HENRY FORD

Background

•The COVID-19 pandemic has led to an increase in telemedicine in otolaryngology.

•There have been several studies examining the reimbursement associated with this. One study examining Medicare Physician/Supplier Procedure Summary data found that the amount of services and reimbursement for telemedicine increased 52,989% and 73,147%, respectively, from 2019 to $2020.^{1-2}$

•The purpose of this study is to examine how reimbursement and patient cost for telehealth services compares to in-person services in the post pandemic time in the otolaryngology department of a single academic institution.

Methods

- A retrospective study
- Multi-subspeciality, otolaryngology department in a single academic institution from 2020-2021
- Encounters were recorded as either audio-only, video, or in-person
- Encounters were labelled as either new or established
- Data collected
- Total charged amount
- Adjusted amount (defined amount after accounting for contract amount with various payors)
- Insurance amount covered
- Level of Evaluation and management (E/M) 1-5 – Patient expense

Results

- 42,596 audio-only, video, and in-person encounters were included of both new and established patients
- 347 audio-only, 633 video, and 41,373 in-person encounters.
- Of these the audio-only encounters, 7 were new and 340 were established patients
- Of the video encounters, 94 were new and 539 were established patients
- Of the in-person encounters 18,634 were new and 22,639 were established patients

VIRTUAL CARE REIMBURSEMENT IN ENT Madeline Goosmann, MD¹; Courtney Stevens, MsEM²; Michael D. Nauss, MD³; Ilaaf Darrat MD, MBA¹

1. Department of Otolaryngology/Head & Neck Surgery; 2. Department of Virtual Care; 3. Department of Emergency Medicine

Henry Ford Health, Detroit, Michigan

Results

Encounter Type New	Sum of Insurance Payment (\$)	Insurance Payment Amount per Visit	% of Charged Amount (%)
Audio	411	59	39
Video	8,780		
In Person	1,379,323		45
Established			
Audio	14,480	43	33
Video	26,782	50	46
In Person	1,188,841	52	44

Table1: Sum of insurance payments, insurance payments per visit, and percentage of total charged amount as insurance payment for new and established patients

Encounter Type	Sums of Patient Payments (\$)	Patient Payment Per Visit	% of Charged Amount (%)
Audio	156	22	15
Video	792	9	5
In Person	402,613	21	13
Established			
Audio	4,148	12	9
Video	6,133	11	10
In Person	348,454	15	13

Table 2: Sums of patient payments, patient payments per visit, and percentage of total charge amount as patient payment for new and established patients

Encounter Type	Adjusted Amount (\$)	Adjusted Amount per Visit (\$)	% of Charged Amount (%)
Audio	487	70	46
Video	4,659	50	31
In Person	1,018,889	54	34
Established			
Audio	21126	62	48
Video	21,806	40	37
In Person	1,041,909	46	38

Table 3: Sum of adjusted amount, adjusted amount per visit, and percentage of total charged amount as adjusted amount for new and established patients

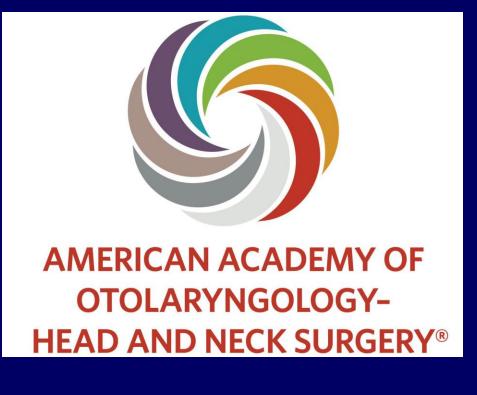
Encounter Type	Total Charged Amount (\$)	Total Charged Amount Per Visit (\$)
Audio	1,054	151
Video	15,218	162
In Person	3,032,547	163
Established		
Audio	44,045	130
Video	58,690	109
In Person	2,713,575	119

Table 4: Total charged amount and total charged amount per visit for new and old patients

- Limitations

•	Rei
	and
	visi
•	Vir
	pan

Miller
Tolomo



Discussion

• There was uncertainty both during and immediately after the COVID pandemic concerning the role of virtual medicine moving forward

• With in person visits costing similar amounts to both audio and video visits for patients an insurance, there may be a shift towards this practice model (results not significant among groups p=0.986)

• Certain aspects of in person visits might be lost • Less rapport

• Limited physical exam

• Requires patient access to internet or phone services

• Single academic institution with certain contracted amounts with payors may not be generalizable

• Data collected during the pandemic, so there may be policy and payor changes that affect these results

Conclusion

imbursement and patient cost from audio-only video visits are comparable with in-person lts

rtual care will likely have a role post ndemic in ENT

Citations

LE, Rathi VK, Xiang D, Naunheim MR, Varvares MA, Gray ST. Telemedicine Services Provided to Medicare Beneficiaries by Otolaryngologists in 2020. Otolaryngology–Head and Neck Surgery. 2022;0(0). doi:10.1177/01945998221096593

• Pollock K, Setzen M, Svider PF. Embracing telemedicine into your otolaryngology practice amid the COVID-19 crisis: An invited commentary. Am J Otolaryngol. 2020 May-Jun;41(3):102490. doi: 10.1016/j.amjoto.2020.102490. Epub 2020 Apr 15. PMID: 32307192; PMCID: PMC7159874.

• Manning LA, Gillespie CM. E-Health and Telemedicine in Otolaryngology: Risks and Rewards. Otolaryngol Clin North Am. 2022 Feb;55(1):145-151. doi: 10.1016/j.otc.2021.07.011. PMID: 34823713; PMCID: PMC8608340.

• Samarrai R, Riccardi AC, Tessema B, Setzen M, Brown SM. Continuation of telemedicine in otolaryngology post-COVID-19: Applications by subspecialty. Am J Otolaryngol. 2021 May-Jun;42(3):102928. doi: 10.1016/j.amjoto.20

• Fang CH, Smith RV. COVID-19 and the resurgence of telehealth in otolaryngology. Oper Tech Otolayngol Head Neck Surg. 2022 Jun;33(2):158-164. doi: 10.1016/j.otot.2022.04.012. Epub 2022 Apr 28. PMID: 35505953; PMCID: PMC9047697. 21.102928. Epub 2021 Jan 20. PMID: 33545447; PMCID: PMC7816955.