



Policy Research Perspectives

Impacts of the COVID-19 Pandemic on 2020 Medicare Physician Spending

By Kurt Gillis, PhD

Introduction

Utilization of physician services in the U.S. fell sharply with the onset of COVID-19. Based on current estimates from the Bureau of Economic Analysis (BEA), spending for physician services fell 40 percent between January and April of 2020. Despite a swift rebound in May and June, physician spending in December 2020 was still six percent below the amount for January of that year (BEA, 2021). Visit data from a large national health care technology company paint a similar picture. Research based on that data shows that outpatient visits dropped as much as 58 percent by April of 2020, recovered most of that drop quickly, but by year end were still about eight percent below the typical number of visits for that time of year (Mehrotra et al., 2021).

This report updates previous estimates of the impacts of COVID-19 on Medicare physician spending (Gillis, 2021), extending the analysis through all of 2020. The focus here, as in the previous report, is on Medicare physician fee schedule (MPFS) services. Claims for a sample of Medicare beneficiaries are used to estimate the overall change in MPFS spending and to measure impacts by type of service, place of service, provider specialty, and state. Telehealth has played an important role in substituting for in-person care during the pandemic and the report also examines changes in MPFS telehealth spending and use for 2020.

As found in the previous report, there was a steep decline in MPFS spending in March of 2020. A strong recovery in May and June stalled in the second half of the year and spending never recovered to its pre-COVID trend. For the year, the estimated shortfall in MPFS spending associated with the pandemic was \$13.9 billion (14 percent), with reductions for all states and every major specialty. Telehealth spending increased dramatically in 2020 but use was concentrated in a handful of service categories.

Data and methods

The analysis in this report is based on quarterly Medicare Carrier Standard Analytic Files for all four quarters of 2019 and 2020. These consist of professional claims for a five percent sample of Medicare beneficiaries and include claims for a calendar quarter that were submitted and processed within three months after the end of the quarter (ResDAC, 2016). The results have not been adjusted to account for claims missing from the data because they were processed after the three-

month run-out period.¹ These data capture spending for Medicare Part B fee-for-service enrollees, of which there were approximately 33 million in 2019 (The Boards of Trustees, 2021). Where totals are reported, spending has been extrapolated to the full Medicare fee-for-service population.

The analysis was limited to services paid under the MPFS in the respective year, including anesthesia services (CMS, 2019-2020). Spending was measured as the allowed charge which includes both the amount paid by Medicare and any enrollee deductible or coinsurance. Results are shown by type of service (as indicated by Berenson-Eggers Type of Service or BETOS category), place of service, provider specialty, and state (based on the location of the provider).

Impacts are measured by comparing actual and expected 2020 spending. Expected 2020 spending is defined as 2019 spending adjusted by the year-over-year rate of change prior to the pandemic (spending for the first eight weeks of 2020 compared to the same period in 2019). The year-over-year change in overall MPFS spending for the first eight weeks of 2020 was two percent. Where impacts are shown by category (e.g., for each specialty), the calculation of expected 2020 spending, including the year-over-year rate of change, is performed separately for each category shown. Although year-over-year changes in overall MPFS spending tend to be small, they can vary substantially by specialty and type of service, making actual 2019 spending a poor baseline for comparison. Impacts are measured both at points in time and as the cumulative total for 2020.

The shift to the use of telehealth in 2020 is shown in terms of overall MPFS spending and by service category and specialty. Telehealth services are defined as procedure codes on Medicare's telehealth list (including those added in 2020) that were billed with a telehealth indicator (CMS, 2020). Telehealth services are indicated by the presence of either a telehealth procedure modifier ('G0', 'GT', 'GQ' or '95') or place of service ('02') on the claim. Some procedures, for example, telephone evaluation and management services are, by their nature, telehealth services. These procedures are classified as telehealth regardless of whether they were billed with a telehealth indicator.

Medicare claims are combined with enrollment information for the five percent sample of beneficiaries to calculate additional measures of MPFS service and telehealth use. In particular, the quarterly Medicare Master Beneficiary Summary Files for 2019 and 2020 are used to estimate the percentage of Part B fee-for-service enrollees who received at least one MPFS service (persons served), at least one telehealth service, and only telehealth services.

Impacts on Spending

MPFS spending for 2020 totaled \$82.9 billion, down from \$95.0 billion in 2019. Expected spending for the year was \$96.9 billion, resulting in an estimated \$13.9 billion (14 percent) cumulative reduction in MPFS spending for 2020 relative to expected.

Exhibit 1 shows the percentage difference between the one-week moving average of actual and expected spending throughout 2020. As shown, MPFS spending dropped sharply in mid-March, falling to a low of 57 percent less than expected for the week ending April 10. Spending rebounded

¹ CMS (2021) has estimated that 93 percent of Carrier claims are received within three months of the date of service, and 98 percent are received within six months.

quickly from the mid-April low but was still more than 10 percent below expected spending by the end of June. For the period from March 16 through June 30 of 2020, MPFS spending was 32 percent less than expected and this period accounted for about two-thirds of the \$13.9 billion estimated impact of COVID-19 in 2020. The recovery slowed in the third quarter of 2020, with actual spending averaging nine percent less than expected. And in the fourth quarter spending trended down slightly, averaging 10 percent below expected for the period.

Breaking out the major type of service categories under the MPFS, impacts differed somewhat from the start of the pandemic through the second quarter of 2020 (Exhibit 2). In particular, the drop in spending for Evaluation and Management (E/M), which was down as much as 49 percent relative to expected by late March, was not as steep as it was for overall spending. Spending for Imaging, Procedures, and Tests continued to drop until mid-April, falling as much as roughly 65 percent to 70 percent below expected 2020 spending. Spending recovered quickly across-the-board from the April lows, and throughout the second half of 2020 impacts were similar for all four major types of service.

As shown in Exhibit 3, impacts varied considerably by place of service, particularly in the early months of the pandemic. Among the top settings for MPFS services, April 2020 lows ranged from a 26 percent decline in spending in Skilled Nursing Facilities to a 90 percent drop for Ambulatory Surgical Centers (ASCs). MPFS spending in April 2020 in the Inpatient Hospital and Emergency Room settings was more than 40 percent below expected. In the Office and Outpatient Hospital settings MPFS spending dropped as much as 63 percent and 70 percent, respectively.

MPFS spending rebounded in all these settings, but in the Skilled Nursing Facility was still 15 percent below expected (on average) over the last six months of 2020. On the other hand, MPFS spending in the Inpatient Hospital setting had nearly returned to normal in the second half of 2020, averaging just four percent less than expected over that period.

Exhibit 4 shows cumulative impacts for 2020 (the difference between actual and expected spending for the full year) by provider specialty. Most specialties shown saw reductions in spending that were close to the overall average 14 percent drop. On the low end, spending for Nephrology and Radiation Oncology fell four percent and eight percent, respectively. On the high end, spending was down 19 percent for Ophthalmology and 28 percent for Physical Therapists. Primary care specialties fared slightly better than average with Internal Medicine down 10 percent and Family Medicine down 12 percent. Exhibit 4 is limited to the top MPFS specialties ranked by spending but impacts for a more extensive list of specialties are shown in Appendix Table 1.

Cumulative impacts for 2020 by provider state are shown in Exhibit 5 and ranged from a nine percent reduction for Oklahoma to 22 percent drop for Minnesota. In general, states in the Northeast and Upper Midwest fared the worst with average to above-average reductions in spending. States that had below-average drops in spending were almost entirely in the South and Mountain regions (in particular, Idaho, Nevada and Utah) of the country. Cumulative impacts, in both dollar and percentage terms, are shown for all states in Appendix Table 2.

Telehealth

Telehealth services were defined as procedures on Medicare's telehealth list that were billed with a telehealth modifier or place of service. Prior to the pandemic, these services accounted for less than

0.1 percent of total MPFS spending (Exhibit 6). With expanded access to telehealth provided by the Medicare program in the early stages of the pandemic, telehealth spending jumped to more than 16 percent of the MPFS total by mid-April of 2020 (in part due to the sharp decline in overall MPFS spending). Telehealth's share of spending then declined to six percent by the end of June and to four percent by mid-October before increasing to just under six percent by the end of 2020. For the year, telehealth spending totaled \$4.1 billion (five percent of the MPFS total), with \$1.8 billion of that coming in the period from March 16 to June 30, and another \$1.1 billion each in the third and fourth quarters.

To better understand how widespread the use of telehealth was in 2020, measures of MPFS and telehealth use were calculated at the individual beneficiary level. The first row of Exhibit 7 shows persons served, or the percentage of Part B fee-for-service enrollees that received at least one MPFS service in the period. Prior to the pandemic in the fourth quarter of 2019, an estimated 77 percent of enrollees received an MPFS service. Persons served fell to 68 percent in the second quarter of 2020 before recovering to just under 75 percent in the third and fourth quarters. Not surprisingly then, MPFS spending fell during the pandemic in part because fewer enrollees were getting care.

Telehealth played a key role in the delivery of MPFS services in 2020, particularly in the early months of the pandemic. As shown in Exhibit 7, an estimated 29 percent of all Part B fee-for-service enrollees received at least one telehealth service in the second quarter of 2020. Among those with at least one MPFS service in that quarter (persons served), 43 percent had a telehealth service. Moreover, 10 percent of enrollees who received MPFS services in the second quarter of 2020 obtained that care entirely via telehealth (or seven percent of all enrollees).

In the third and fourth quarters of 2020, just under one in five enrollees received a telehealth service in the quarter, or roughly one in four persons served. The share of enrollees receiving their care entirely via telehealth fell to just under three percent. For all of 2020, an estimated 39 percent of those enrolled for at least one month during the year had a telehealth service, or 45 percent of persons served. In 2019, less than one percent of enrollees had a telehealth service during the year.

Spending for telehealth in 2020 was concentrated in a handful of service categories. As shown in Exhibit 8, just under half of all MPFS telehealth spending in 2020 was for Established Patient Office Visits. Another 18 percent of spending was for Telephone E/M services. Mental Health Services accounted for 17 percent of the total, followed by Nursing Facility Visits and New Patient Office Visits with four percent each.

Use of telehealth for Mental Health Services remained at a high level from the start of the pandemic through the end of 2020. As shown in Exhibit 9, from March 16 to June 30, 53 percent of Mental Health Services (among those on the CMS telehealth list) were provided via telehealth, and this dropped only slightly to roughly 50 percent in the third and fourth quarters. For other key service categories, use of telehealth dropped substantially from early highs. One-fourth of Established Patient Office Visits were provided via telehealth during the initial months of the pandemic, but this fell to one in eight such visits in the second half of 2020. The initial spike in the share of Established Patient Office Visits provided via telehealth was partly the result of a drop in the total number of

visits. Prior to the pandemic more than 4.1 million of these visits were provided per week, but this fell to less than 3.0 million per week in the period from March 16 to June 30 of 2020.

Overall, telehealth accounted for five percent of MPFS spending in 2020 and Exhibit 10 shows the top provider specialties (ranked by actual MPFS spending for 2020) with above average telehealth shares. The specialties with the largest telehealth shares were providers of Mental Health Services, including Clinical Social Worker (50 percent), Clinical Psychologist (38 percent), and Psychiatry (31 percent). Endocrinology and Rheumatology were also well above average, with telehealth accounting for 20 percent and 13 percent of 2020 MPFS spending, respectively. Physicians in these specialties, along with those in primary care, tend to rely on Established Patient Office Visits for a large share of their MPFS revenue. Telehealth spending for a more extensive list of specialties is shown in Appendix Table 3.

Discussion

MPFS spending fell sharply in mid-March of 2020 and, at its lowest point in the week ending April 10, was 57 percent less than expected based on the pre-pandemic trend. A quick recovery in May and June stalled in the second half of the year and spending in the fourth quarter of 2020 was still 10 percent less than expected. Estimated MPFS spending for all of 2020 was \$82.9 billion, a 14 percent (\$13.9 billion) reduction in spending compared to expected. The timing of these impacts is similar to estimated changes in overall physician spending in the U.S. (BEA, 2021) although the magnitude of the impact for Medicare is larger than that for all payers. The estimated 14 percent impact is also similar to other estimates of changes in Medicare physician spending for 2020.²

Impacts by type of service varied somewhat in the initial months of the pandemic, with spending for E/M declining less than for imaging, procedures, and tests. The impact on the use of E/M services, which account for half of all MPFS spending, may have been cushioned by the rapid shift to telehealth in March and April of 2020. In the second half of the year there was little variation in impacts by type of service, with spending for all major categories down roughly 10 percent. However, within these broad categories there were likely specific types of procedures or services where pandemic-induced changes in utilization and spending differed from the norm.

Across settings, Ambulatory Surgical Center (ASC) spending was down 90 percent in April of 2020 as elective procedures including cataract surgery and colonoscopy were delayed. At the other extreme, MPFS spending in the Skilled Nursing Facility setting reached a low of 26 percent below expected in April. Spending in all settings recovered from those lows and the range of impacts in the second half of 2020 converged, but not completely. MPFS spending in the Inpatient Hospital setting had nearly recovered to the pre-pandemic level in the second half of the year, but Skilled Nursing Facility spending was still down 15 percent.

MPFS spending declined in 2020 for all major provider specialties and all states. The specialties with the smallest reductions in spending included those providing care that may be difficult to delay (Nephrology, Radiation Oncology, Hematology/Oncology) or that can be provided using telehealth

² Tarazi et al. (2021) find a 10 percent reduction in "Medicare Part B physician/supplier: non-Part B drug" spending from 2019 to 2020. This category includes some non-MPFS services. The latest Medicare Trustees' report shows a 12 percent reduction in reimbursement for Medicare physician fee schedule services from 2019 to 2020 (The Boards of Trustees, 2021, Table IV.B6).

(Psychiatry). The hardest hit specialties, including Physical Therapy (down 28 percent), Otolaryngology (down 24 percent), Cardiac Surgery (down 20 percent) and Ophthalmology (down 19 percent), were all low utilizers of telehealth in 2020 (receiving one percent or less of their 2020 MPFS revenue from telehealth services). At the state level cuts were generally steeper in the Northeast and Upper Midwest with the biggest reductions in spending coming in Minnesota (down 22 percent), Vermont (down 20 percent), Maine, and New York (both down 19 percent).

Prior to the pandemic there were strict limits on the use of telehealth in Medicare fee-for-service and telehealth accounted for just 0.1 percent of MPFS spending. These restrictions were relaxed by the Medicare program starting in early March of 2020 under provisions of the coronavirus relief legislation passed by Congress (Koma et al., 2021). Telehealth use increased rapidly and at its mid-April 2020 peak accounted for more than 16 percent of MPFS spending. In the second quarter of 2020, 29 percent of Medicare fee-for-service enrollees received a telehealth service and 10 percent of those with an MPFS service received that care entirely via telehealth. Telehealth use fell sharply from the mid-April peak, but for all of 2020 totaled \$4.1 billion in spending (five percent of the MPFS total). Thirty-nine percent of fee-for-service enrollees in 2020 received a telehealth service.

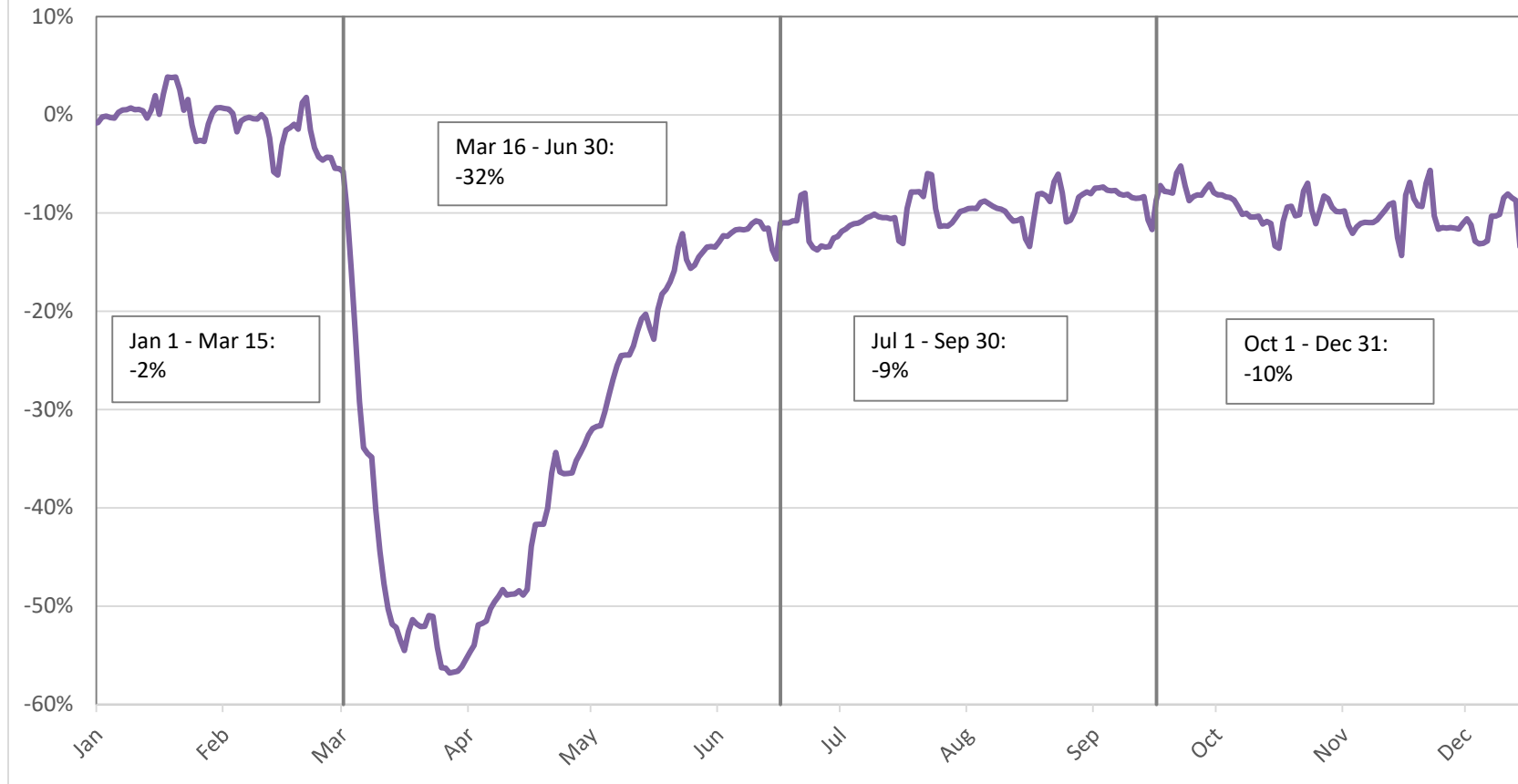
Despite a significant expansion in the number of MPFS services that were eligible for telehealth delivery, use in 2020 was largely limited to Established Patient Office Visits, Telephone E/M services, and Mental Health services, with these combined accounting for 84 percent of MPFS telehealth spending in 2020. This concentration in spending was reflected at the specialty level, with many specialties having little or no telehealth spending while others received up to 50 percent of their MPFS revenue from telehealth.

This report has focused on the impacts of COVID-19 on physician spending for a single payer – fee-for-service Medicare. A full assessment of the financial impact of the pandemic on physician practices would take into account impacts for all payers along with changes in expenses that practices have made to adapt and provide a safe environment for staff and patients. A full accounting would also consider federal funding to offset provider losses including Provider Relief Fund grants, Paycheck Protection Program loans, and the temporary suspension of the Medicare sequester (Ochieng et al., 2021).

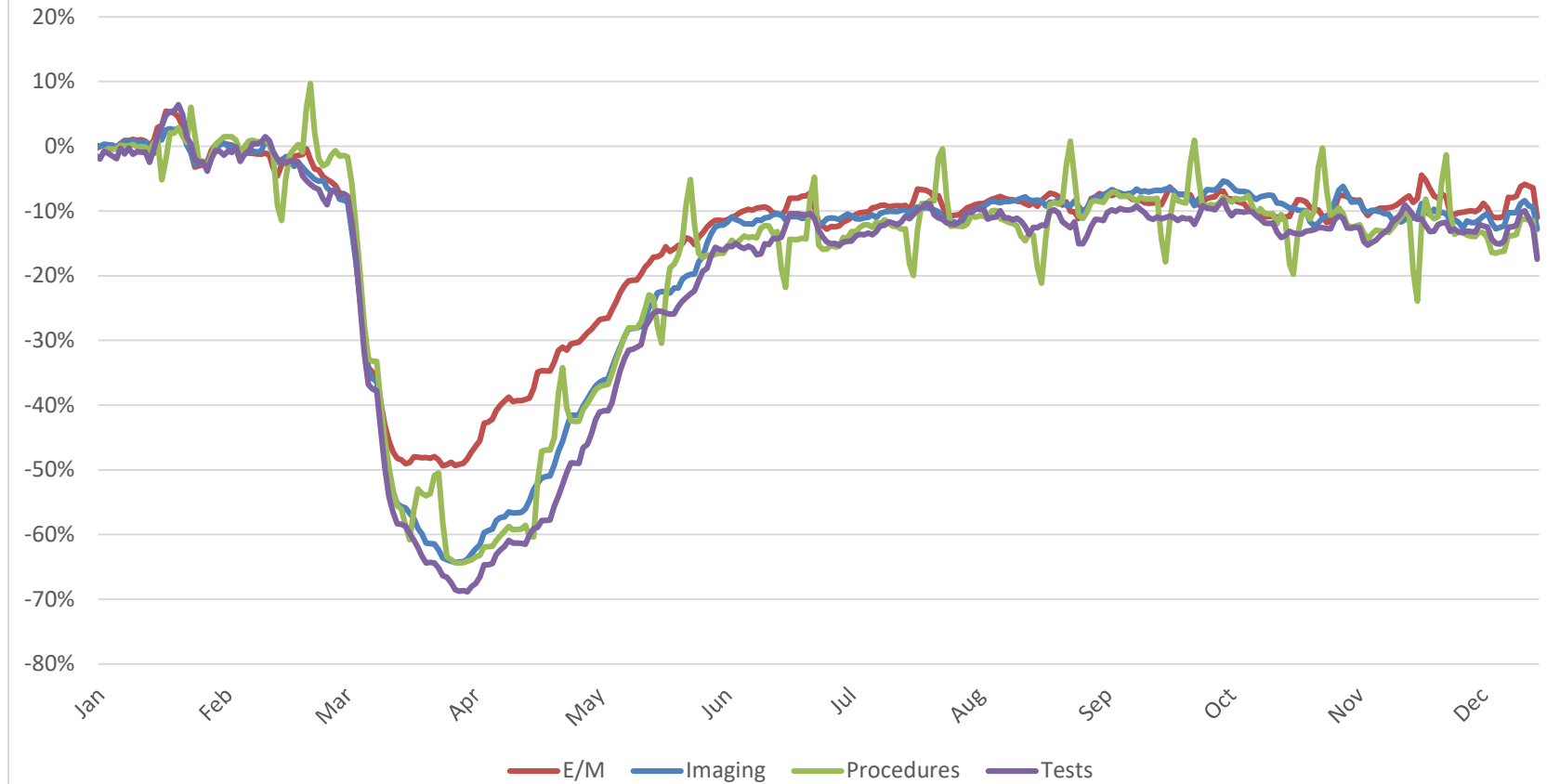
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Exhibit 1. MPFS Spending for 2020 (Relative to Expected 2020 Spending)



**Exhibit 2. MPFS Spending for 2020 by Type of Service
(Relative to Expected 2020 Spending)**



**Exhibit 3. MPFS Spending for 2020 by Place of Service
(Relative to Expected 2020 Spending)**

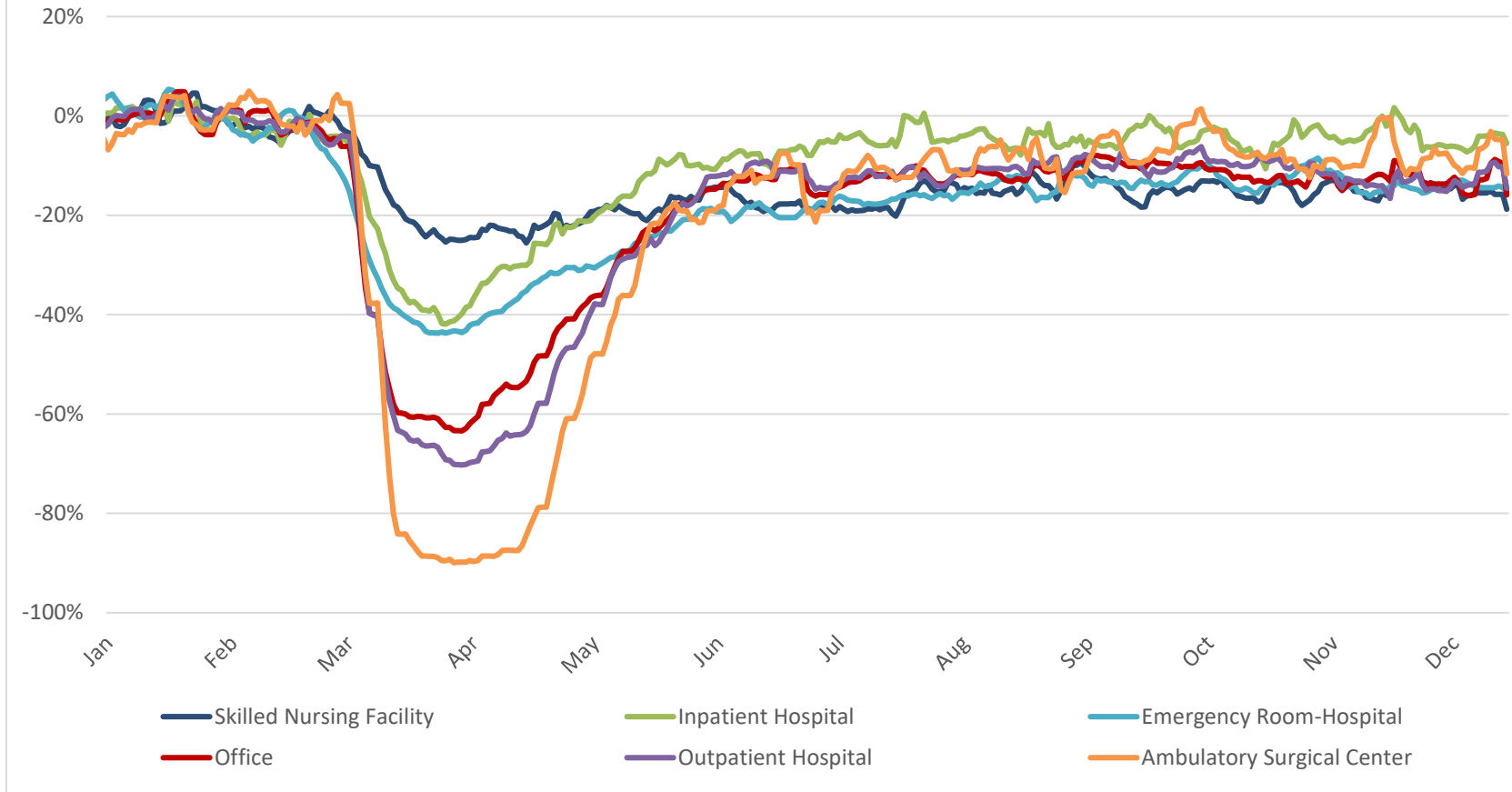


Exhibit 4. The Cumulative Reduction in MPFS Spending for 2020 by Specialty

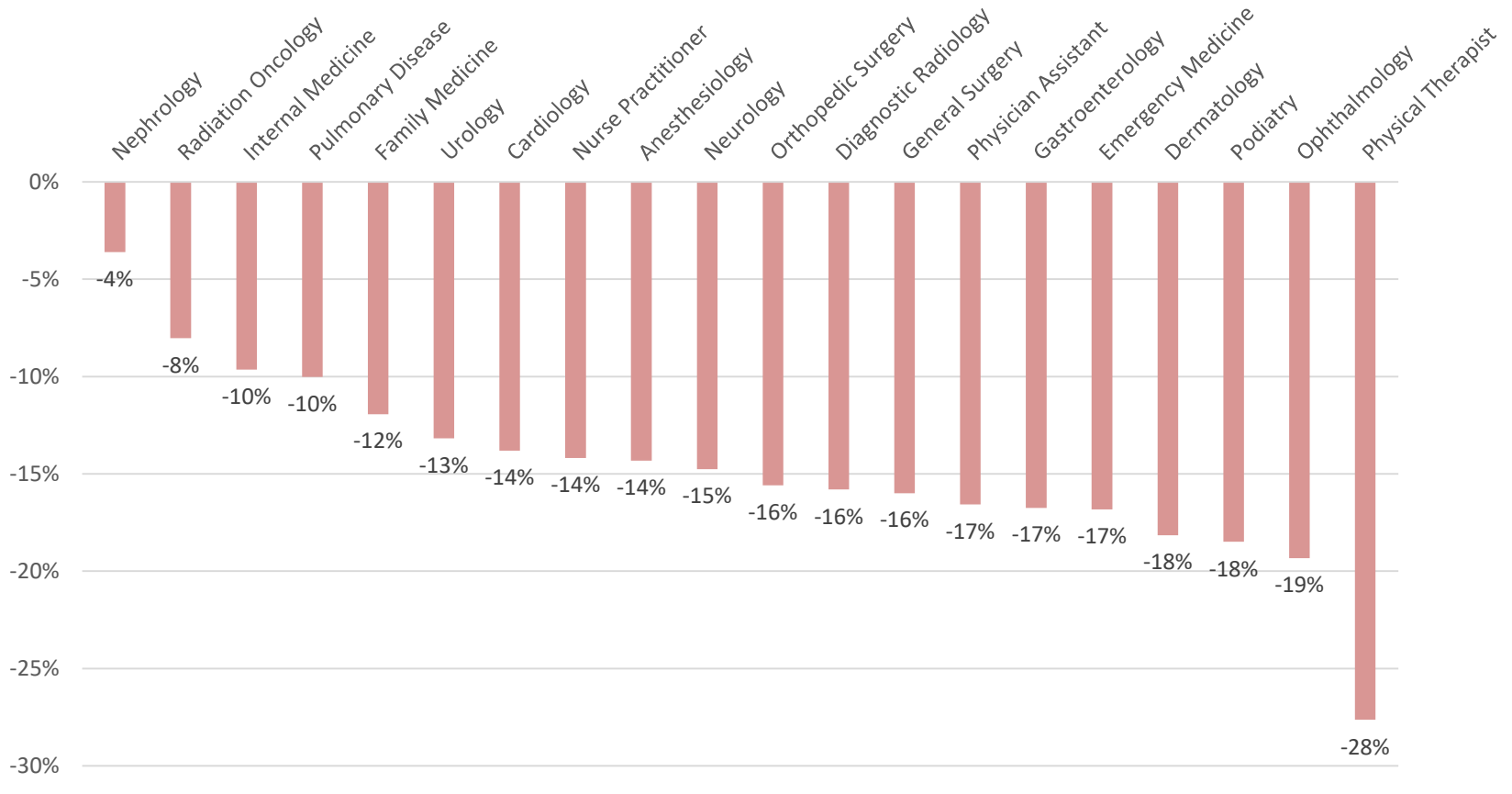
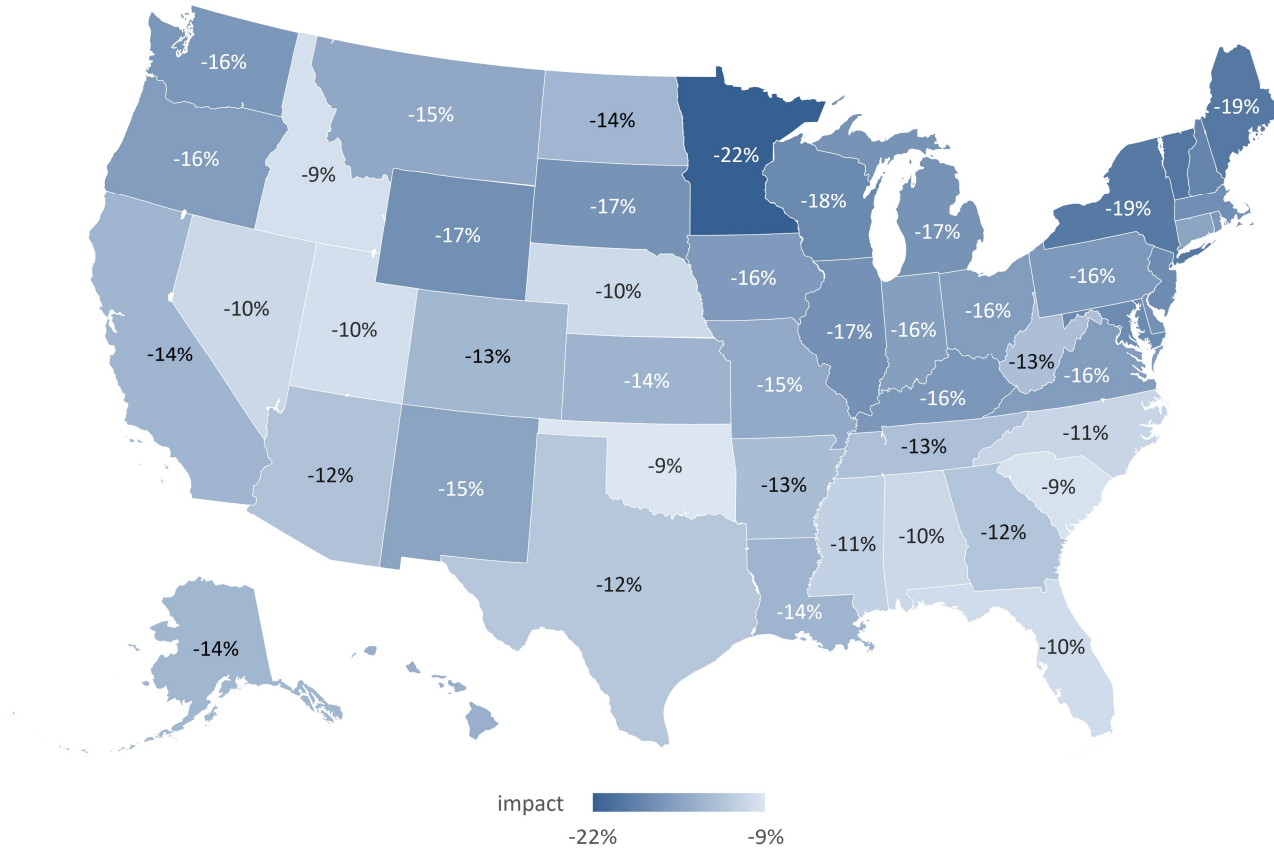


Exhibit 5. The Cumulative Reduction in MPFS Spending for 2020 by State



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**Exhibit 6. Telehealth Spending for 2020
(Share of MPFS Total)**

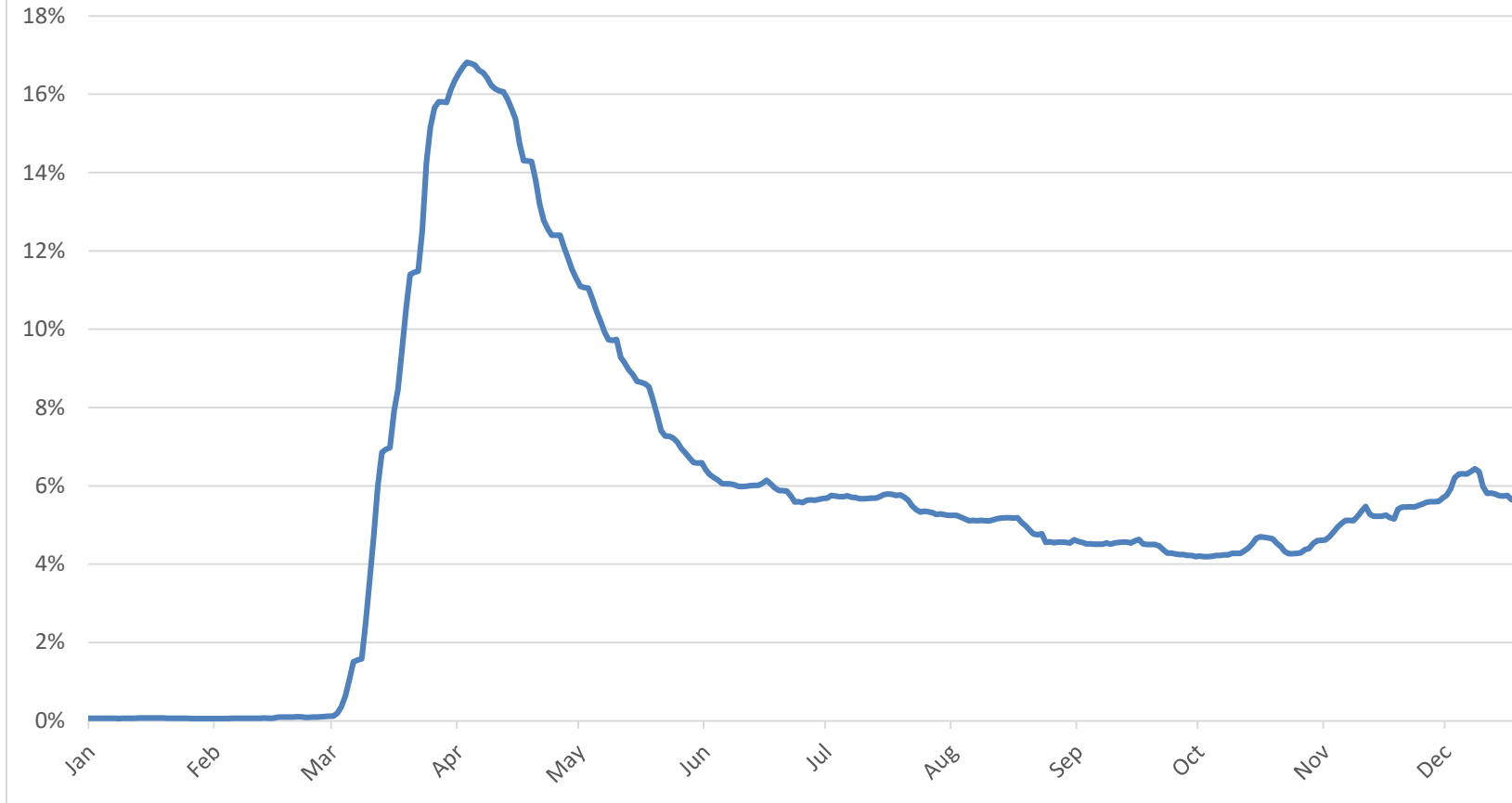
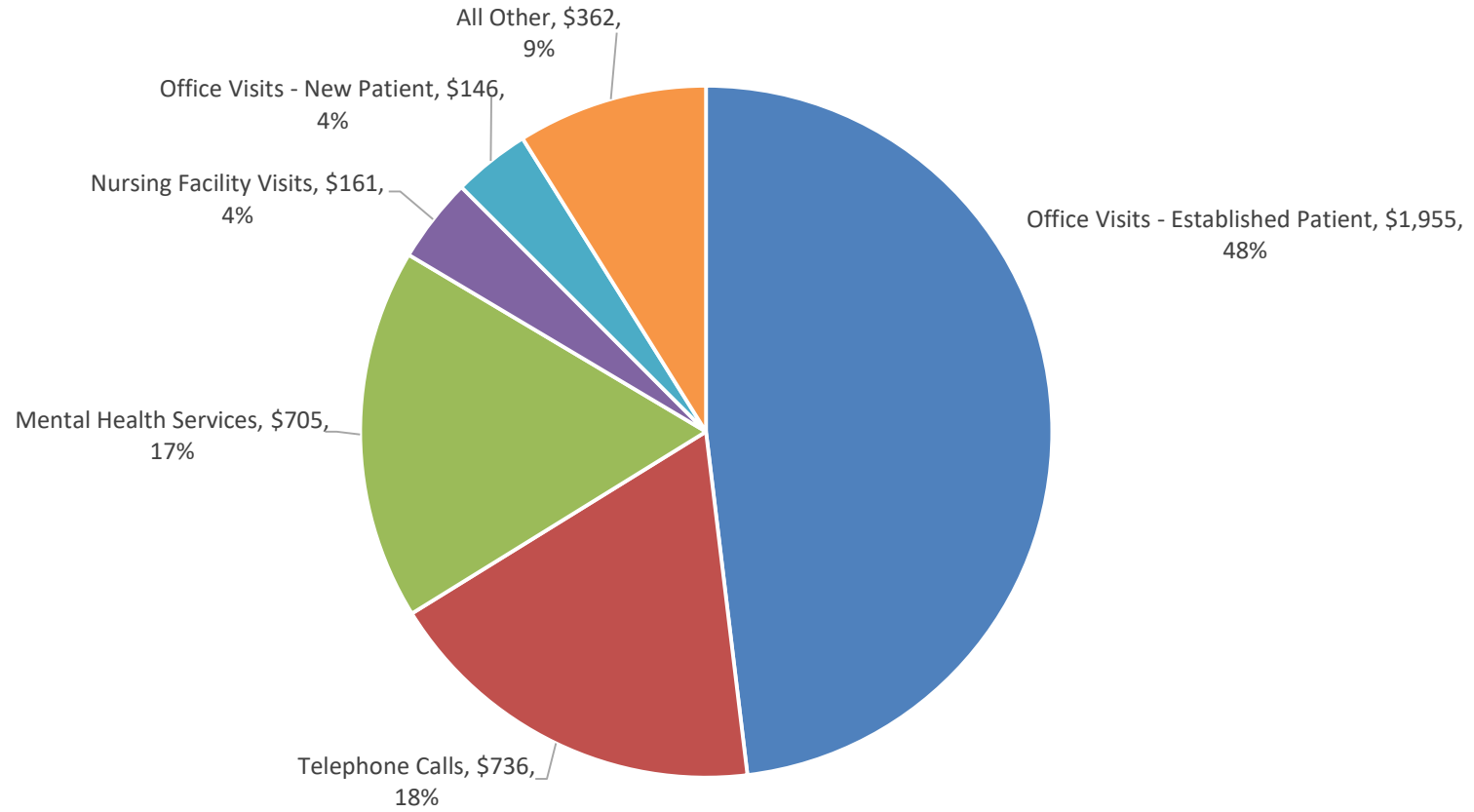


Exhibit 7. Persons Served and Telehealth Usage by Quarter and Year

	Quarterly results					Annual results	
	2019-Q4	2020-Q1	2020-Q2	2020-Q3	2020-Q4	2019	2020
Persons served	77%	74%	68%	74%	73%	89%	87%
Enrollees with at least one telehealth service:							
Among all fee-for-service enrollees	0%	4%	29%	19%	19%	1%	39%
Among persons served	0%	6%	43%	26%	25%	1%	45%
Enrollees served exclusively with telehealth:							
Among all fee-for-service enrollees	0%	0%	7%	3%	2%	0%	1%
Among persons served	0%	0%	10%	3%	3%	0%	1%

Note: Persons served is the percentage of Medicare Part B fee-for-service enrollees that received at least one MPFS service in the period.

Exhibit 8. MPFS Telehealth Spending of \$4.1 Billion for 2020 is Comprised of:



Note: Dollar figures shown for each category are in millions.

Exhibit 9. Telehealth Use for 2020 by Service Category

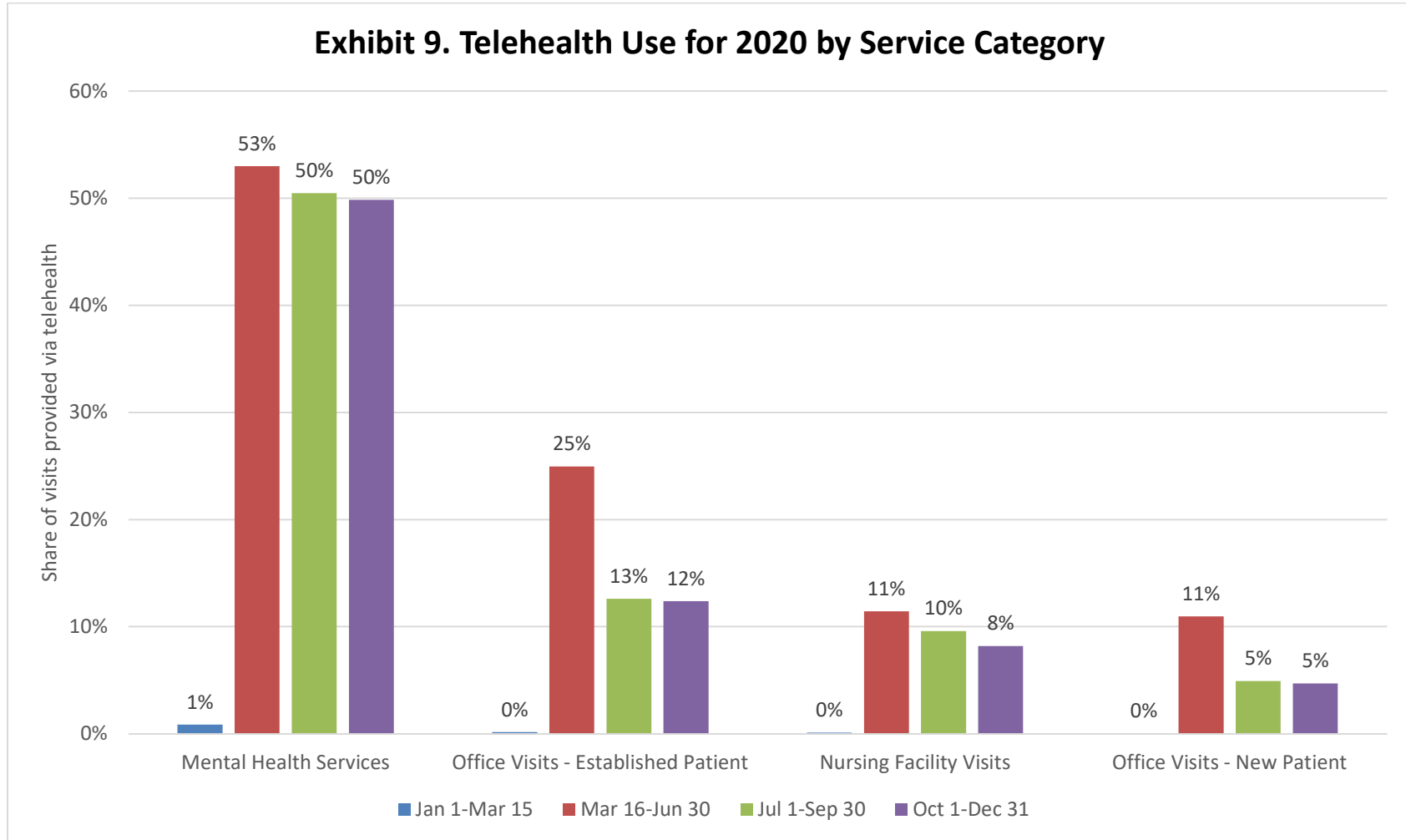
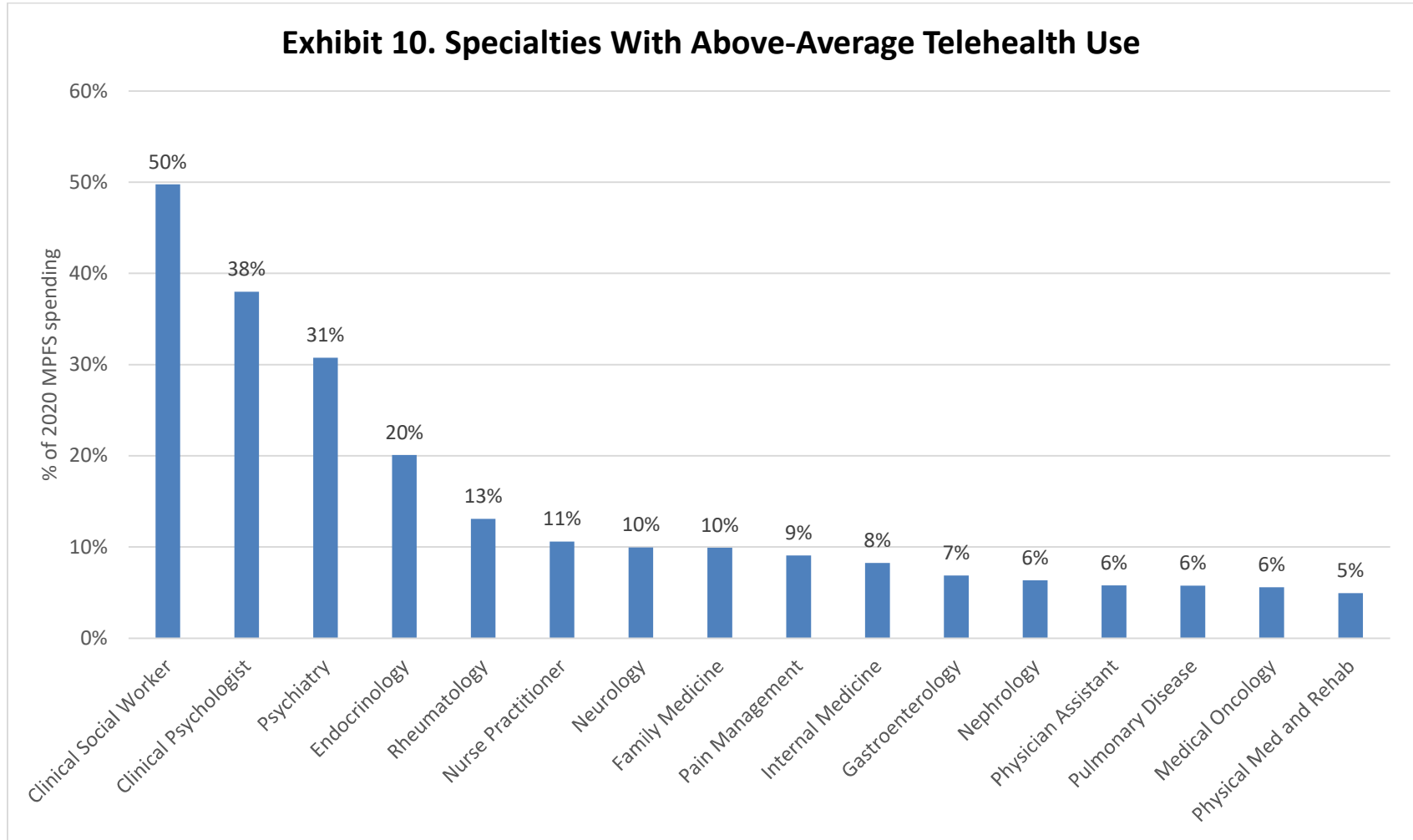


Exhibit 10. Specialties With Above-Average Telehealth Use

Appendix Table 1. Cumulative Reduction in MPFS Spending for 2020 by Specialty

<i>Medicare specialty</i>	<i>2020 Spending (\$ millions)</i>			<i>% impact</i>
	<i>Actual</i>	<i>Expected</i>	<i>Impact</i>	
Allergy/Immunology	204	253	-49	-19%
Anesthesiology	1,739	2,030	-291	-14%
Cardiac Electrophysiology	661	768	-107	-14%
Cardiac Surgery	216	271	-55	-20%
Cardiology	4,482	5,200	-718	-14%
Chiropractic	623	736	-114	-15%
Clinical Laboratory	545	658	-114	-17%
Clinical Psychologist	741	821	-79	-10%
Clinical Social Worker	605	664	-60	-9%
Colorectal Surgery	140	169	-29	-17%
Critical Care	364	406	-42	-10%
CRNA, Anesthesia Asst	1,066	1,270	-204	-16%
Dermatology	3,255	3,977	-722	-18%
Diagnostic Radiology	4,743	5,634	-890	-16%
Emergency Medicine	2,516	3,025	-509	-17%
Endocrinology	445	528	-83	-16%
Family Medicine	5,035	5,718	-682	-12%
Gastroenterology	1,398	1,680	-281	-17%
General Practice	280	302	-22	-7%
General Surgery	1,656	1,971	-315	-16%
Geriatric Medicine	165	193	-28	-14%
Hand Surgery	210	247	-38	-15%
Hematology/Oncology	1,290	1,392	-102	-7%
Hospitalist	1,153	1,335	-182	-14%
Ind Diagnostic Test Facility	897	976	-78	-8%
Infectious Disease	641	645	-3	-1%
Internal Medicine	8,222	9,100	-878	-10%
Interventional Cardiology	1,020	1,208	-188	-16%
Interventional Pain Mgmt	374	414	-40	-10%
Interventional Radiology	523	544	-21	-4%
Medical Oncology	415	466	-50	-11%
Nephrology	2,088	2,166	-78	-4%
Neurology	1,283	1,505	-222	-15%
Neurosurgery	709	810	-101	-13%
Nurse Practitioner	4,152	4,839	-686	-14%
Obstetrics/Gynecology	444	542	-98	-18%
Occupational Therapist	292	397	-104	-26%
Ophthalmology	4,329	5,367	-1,037	-19%

Appendix Table 1. Cumulative Reduction in MPFS Spending for 2020 by Specialty (continued)

<i>Medicare specialty</i>	<i>2020 Spending (\$ millions)</i>			<i>% impact</i>
	<i>Actual</i>	<i>Expected</i>	<i>Impact</i>	
Optometry	1,049	1,353	-304	-22%
Orthopedic Surgery	3,175	3,762	-587	-16%
Otolaryngology	1,018	1,343	-326	-24%
Pain Management	455	519	-64	-12%
Pathology	1,107	1,313	-206	-16%
Physical Med and Rehab	992	1,182	-190	-16%
Physical Therapist	3,067	4,239	-1,172	-28%
Physician Assistant	2,190	2,626	-435	-17%
Plastic Surgery	313	366	-53	-15%
Podiatry	1,702	2,089	-386	-18%
Psychiatry	938	1,026	-88	-9%
Pulmonary Disease	1,445	1,606	-161	-10%
Radiation Oncology	1,761	1,915	-154	-8%
Rheumatology	480	545	-66	-12%
Thoracic Surgery	316	355	-39	-11%
Urology	1,566	1,804	-238	-13%
Vascular Surgery	1,128	1,209	-81	-7%
Total	82,932	96,858	-13,926	-14%

Note: Specialties with less than \$150 million in expected spending for 2020 are not shown. Total includes all specialties.

Appendix Table 2. Cumulative Reduction in MPFS Spending for 2020 by State

<i>Provider state</i>	<i>2020 Spending (\$ millions)</i>			<i>% impact</i>
	<i>Actual</i>	<i>Expected</i>	<i>Impact</i>	
Alabama	1,252	1,395	-143	-10%
Alaska	169	195	-27	-14%
Arizona	2,105	2,403	-298	-12%
Arkansas	836	959	-124	-13%
California	8,759	10,137	-1,378	-14%
Colorado	1,041	1,202	-162	-13%
Connecticut	937	1,104	-168	-15%
Delaware	416	500	-84	-17%
District of Columbia	248	295	-46	-16%
Florida	7,720	8,571	-851	-10%
Georgia	2,317	2,636	-319	-12%
Hawaii	229	267	-38	-14%
Idaho	308	340	-32	-9%
Illinois	3,382	4,072	-691	-17%
Indiana	1,579	1,873	-294	-16%
Iowa	682	814	-132	-16%
Kansas	792	918	-127	-14%
Kentucky	1,028	1,231	-203	-16%
Louisiana	1,138	1,318	-180	-14%
Maine	244	302	-59	-19%
Maryland	2,334	2,830	-496	-18%
Massachusetts	2,204	2,662	-459	-17%
Michigan	2,255	2,711	-456	-17%
Minnesota	942	1,204	-262	-22%
Mississippi	852	957	-105	-11%
Missouri	1,394	1,635	-241	-15%
Montana	268	315	-47	-15%
Nebraska	498	555	-56	-10%
Nevada	794	884	-91	-10%
New Hampshire	367	449	-82	-18%
New Jersey	3,245	3,929	-684	-17%
New Mexico	360	425	-65	-15%
New York	5,947	7,366	-1,419	-19%
North Carolina	2,606	2,913	-308	-11%
North Dakota	200	231	-31	-14%
Ohio	2,422	2,880	-458	-16%
Oklahoma	1,030	1,132	-101	-9%
Oregon	697	829	-132	-16%

**Appendix Table 2. Cumulative Reduction in MPFS Spending for 2020 by State
(continued)**

<i>Provider state</i>	<i>2020 Spending (\$ millions)</i>			<i>% impact</i>
	<i>Actual</i>	<i>Expected</i>	<i>Impact</i>	
Pennsylvania	3,231	3,859	-628	-16%
Rhode Island	235	282	-46	-16%
South Carolina	1,565	1,726	-161	-9%
South Dakota	232	279	-47	-17%
Tennessee	1,853	2,119	-266	-13%
Texas	6,029	6,844	-815	-12%
Utah	483	534	-51	-10%
Vermont	137	170	-33	-20%
Virginia	2,354	2,798	-444	-16%
Washington	1,503	1,800	-296	-16%
West Virginia	424	486	-62	-13%
Wisconsin	982	1,194	-212	-18%
Wyoming	156	188	-32	-17%
Total	82,932	96,858	-13,926	-14%

Note: Total includes territories and other areas.

Appendix Table 3. MPFS Telehealth Spending for 2020 by Specialty

	<i>MPFS telehealth spending (\$ millions)</i>					<i>Telehealth as % of total MPFS spending</i>				
	<i>Jan 1- Mar 15</i>	<i>Mar 16- Jun 30</i>	<i>Jul 1- Sep 30</i>	<i>Oct 1- Dec 31</i>	<i>All of 2020</i>	<i>Jan 1- Mar 15</i>	<i>Mar 16- Jun 30</i>	<i>Jul 1- Sep 30</i>	<i>Oct 1- Dec 31</i>	<i>All of 2020</i>
Clinical Social Worker	1	108	95	97	301	1%	64%	62%	62%	50%
Clinical Psychologist	1	99	90	92	282	1%	49%	47%	48%	38%
Psychiatry	3	101	93	92	288	1%	40%	38%	39%	31%
Endocrinology	0	41	25	23	89	0%	39%	21%	20%	20%
Geriatric Medicine	0	10	6	6	23	0%	24%	15%	15%	14%
Rheumatology	0	30	17	16	63	0%	25%	14%	13%	13%
Nurse Practitioner	4	190	125	120	439	0%	18%	12%	11%	11%
Neurology	1	56	37	34	127	0%	19%	11%	10%	10%
Family Medicine	1	243	128	127	499	0%	19%	10%	10%	10%
Pain Management	0	19	11	11	41	0%	17%	9%	9%	9%
General Practice	0	10	7	7	25	0%	14%	10%	10%	9%
Interventional Pain Mgmt	0	15	9	8	32	0%	16%	9%	8%	9%
Internal Medicine	1	328	180	169	679	0%	16%	9%	8%	8%
Gastroenterology	0	44	27	25	96	0%	15%	7%	7%	7%
Nephrology	1	59	40	33	132	0%	10%	8%	6%	6%
Allergy/Immunology	0	5	3	3	12	0%	11%	6%	6%	6%
Physician Assistant	0	57	35	35	127	0%	11%	6%	6%	6%
Pulmonary Disease	0	38	23	22	83	0%	11%	6%	6%	6%
Medical Oncology	0	11	7	6	23	0%	9%	6%	6%	6%
Physical Med and Rehab	0	22	14	13	49	0%	9%	5%	5%	5%
Hematology/Oncology	0	30	17	16	63	0%	9%	5%	5%	5%
Cardiology	0	99	44	38	181	0%	9%	4%	3%	4%
Urology	0	31	14	12	57	0%	8%	3%	3%	4%
Cardiac Electrophysiology	0	11	5	4	20	0%	7%	3%	3%	3%
Interventional Cardiology	0	16	7	6	29	0%	7%	3%	2%	3%
Infectious Disease	0	7	5	5	18	0%	4%	3%	3%	3%

**Appendix Table 3. MPFS Telehealth Spending for 2020 by Specialty
(continued)**

	<i>MPFS telehealth spending (\$ millions)</i>					<i>Telehealth as % of total MPFS spending</i>				
	<i>Jan 1- Mar 15</i>	<i>Mar 16- Jun 30</i>	<i>Jul 1- Sep 30</i>	<i>Oct 1- Dec 31</i>	<i>All of 2020</i>	<i>Jan 1- Mar 15</i>	<i>Mar 16- Jun 30</i>	<i>Jul 1- Sep 30</i>	<i>Oct 1- Dec 31</i>	<i>All of 2020</i>
Obstetrics/Gynecology	0	5	2	2	10	0%	5%	2%	2%	2%
Critical Care	0	3	2	2	8	0%	4%	2%	2%	2%
Anesthesiology	0	16	10	9	35	0%	4%	2%	2%	2%
Neurosurgery	0	5	3	3	11	0%	3%	2%	1%	2%
Otolaryngology	0	8	2	2	12	0%	4%	1%	1%	1%
Colorectal Surgery	0	1	0	0	2	0%	3%	1%	1%	1%
Thoracic Surgery	0	1	1	1	3	0%	2%	1%	1%	1%
General Surgery	0	7	4	4	14	0%	2%	1%	1%	1%
Physical Therapist	0	14	6	4	24	0%	2%	1%	0%	1%
Radiation Oncology	0	5	4	3	12	0%	1%	1%	1%	1%
Hospitalist	0	3	2	2	8	0%	1%	1%	1%	1%
Occupational Therapist	0	1	1	1	2	0%	2%	1%	1%	1%
Orthopedic Surgery	0	12	4	4	20	0%	2%	1%	0%	1%
Cardiac Surgery	0	1	0	0	1	0%	1%	1%	1%	1%
Dermatology	0	12	3	2	18	0%	2%	0%	0%	1%
Hand Surgery	0	1	0	0	1	0%	2%	0%	0%	0%
Plastic Surgery	0	1	0	0	1	0%	1%	0%	0%	0%
Vascular Surgery	0	2	1	1	4	0%	1%	0%	0%	0%
Emergency Medicine	0	3	2	3	8	0%	1%	0%	0%	0%
Ophthalmology	0	7	2	1	10	0%	1%	0%	0%	0%
Podiatry	0	3	1	1	4	0%	1%	0%	0%	0%
Interventional Radiology	0	0	0	0	1	0%	0%	0%	0%	0%
Optometry	0	1	0	0	2	0%	1%	0%	0%	0%
Diagnostic Radiology	0	0	0	0	1	0%	0%	0%	0%	0%
Pathology	0	0	0	0	0	0%	0%	0%	0%	0%

**Appendix Table 3. MPFS Telehealth Spending for 2020 by Specialty
(continued)**

	<i>MPFS telehealth spending (\$ millions)</i>					<i>Telehealth as % of total MPFS spending</i>				
	<i>Jan 1- Mar 15</i>	<i>Mar 16- Jun 30</i>	<i>Jul 1- Sep 30</i>	<i>Oct 1- Dec 31</i>	<i>All of 2020</i>	<i>Jan 1- Mar 15</i>	<i>Mar 16- Jun 30</i>	<i>Jul 1- Sep 30</i>	<i>Oct 1- Dec 31</i>	<i>All of 2020</i>
CRNA, Anesthesia Asst	0	0	0	0	0	0%	0%	0%	0%	0%
Clinical Laboratory	0	0	0	0	0	0%	0%	0%	0%	0%
Ind Diagnostic Test Facility	0	0	0	0	0	0%	0%	0%	0%	0%
Chiropractic	0	0	0	0	0	0%	0%	0%	0%	0%
Total	14	1,821	1,139	1,090	4,065	0%	9%	5%	5%	5%

Note: Specialties with less than \$150 million in expected spending for 2020 are not shown. Total includes all specialties.