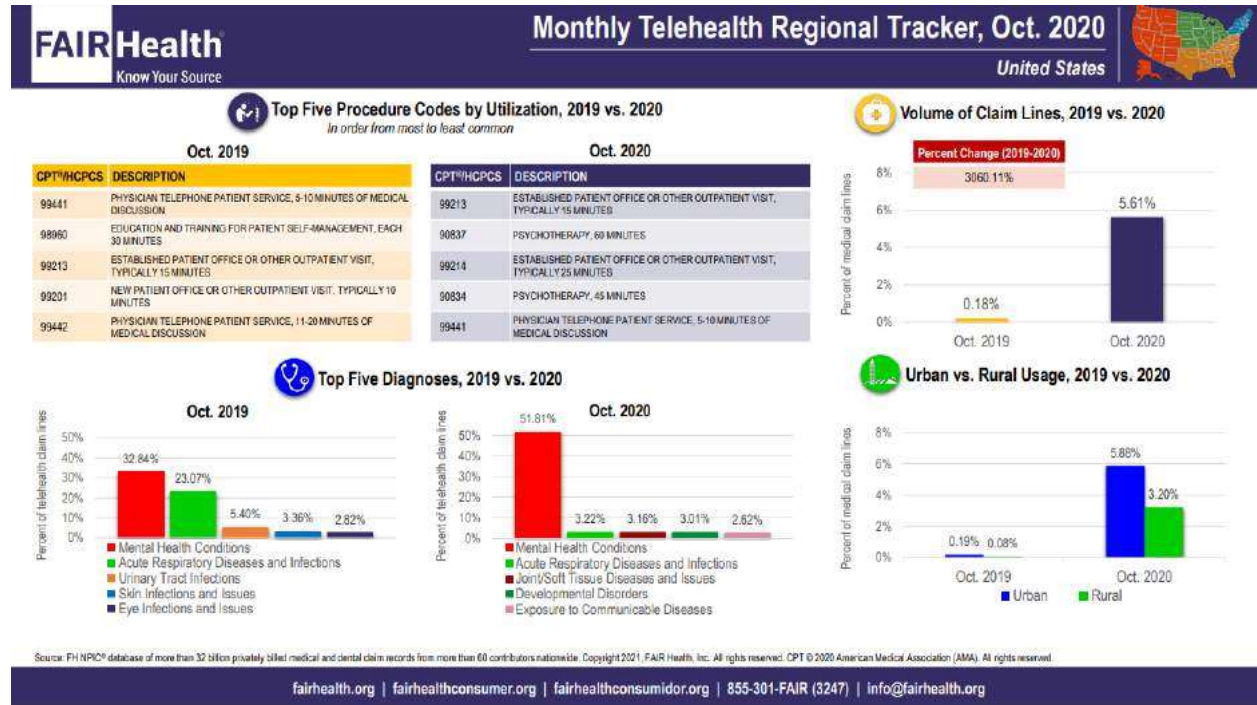


Figure 5. Monthly Telehealth Regional Tracker: October 2020, United States

The rising number of COVID-19 cases in the late fall of 2020 brought notable changes to the top five telehealth diagnoses by volume. In October 2020, exposure to communicable diseases joined the rankings nationally (figure 5) and in every region. As a result, different diagnoses fell out of the lists in different regions, such as substance use disorders in the Northeast and hypertension in the South.

By November 2020, exposure to communicable diseases was number two on the national list of telehealth diagnoses and rose in the rankings in all regions except the Midwest, where it stayed at number three, the same as the previous month. Also in November 2020, COVID-19 appeared for the first time on one of the regional lists of top five telehealth diagnoses, ranking fourth in the Midwest (figure 6).

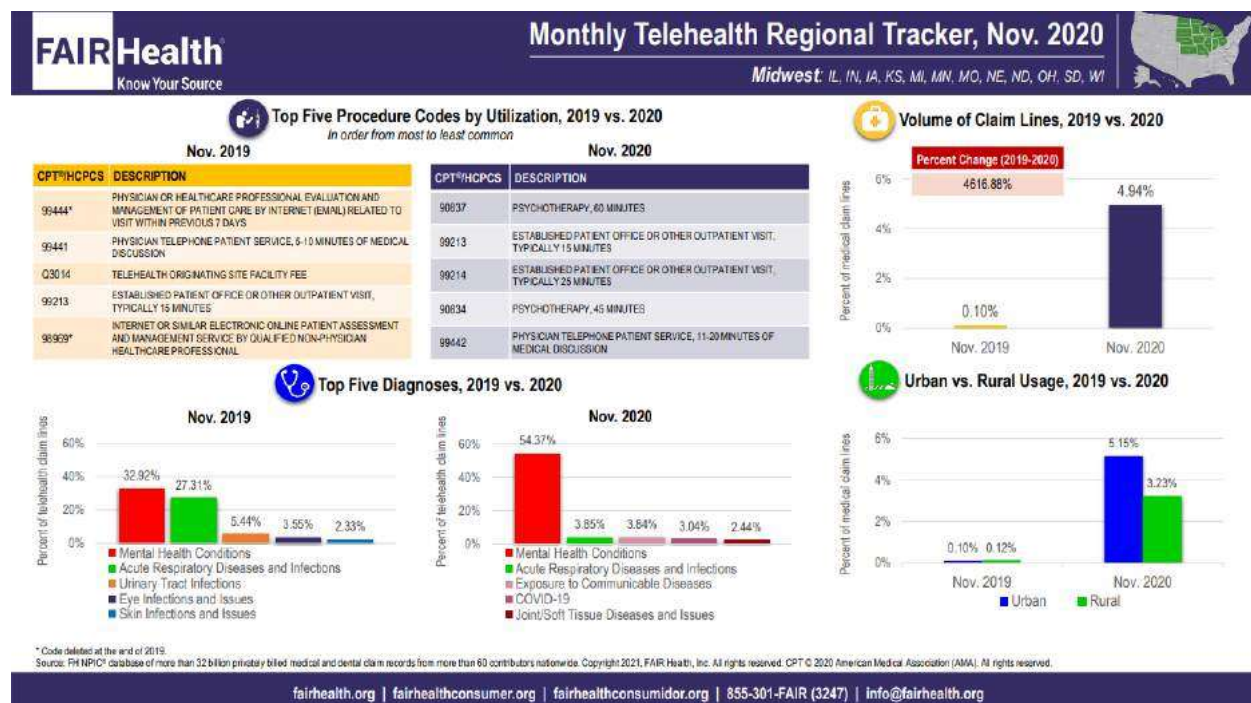


Figure 6. Monthly Telehealth Regional Tracker: November 2020, Midwest

Although mental health conditions remained the number one telehealth diagnosis nationally and in every region, its percentage of telehealth claim lines fell, perhaps as a result of an increase in COVID-19-related visits. Nationally, mental health conditions decreased from 51.81 percent of telehealth claim lines in October 2020 (figure 5) to 48.17 percent in November 2020. Telehealth nonetheless remained a leading venue for the delivery of mental health services, which is apparent in the rankings of top telehealth procedure codes. In September and October 2020, CPT 90834 (45-minute psychotherapy) and CPT 90837 (60-minute psychotherapy) rose to numbers one and two, respectively, on the list of the top telehealth procedure codes in the Northeast. In October and November 2020, CPT 90837 was also the most common telehealth service in the Midwest (figure 6).

Telehealth utilization as a percentage of all medical claim lines increased 2,817 percent nationally from December 2019 to December 2020, rising from 0.22 percent in December 2019 to 6.51 percent in December 2020 (figure 7). On a month-to-month basis, telehealth's share of claim lines rose 8.3 percent nationally from November to December 2020. In each region, there were sizable percent increases in the volume of telehealth claim lines from December 2019 to December 2020; smaller increases occurred from November to December 2020 in every region but the Midwest.

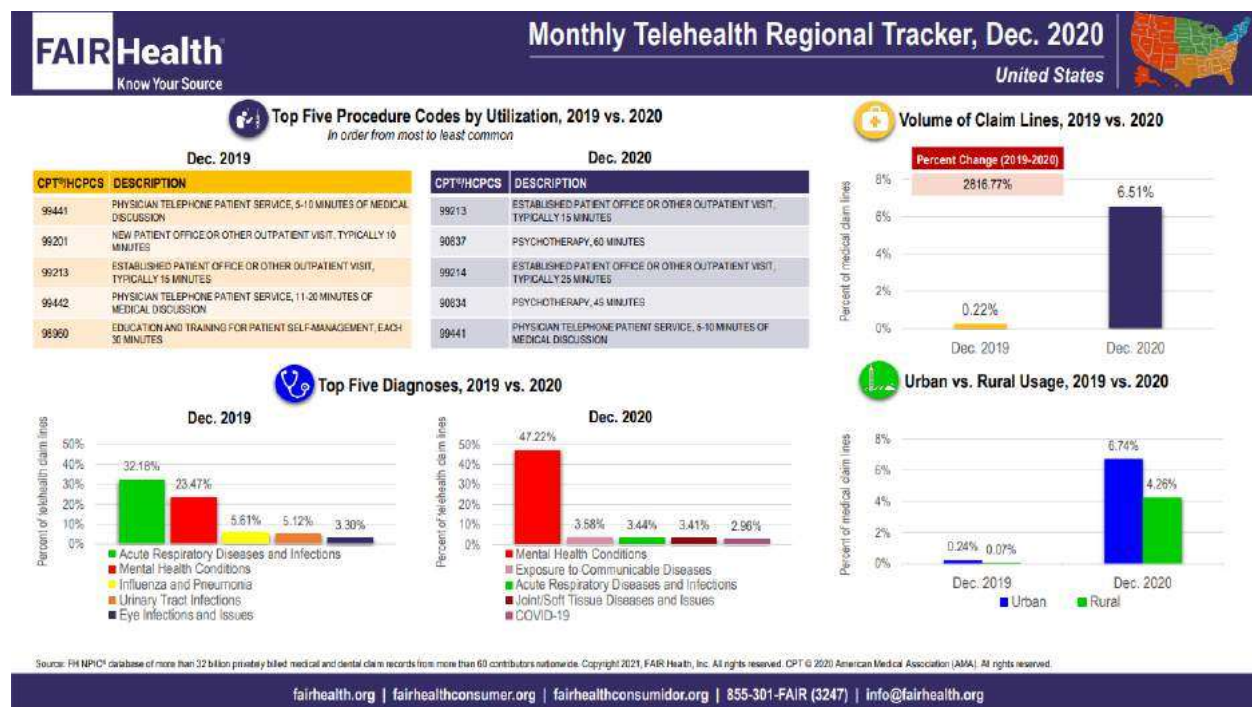


Figure 7. Monthly Telehealth Regional Tracker: December 2020, United States

COVID-19, for the first time, became one of the top five telehealth diagnoses nationally (figure 7) and in every region in December 2020. Its prominence may have reflected the surging number of COVID-19 cases and relatively fewer telehealth visits for other conditions, such as the flu, cases of which were unusually low⁸ that season. Mental health conditions continued to be the number one telehealth diagnosis nationally and in every region. Exposure to communicable diseases continued to be number two on the national list of telehealth diagnoses (figure 7) and to appear in the top five in all regions.

Also notable in December was the lack of change in the top five procedure codes by utilization. There were no changes nationally or by region from November to December 2020 in the top procedure codes, even though there had been changes in at least some regions in previous months. This suggests that the telehealth procedures being performed might have stabilized by December.

⁸ Julia Ries, "While COVID-19 Is Raging, Flu Cases Remain Unusually Low," Healthline, January 7, 2021, <https://www.healthline.com/health-news/while-covid-19-is-raging-flu-cases-remain-unusually-low>.

Monthly Telehealth Regional Tracker 2.0 (2021)

A year after launching the Telehealth Tracker, FAIR Health enhanced the tool to offer additional insights into telehealth's evolution. Rather than comparing the same month across years (2019 versus 2020), the updated Telehealth Tracker offered a month-to-month comparison to help stakeholders obtain a better understanding of whether the increases in telehealth utilization that occurred during the initial onset of the pandemic continued, plateaued, changed in substance or decreased in 2021.

The data fields evaluated in the 2021 Telehealth Tracker included telehealth's volume of claim lines, top five procedure codes, top diagnoses and top mental health diagnoses.

Winter 2021

As the COVID-19 pandemic entered its second year, utilization of telehealth continued to grow nationally and in every region. Telehealth's share of medical claim lines increased nationally 7.69 percent, rising from 6.5 percent of medical claim lines in December 2020 to 7 percent in January 2021. Telehealth's continued growth can likely be attributed to the high rates of COVID-19 cases prevailing in the new year.⁹ Indeed, COVID-19 continued to be one of the top five telehealth diagnoses nationally and in all regions but the Midwest.

One change that occurred in the top telehealth diagnoses in January 2021 was the disappearance of exposure to communicable diseases (such as when a patient reports exposure to COVID-19) from the rankings nationally and in every region. Other diagnoses varied by region, with substance use disorders returning to the Northeast's list for the first time since September 2020, and developmental disorders and diabetes mellitus joining the Midwest's list.

Also in January 2021, for the first time since the onset of the pandemic, a psychotherapy code became the most common telehealth procedure code nationally. The procedure code, CPT 90837 (60-minute psychotherapy), had been the second most common telehealth procedure code in December 2020 (and for several months in late 2020), while CPT 99213 (15-minute established patient office or other outpatient visit) had been in first place.¹⁰ The following month, the two codes switched places.

⁹ Will Feuer and Nate Rattner, "U.S. Reports Record Number of Covid Deaths in January as New Strains Threaten Progress," CNBC, January 27, 2021, <https://www.cnbc.com/2021/01/27/us-reports-record-number-of-covid-deaths-in-january.html>.

¹⁰ In 2021, CPT 99213 changed its description from a 15-minute established patient office or other outpatient visit to a 20 to 29-minute established patient outpatient visit.

In February 2021, telehealth experienced its first month-to-month drop in national utilization since September 2020. Telehealth's share of medical claim lines fell 15.71 percent nationally, decreasing from 7 percent of medical claim lines in January 2021 to 5.9 percent in February 2021. Telehealth utilization also declined in all four census regions, with the greatest drop in the West, where the decrease was 18.28 percent (figure 8). This change may have been related to the national drop in COVID-19 cases reported to the CDC in February,¹¹ which also resulted in the disappearance of COVID-19 from the top five telehealth diagnoses lists nationally and in every region that month.

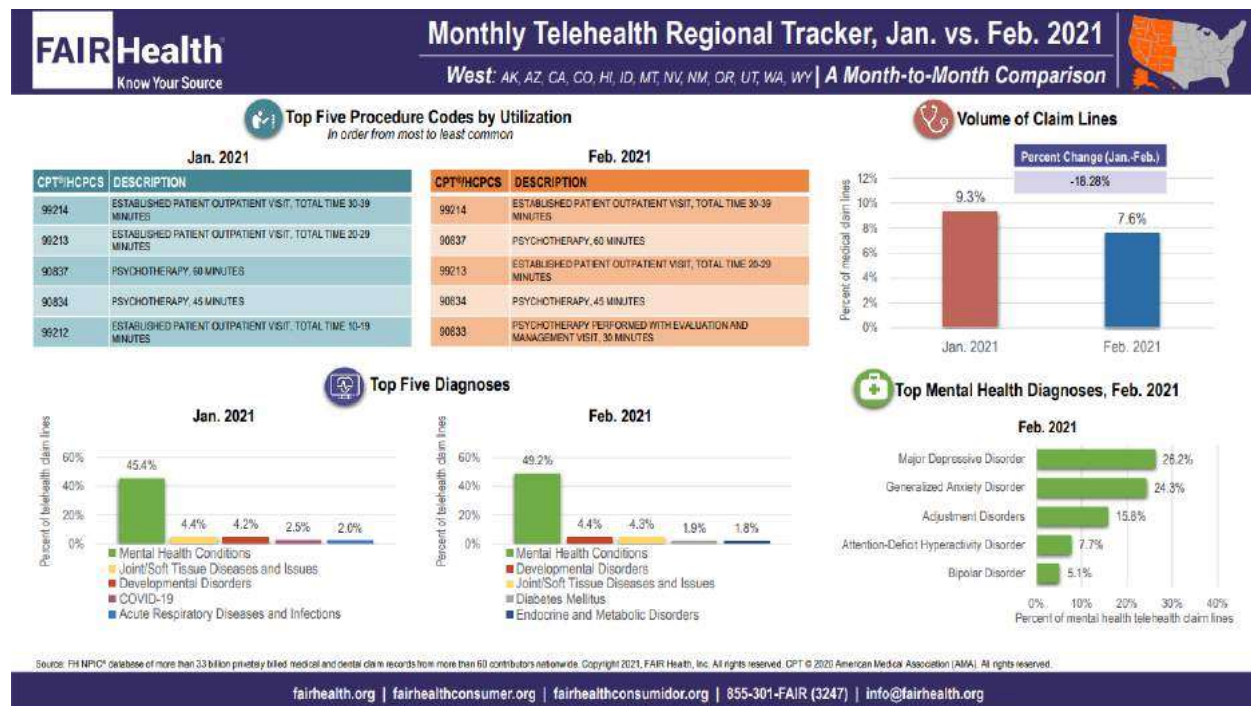


Figure 8. Monthly Telehealth Regional Tracker: January versus February 2021, West

In COVID-19's stead, other conditions joined the rankings of the top five telehealth diagnoses in February 2021. Hypertension joined the national list, substance use disorders joined the list in the Midwest, developmental disorders joined the list in the South, and diabetes mellitus and endocrine and metabolic disorders joined the top five in the West (figure 8).

Mental health conditions continued to be the number one telehealth diagnosis nationally and regionally in both January and February 2021. Within that category, nationally and in all regions but the West, the top granular diagnosis was generalized anxiety disorder. In the West, the top mental health diagnosis was major depressive disorder (figure 8). Other conditions included in the rankings were adjustment disorders, attention-deficit hyperactivity disorder, bipolar disorder, mood affective disorders and post-traumatic stress disorder.

¹¹ "COVID Data Tracker," CDC, last updated May 25, 2022, https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases.

Spring 2021

In spring 2021, telehealth utilization continued the national decrease that began in February. Telehealth claim lines decreased from 5.9 percent of all medical claim lines in February to 5.6 percent in March and 4.9 percent in April (figure 9). This decline coincided with a national drop in COVID-19 cases and increasing vaccination rates.¹²

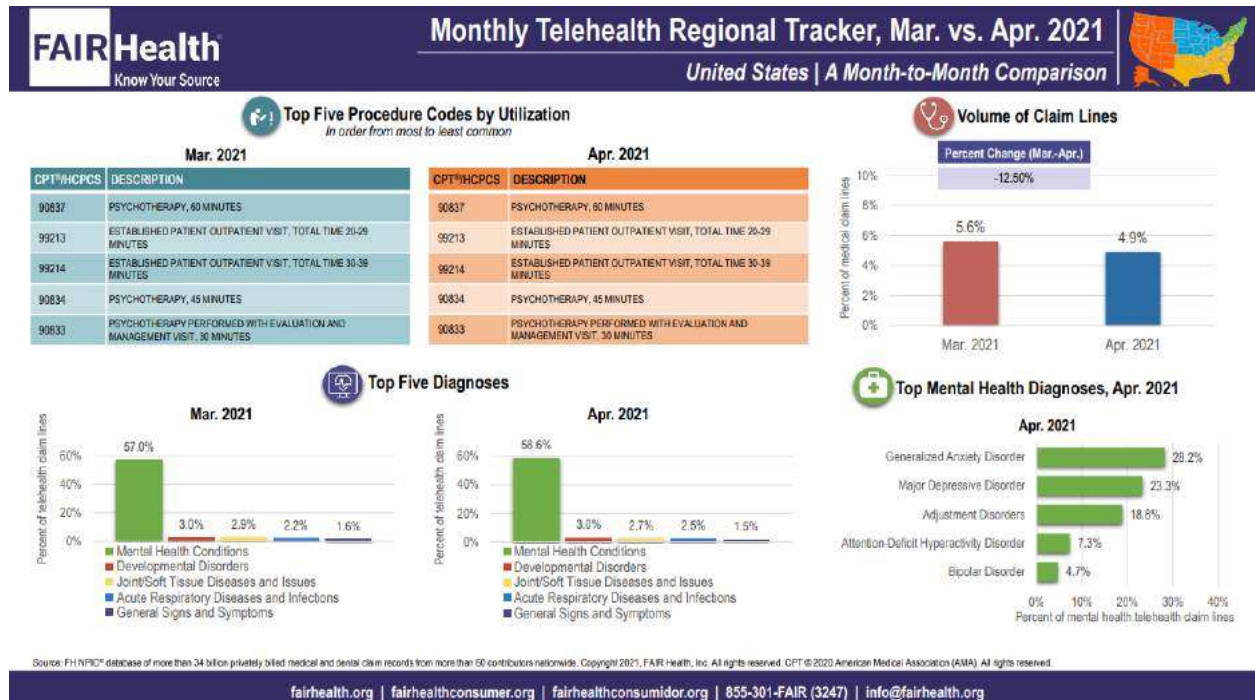


Figure 9. Monthly Telehealth Regional Tracker: March versus April 2021, United States

The decline in telehealth utilization appeared to be driven by the return of non-mental-health services to in-person settings from telehealth, where they had shifted during the COVID-19 pandemic. In March, nationally and in several regions, psychotherapeutic/psychiatric codes replaced or outranked E&M services in the list of top five telehealth procedure codes. For example, in the South, CPT 90837 (60-minute psychotherapy) rose from the number three to the number one position in the top five list, supplanting two E&M codes: CPT 99214 (30-39-minute established patient outpatient visit) and CPT 99213 (20-29-minute established patient outpatient visit). This trend of psychotherapeutic/psychiatric codes rising and E&M codes falling as a percentage of telehealth procedure codes continued into April and May.

Mental health conditions remained the number one telehealth diagnosis category nationally and in every region, with their national percentage of telehealth claim lines rising from March to May 2021. Nationally, for example, mental health conditions increased from 57 percent of telehealth claim lines in March to 58.6 percent in April (figure 9). Within the category of mental health conditions, there were no changes in the rankings of top mental health diagnoses nationally or regionally. In addition, in May 2021, substance use disorders were found among the lists of top diagnoses nationally, in the Midwest and Northeast, which was consistent with reports of increased misuse of opioids and stimulants during the pandemic.¹³

¹² Liz Hamel, Grace Sparks and Mollyann Brodie, "KFF COVID-19 Vaccine Monitor: February 2021," KFF, February 26, 2021, <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-february-2021/>.

¹³ Ashley Abramson, "Substance Use during the Pandemic," American Psychological Association, March 1, 2021, <https://www.apa.org/monitor/2021/03/substance-use-pandemic>.

Other top telehealth diagnoses continued to evolve as COVID-19 vaccinations increased and adult conditions were returning to in-office treatment. In March 2021, hypertension, as well as joint and soft tissue diseases, dropped in the rankings of telehealth diagnoses nationally and in some regions. Developmental disorders remained steady or rose in the rankings, however; this may be because children were not yet eligible for vaccination in March 2021. In the following spring months, acute respiratory diseases and infections climbed in the rankings of top telehealth diagnoses, becoming the third most common diagnosis nationally and appearing among the lists in every region by May 2021. As the COVID-19 pandemic seemingly waned, this suggested a return to non-COVID respiratory conditions, such as colds and bronchitis.

Summer 2021

Telehealth utilization continued to decline at the beginning of summer 2021. Nationally, telehealth claim lines as a percentage of all medical claim lines fell 10 percent from May to June 2021 and 6.67 percent from June to July 2021. The percentage of medical claim lines attributable to telehealth also fell in all four US census regions, with the sharpest decreases occurring in the Northeast in June and in the South in July.

In August 2021, however, telehealth utilization as a percentage of all medical claim lines rose nationally by 2.38 percent and in all US census regions (except the Midwest), halting months of decline. The growth in the South surpassed that in all other geographical areas, rising 12.9 percent from July to August 2021 (figure 10). This growth coincided with the peak of the surge in COVID-19 cases driven by the Delta variant in the South.¹⁴ This may suggest that the increase in telehealth use was propelled by patients and providers seeking a venue of care that reduced the risk of disease transmission.

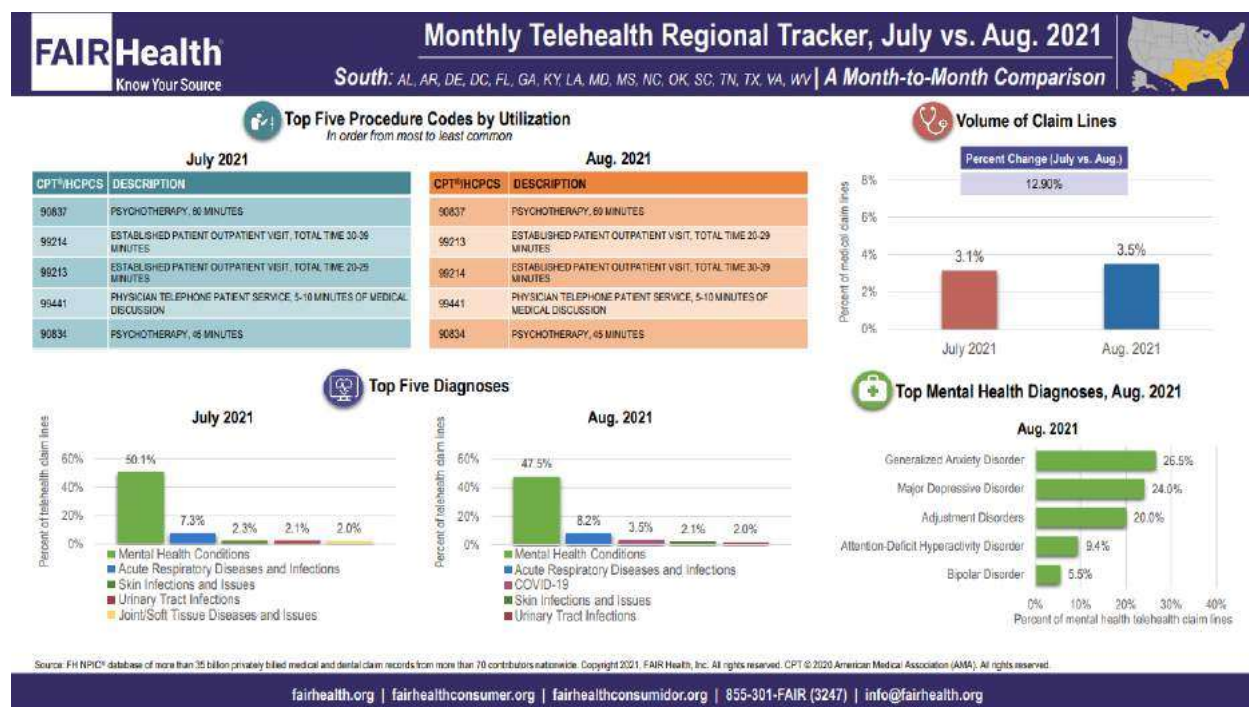


Figure 10. Monthly Telehealth Regional Tracker: July versus August 2021, South

There were some changes in the top five telehealth procedure codes by utilization that summer, though CPT 90837 (60-minute psychotherapy) maintained its number one rank nationally and in all regions,

¹⁴ David Leonhardt and Ashley Wu, "Has Delta Peaked?," *New York Times*, September 1, 2021, updated September 17, 2021, <https://www.nytimes.com/2021/09/01/briefing/delta-peak-covid-caseload.html>.

which it assumed in March 2021. Nationally, in June 2021, CPT 99214 (30-39-minute established patient outpatient visit) rose from third to second place, while CPT 99213 (20-29-minute established patient outpatient visit) fell from second to third place; however, these codes reversed their change in places in July 2021. In August 2021, CPT 99441 (5-10 minute physician telephone patient service) joined the top five telehealth procedure codes nationally. Ranking at number five, it displaced CPT 90833 (30-minute psychotherapy performed with E&M visit).

The Telehealth Tracker reported changes in top diagnoses throughout the summer of 2021. In the South, urinary tract infections and skin infections and issues ranked among the top diagnoses from June to August 2021 (figure 10). This was the first time since the start of the pandemic in March 2020 that these diagnoses appeared on the regional or national lists, although they had been common on the lists prior to the pandemic. Acute respiratory diseases and infections continued to rise in the national ranking, making up 2.9 percent of telehealth claim lines in June 2021 and 4.2 percent by August 2021.

COVID-19 joined the top five telehealth diagnoses nationally in August 2021, the first time it had done so since January 2021. While COVID-19 ranked at number five among telehealth diagnoses nationally in August, it ranked at number three in the South (figure 10). The only region where it did not appear in the top five was the Northeast. The increase in claim lines associated with COVID-19 may have driven a decrease in mental health conditions' share of telehealth claim lines, which declined in the South from 50.1 percent in July to 47.5 percent in August 2021 (figure 10). Despite this drop, mental health conditions remained the number one telehealth diagnosis nationally and in every region.

Nationally, generalized anxiety disorder maintained its rank as the top mental health diagnosis via telehealth throughout the summer of 2021, followed by major depressive disorder, adjustment disorders, attention-deficit hyperactivity disorder and bipolar disorder. In August 2021, post-traumatic stress disorder (PTSD) appeared in the number five rank in the Northeast, displacing bipolar disorder. It was the first time in months that PTSD had ranked among the top five mental health diagnoses in any region but the Midwest, where it has been number five since February 2021.

Fall 2021

With the decline of the Delta variant's presence and the emergence of the highly transmissible Omicron variant, the use of telehealth and top telehealth diagnoses fluctuated throughout the fall of 2021. In September, for the second straight month, national telehealth utilization grew 2.33 percent, accounting for 4.4 percent of all medical claim lines (figure 11). Though COVID-19 dropped out of the top five telehealth diagnoses nationally, it remained on the list in the Midwest. In its place, substance use disorders joined the top diagnoses nationally, and developmental disorders rose from fourth to third place in the ranking (figure 11).

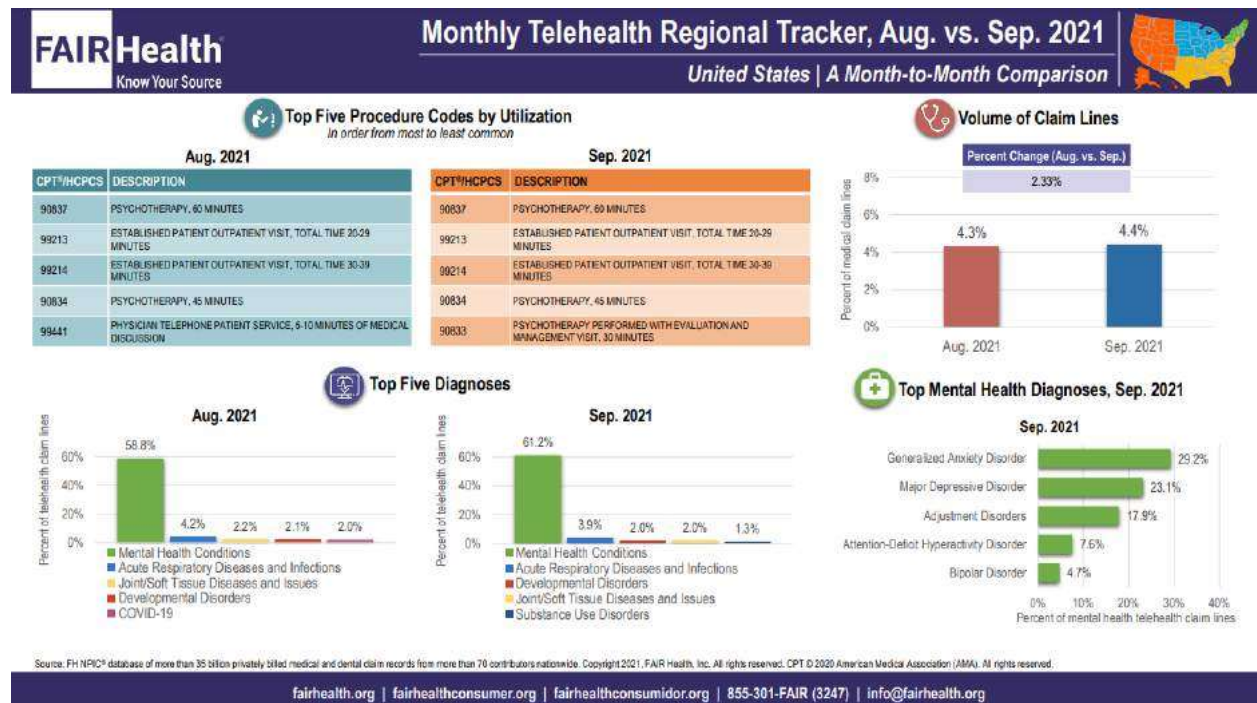


Figure 11. Monthly Telehealth Regional Tracker: August versus September 2021: United States

In October 2021, telehealth experienced a sharp decline in national utilization, falling 6.82 percent in its share of all medical claim lines. All regions except for the Northeast also saw a decline in telehealth utilization that month. The greatest decline (11.43 percent) occurred in the South. As telehealth usage fell, COVID-19 disappeared from top diagnoses in the Midwest and, as a result, was no longer in the top five nationally or in any region. The Midwest joined the Northeast in having substance use disorders among its top five telehealth diagnoses.

In November 2021, when the Omicron variant was first detected in the United States,¹⁵ telehealth's share of medical claim lines increased 7.32 percent nationally as compared to the prior month; it also increased in every region, with the greatest increase (8.33 percent) occurring in the Northeast (figure 12). Substance use disorders fell out of the national list of top telehealth diagnoses to make way for the return of COVID-19, which ranked in fifth place. In the Northeast, COVID-19 also returned to the top five telehealth diagnoses (figure 12); it had not been listed in that region since January 2021. The Midwest also saw the reappearance of COVID-19 on its list. Also in these two regions, joint/soft tissue diseases and issues dropped out of the top five.

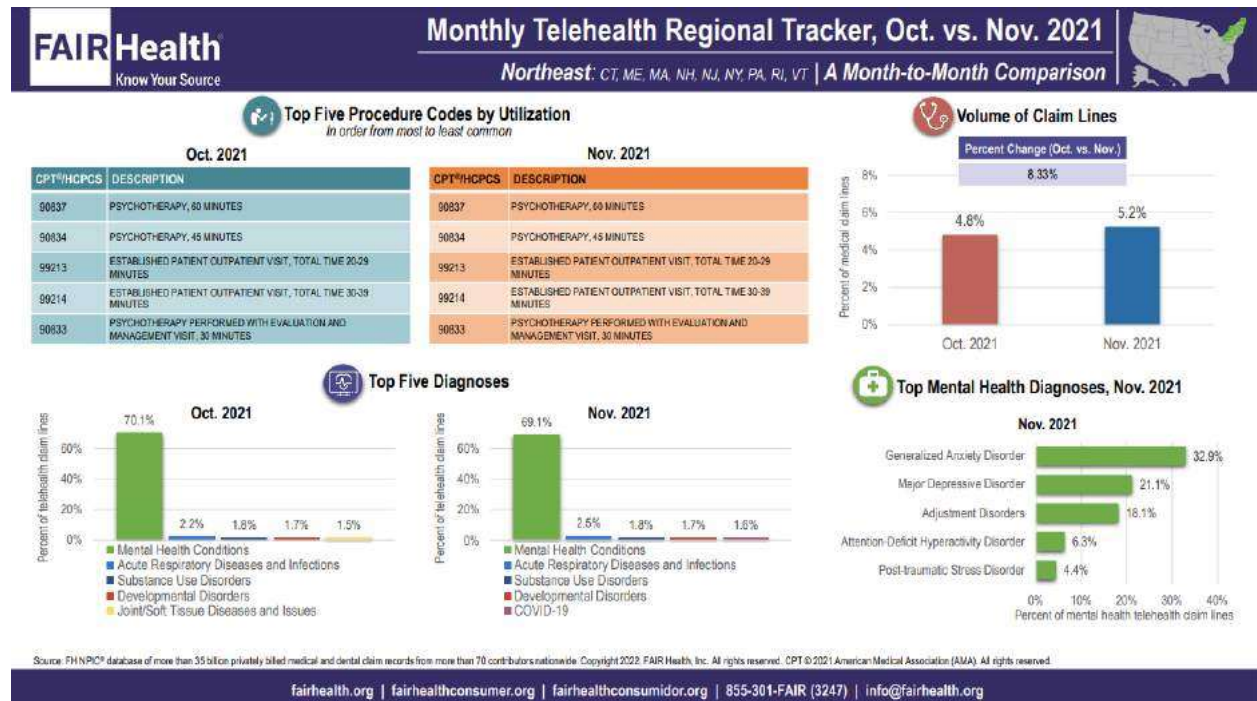


Figure 12. Monthly Telehealth Regional Tracker: October versus November 2021, Northeast

Mental health conditions remained the top-ranking telehealth diagnosis nationally and in every region. Similarly, CPT 90837 (60-minute psychotherapy) maintained its position as the number one procedure code nationally and in every region. Changes in the top telehealth procedures in the fall of 2021 included the addition of CPT 90833 (30-minute psychotherapy performed with E&M visit) to the national list in September. It maintained its rank as number five for the rest of the fall. Nationally and in the Midwest, CPT 99213 (20-29-minute established patient outpatient visit) and CPT 99214 (30-39-minute established patient outpatient visit) switched places in November 2021.

¹⁵ "First Confirmed Case of Omicron Variant Detected in the United States," CDC, December 1, 2021, <https://www.cdc.gov/media/releases/2021/s1201-omicron-variant.html>.

In December 2021, telehealth's share of medical claim lines increased nationally by 11.36 percent, from 4.4 percent of all medical claim lines in November to 4.9 percent in December. Telehealth utilization also increased in every US census region, with the greatest increase (18.18 percent) in the South (figure 13).

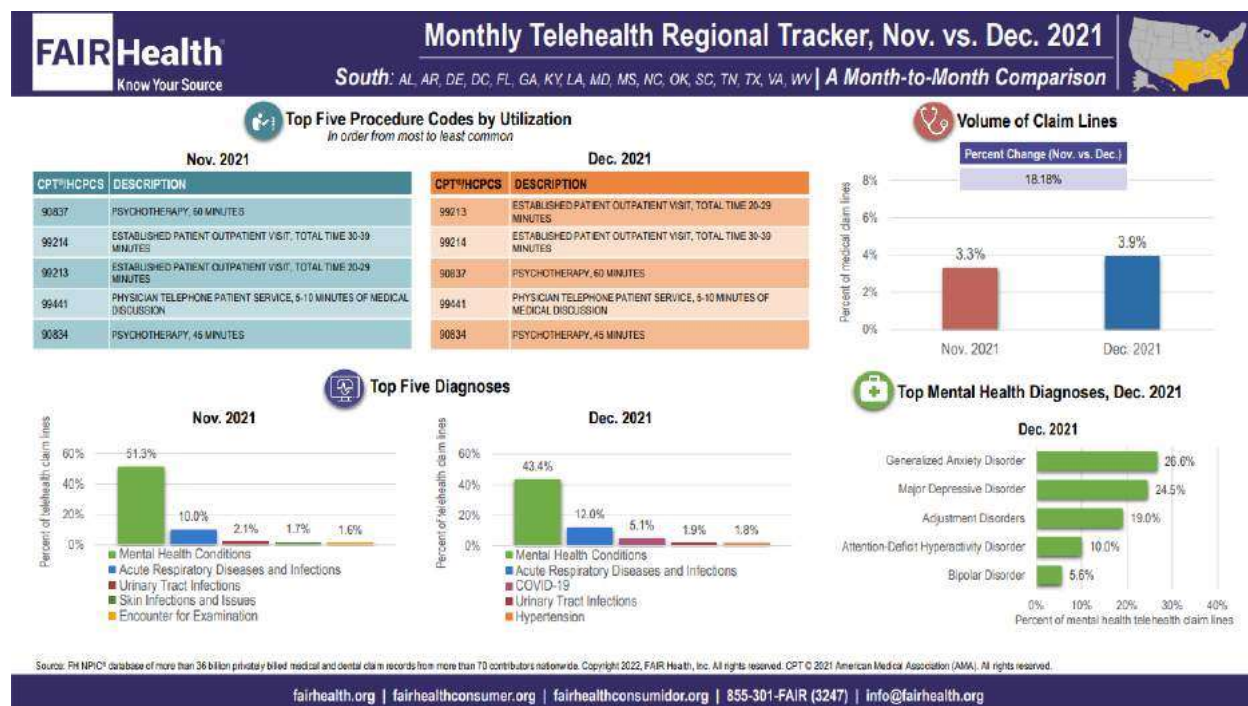


Figure 13. Monthly Telehealth Regional Tracker: November versus December 2021, South

The December 2021 increases in telehealth utilization coincided with the nationwide surge of COVID-19 cases,¹⁶ fueled by the Omicron variant. COVID-19, which was among the top five telehealth diagnoses nationally and in the Midwest and Northeast, continued to hold that status in December, while also joining the top five telehealth diagnoses in the South (figure 13) and West. Nationally, from November to December 2021, COVID-19 rose from fifth place to third place among telehealth diagnoses; in the Northeast, the epicenter of December's Omicron surge, COVID-19 rose from fifth place to second place.

Mental health conditions remained the number one diagnosis in the nation and all regions, but everywhere fell in percentage share. In the South, mental health conditions fell to less than 50 percent of telehealth claim lines (43.4 percent), the only region where that was the case (figure 13). Similarly, the percentage share of CPT 90837 (60-minute psychotherapy) fell nationally and regionally among the top procedure codes; in the South, it fell from first to third place (figure 13). This was part of a general trend in December 2021 toward lower utilization of psychotherapeutic/psychiatric procedure codes and higher utilization of E&M codes. For example, in the Midwest, CPT 99212, an E&M code (10-19-minute established patient outpatient visit), supplanted CPT 90833, a psychotherapeutic code (30-minute psychotherapy performed with E&M visit), in fifth place among telehealth procedure codes.

¹⁶ Lauren Leatherby, Charlie Smart and Amy Schoenfeld Walker, "Omicron Drives US Virus Cases past Delta's Peak," *New York Times*, December 23, 2021, <https://www.nytimes.com/interactive/2021/12/23/us/omicron-case-count.html>.

Monthly Telehealth Regional Tracker 3.0 (2022)

The Telehealth Tracker underwent further changes in its third year of reporting on telehealth's evolution. Beginning in 2022, each infographic shows month-to-month changes in telehealth's volume of claim lines, top five procedure codes, top five diagnoses and top five specialties. The Telehealth Tracker also now features the Telehealth Cost Corner, which presents a specific telehealth procedure code with median charge and allowed amounts.

Winter 2022

As the wave of cases related to the Omicron variant persisted into 2022, telehealth utilization further increased, capturing 5.4 percent of all medical claim lines nationally in January 2022—a 10.2 percent increase from the month before. The West, which experienced the greatest increase in telehealth utilization (17.54 percent), was the only location where COVID-19 did not fall in its share of telehealth claim lines. This diagnosis continued to rank at number two or three among the top five telehealth diagnoses nationally and in all regions.

Mental health conditions remained in first place among the top diagnoses nationally and in all regions, but certain other diagnoses changed. Developmental disorders, for example, rejoined the top five diagnoses in the Northeast after a month off the list, and encounter for examination rejoined the top five in the South after a month off that list.

In January 2022, social worker was the leading telehealth specialty nationally and in all regions but the West, where primary care physician was the leading telehealth specialty, 0.1 percent ahead of social worker. In every other region and nationally, primary care physician was in second place behind social worker. Nationally, psychiatrist, psychologist and primary care nonphysician were in third, fourth and fifth place, respectively.

In February 2022, following three months of growth, telehealth's share of medical claim lines declined 9.26 percent nationally, likely due to a sharp decline in new cases of COVID-19¹⁷ and diminishing concerns about infection (figure 14). Accordingly, COVID-19 fell out of the top five telehealth diagnoses nationally and in every US census region. Other diagnoses rose to take its place, such as substance use disorders, which reentered the top five nationally (figure 14) and in the Midwest and moved from fourth place to second place in the Northeast. Developmental disorders reentered the top five in the South, and endocrine and metabolic disorders reentered the top five in the West.

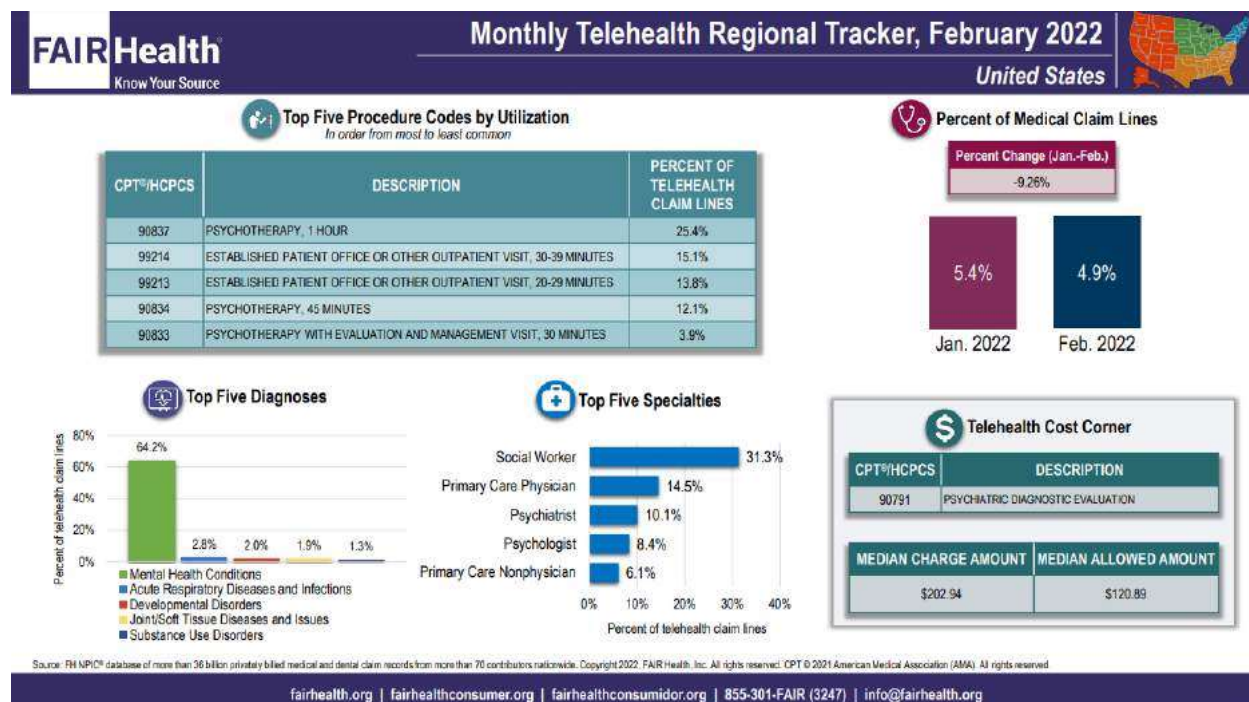


Figure 14. Monthly Telehealth Regional Tracker: February 2022, United States

Also in February 2022, social worker became the most common specialty used for telehealth in the West, a position it continued to hold in every other region and nationally. Given that the most common telehealth service social workers provide is psychotherapy, it is unsurprising that CPT 90837 (60-minute psychotherapy), the leading procedure code nationally and regionally, rose everywhere in its percentage share of claim lines.

In January and February, the Telehealth Cost Corner spotlighted the costs of CPT 92507, treatment of speech, language voice, communication and/or hearing processing disorder, and CPT 90791, psychiatric diagnostic evaluation, respectively. Nationally, the median charge amount for CPT 92507 when rendered via telehealth was \$129.92, and the median allowed amount was \$77.64. The national median charge amount for CPT 90791 when rendered via telehealth was \$202.94, and the median allowed amount was \$120.89 (figure 14).

Spring 2022

In March 2022, telehealth utilization, as measured by telehealth's share of all medical claim lines, continued to fall, decreasing 6.1 percent nationally from the previous month. Telehealth utilization also decreased in March in every US census region (Midwest, Northeast, South and West), with the greatest decrease (8.1 percent) in the South, followed closely by the West (7.8 percent). The drop in telehealth

¹⁷ Tina Reed, "COVID Cases Continue Steep Decline in U.S.," Axios, March 3, 2022, <https://www.axios.com/2022/03/03/covid-cases-continue-steep-decline-in-us>.

utilization was likely due to continuing reduction in the reported number and severity of COVID-19 infections,¹⁸ which may have led more patients to return to in-person healthcare services.

The top telehealth procedure codes did not change nationally or in any region, with CPT 90837 (60-minute psychotherapy) maintaining its number one rank. The top diagnoses nationally likewise remained the same in March, but there were some changes at the regional level. In the Northeast, acute respiratory diseases and infections rose from fifth place to second place in the rankings. In the South, encounter for examination fell off the list and urinary tract infections rejoined the list (in fifth place) for the first time since December 2021.

Similarly, the rankings of the top five telehealth specialties saw only one change in March 2022. In the Midwest, psychiatrist and primary care nonphysician switched places, with the former rising to fourth place in March and the latter dropping to fifth place. In all regions and nationally, for the second month in a row, social worker remained the top telehealth specialty.

For March 2022, the Telehealth Cost Corner shed light on the cost of CPT 97803, therapy procedure reassessment for nutrition management, each 15 minutes. Nationally, the median charge amount for this service when rendered via telehealth was \$49.97, and the median allowed amount was \$31.58.

Conclusion

Although telehealth was somewhat increasing before the COVID-19 pandemic, the onset of the pandemic led to growth on a scale not previously seen. From March 2020 to February 2022, changes in telehealth utilization were seemingly driven by the course of the pandemic. Given that telehealth helped serve to reduce the risk of COVID-19 transmission associated with in-person services, telehealth utilization increases coincided with surges in COVID-19 cases. After the initial wave of the pandemic in spring 2020, for example, telehealth claim lines, as a share of all medical claim lines, fell 33 percent nationally in May 2020. A few months later, during the fall 2020 wave of COVID-19, telehealth's share of medical claim lines rose 10.6 percent nationally from September to October 2020. These monthly variations continued through the start of 2022, though telehealth utilization never declined to pre-pandemic rates; nationally, telehealth accounted for only 0.17 percent of medical claim lines in January 2019, but 5.4 percent of claim lines in January 2022.

Another key finding is the distinction between top procedures and diagnoses conducted via telehealth before and during the pandemic. Pre-pandemic, the services most commonly performed via telehealth were telephone visits, shorter E&M services and patient self-management education. By the end of 2020, the top five procedure codes had largely stabilized, consisting of psychotherapeutic/psychiatric services and longer E&M visits.

Similarly, the pandemic ushered in the use of telehealth to treat a wider variety of conditions. Rather than diagnosing influenza and pneumonia and skin infections and issues, telehealth was—and still is—being used to treat conditions such as developmental disorders, joint/soft tissue diseases and issues, and hypertension. Diagnoses treated via telehealth varied by region; for example, substance use disorders first appeared on the list of top diagnoses in the Northeast in July 2020, but did not emerge on another region's list until February 2021. Diabetes mellitus made appearances among the top five telehealth diagnoses in the Midwest and West but not in the Northeast and South.

One of the Telehealth Tracker's most notable findings is the steady dominance of mental health conditions as the most common telehealth diagnosis category throughout the pandemic. COVID-19 has had a profound impact on mental health,¹⁹ and access to telehealth services has helped to meet the

¹⁸ "COVID Data Tracker," CDC.

¹⁹ Nirmita Panchal et al., *The Implications of COVID-19 for Mental Health and Substance Use*, KFF, February 10, 2021, <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

persistent demand for mental health services. This is demonstrated by month-over-month increases in mental health conditions' share of telehealth claim lines, as well as the emergence of CPT 90837 (60-minute psychotherapy) as the top telehealth procedure code nationally and in all regions from March 2021 through November 2021.

These findings reflect the changing nature of telehealth and how it has become a material component of the nation's healthcare system. FAIR Health hopes the Monthly Telehealth Regional Tracker will continue to serve as a resource for policy makers, researchers, payors, providers and others seeking to understand and keep pace with the nation's evolving healthcare landscape. As the COVID-19 pandemic unfolds, FAIR Health will continue to fulfill its healthcare transparency mission by using its reliable, unbiased data to provide a window into telehealth's role in the healthcare system.

About FAIR Health

FAIR Health is a national, independent nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information through data products, consumer resources and health systems research support. FAIR Health qualifies as a public charity under section 501(c)(3) of the federal tax code. FAIR Health possesses the nation's largest collection of private healthcare claims data, which includes over 36 billion claim records and is growing at a rate of over 2 billion claim records a year. FAIR Health licenses its privately billed data and data products—including benchmark modules, data visualizations, custom analytics and market indices—to commercial insurers and self-insurers, employers, providers, hospitals and healthcare systems, government agencies, researchers and others. Certified by the Centers for Medicare & Medicaid Services (CMS) as a national Qualified Entity, FAIR Health also receives data representing the experience of all individuals enrolled in traditional Medicare Parts A, B and D; FAIR Health includes among the private claims data in its database, data on Medicare Advantage enrollees. FAIR Health can produce insightful analytic reports and data products based on combined Medicare and commercial claims data for government, providers, payors and other authorized users. FAIR Health's free, award-winning, national consumer websites are fairhealthconsumer.org and fairhealthconsumidor.org. For more information on FAIR Health, visit fairhealth.org.

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