



Medicare Coverage of Telehealth Services

About the Medicare Rights Center

The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through:

- Counseling and advocacy
- Educational programs
- Public policy initiatives



National Council on Aging

This toolkit for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) was made possible by grant funding from the National Council on Aging.

The National Council on Aging is a respected national leader and trusted partner to help people aged 60+ meet the challenges of aging. They partner with nonprofit organizations, government, and business to provide innovative community programs and services, online help, and advocacy.

Learning objectives

- Know how Medicare covered telehealth services before the COVID-19 public health emergency (PHE)
- Understand the extension of PHE-related telehealth flexibilities
- Recognize potential telehealth fraud

Medicare basics



What is Medicare?

- Federal program that provides health insurance for individuals:
 - 65 and older
 - Under 65 receiving Social Security Disability Insurance (SSDI) for a certain amount of time
 - Under 65 with kidney failure requiring dialysis or transplant
- No income requirements

Parts of Medicare

Medicare benefits are administered in three parts:

Part A - Hospital/inpatient benefits

Part B - Doctor/outpatient benefits

Part D - Prescription drug benefit

Two ways to receive Medicare benefits



Original Medicare

- Medicare benefits through traditional program administered by federal government
- Includes Parts A and B
- Part D benefits offered through stand-alone prescription drug plan



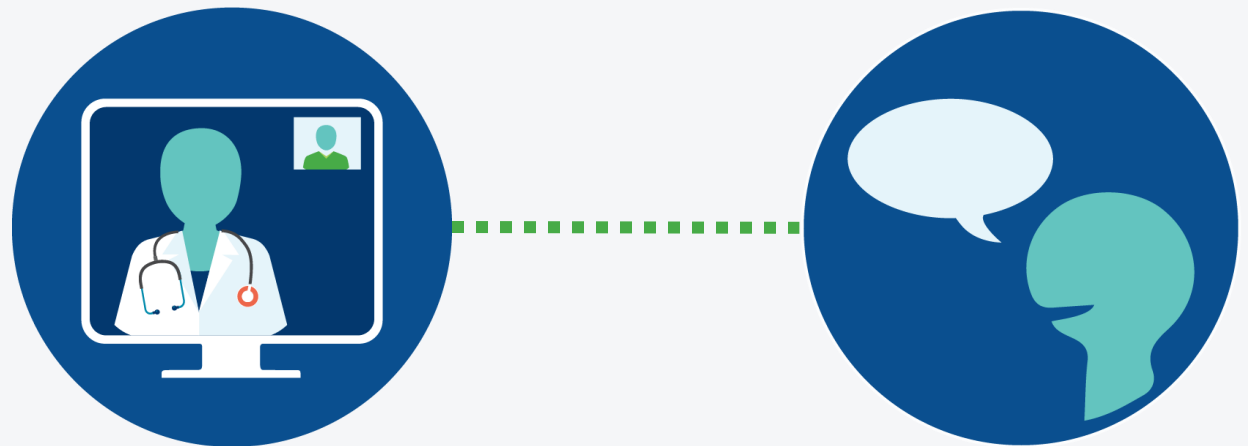
Medicare Advantage Plan (e.g., HMO, PPO)

- Medicare benefits through private health plan that contracts with federal government (also called Part C)
- Combines Parts A, B, and usually D benefits under one plan
- Not a separate benefit: everyone with Medicare Advantage still has Medicare

Telehealth

What is telehealth?

- A term used to describe services that an individual receives from a health care provider outside of an in-person office visit
- A telehealth service can be provided telephone or video technology that allows for **both audio and video communication** between the health care provider and patient



Examples of Medicare-covered telehealth benefits:

- Lab test or x-ray result consultations
- Post-surgical follow-up
- Prescription management
- Preventive health screenings
- Urgent care issues like colds, coughs, and stomach aches
- Mental health treatment, including online therapy and counseling
- Treatment of recurring conditions, like migraines or urinary tract infections
- Treatment of skin conditions

Virtual check-ins

- Original Medicare Part B and Medicare Advantage Plans cover virtual check-ins, also called “brief communication technology-based services,” with certain providers
 - Allow individuals to communicate with their providers through audio and video communication technology or by sending in photo or video images for remote assessment
 - For patients who have an established relationship with their provider, and the patient must verbally consent to receive these services
- **Virtual check-ins are separate from Medicare’s telehealth benefit**

Telehealth vs. virtual check-in



Telehealth

- Full telehealth visit is treated and reimbursed in the same way as an in-person visit
- Requires real-time communication through audio and visual technology
- Limited geographic areas before the PHE



Virtual check-in

- Not a full appointment - generally a brief (5-10 minutes) discussion with a provider
- Provider can respond by phone (audio or video), secure text messaging, email, or patient portal
- Available to Medicare beneficiaries in all areas

Telehealth and the COVID-19 PHE

Telehealth and the PHE

- Medicare expanded coverage and access to telehealth during the COVID-19 public health emergency (PHE).
- These flexibilities allowed more people with Medicare to use telehealth.
- Although the federal COVID-19 PHE ended in May of 2023, Congress has passed legislation multiple times to extend these telehealth flexibilities.
- **Most recently, telehealth flexibilities are set to expire after September 30, 2025.**

Telehealth and the PHE

- **Until the end of September 2025, PHE-related coverage flexibilities are still in place.**
 - CMS should evaluate PHE-related flexibilities to determine whether some should be retained as rule changes long-term.
 - At this time, we do not know for certain what telehealth coverage will look like after September 30, 2025.
- To understand how Medicare's coverage of telehealth works currently, it's helpful to know the coverage rules that were in place before the PHE-related flexibilities.

Telehealth before the COVID-19 PHE

Part B



Telehealth

Before the COVID-19 public health emergency (PHE), Original Medicare Part B covered telehealth in very limited situations.

The following rules were in place before the PHE and do not reflect current PHE-related coverage flexibilities or possible future changes.

Locations

- Original Medicare beneficiaries could generally only access care via telehealth if they lived in a rural area and traveled from their home to a local medical facility to receive the services
- They had to receive care at an originating site in an eligible geographic area
 - Rural health professional shortage areas (HPSA)
 - Counties not classified as a metropolitan statistical area (MSA)

Eligible originating sites included:

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites)
- Skilled Nursing Facilities
- Community Mental Health Centers

Eligible originating sites

- Originating site geographic limitations were only waived in circumstances where:
 - Individuals required telehealth services to treat a diagnosed substance use disorder or co-occurring mental health disorder
 - Individuals required telehealth services to diagnose, evaluate, or treat symptoms of acute stroke
 - Individuals with End-Stage Renal Disease (ESRD) received home dialysis
- These individuals had the option of accessing telehealth services from their home or from a medical facility

Technology requirements

- Original Medicare required that telehealth visits be conducted with **interactive, two-way audio and video technology**
- Must allow for real-time communication between the practitioner and the beneficiary at the originating site



Practitioners

- Original Medicare covered telehealth services only when provided by eligible practitioners, which included:
 - Physicians
 - Nurse Practitioners
 - Physician Assistants
 - Clinical Nurse Specialists
 - Certified Nurse-Midwives
 - Certified Registered Nurse Anesthetists
 - Clinical Social Workers
 - Clinical Psychologists
 - Registered dietitians or nutrition professionals

Medicare Advantage

- Medicare Advantage Plans were required to cover all of the telehealth benefits included in Original Medicare
- They were also permitted to cover additional services provided via telehealth, including services for people who lived outside of rural areas and services provided in people's homes

Telehealth costs



Original Medicare

- Part B deductible: \$257 in 2025
- Part B coinsurance: 20% of the Medicare-approved amount for telehealth services from providers who accept Medicare assignment



Medicare Advantage

- Medicare Advantage beneficiaries should contact their plan to learn about their telehealth costs

Changes to telehealth during the COVID-19 PHE

Telehealth and the PHE

- Medicare expanded coverage and access to telehealth during the COVID-19 public health emergency (PHE).
- Although the federal COVID-19 PHE ended in May of 2023, Congress has passed legislation multiple times to extend these telehealth flexibilities.
- **Most recently, telehealth flexibilities are set to expire after September 30, 2025.**
- Until then, the following expanded telehealth coverage rules are in place.
 - At this time, we do not know for certain what telehealth coverage will look like after September 30, 2025.

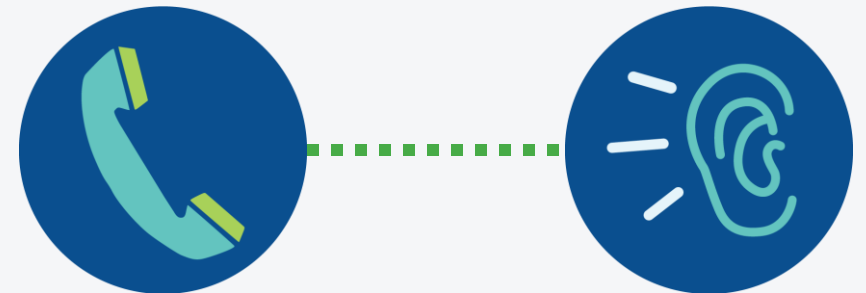


Locations

- At this time, Medicare covers telehealth services for all beneficiaries in **any geographic area**.
- People can receive these services **at home**, in addition to health care settings.

Technology requirements

- Beneficiaries must generally still use an interactive audio and video system that allows for real-time communication
- Limited telehealth services can be delivered using **audio only**, vid audio-only telephone or a smartphone without video
 - Counseling and therapy provided by an opioid treatment program
 - Behavior health care services
 - Patient evaluation and management



Practitioners

- At this time, any health care professional that is eligible to bill Medicare can provide and bill for telehealth services
- Includes those who could previously not receive payment for Medicare telehealth
 - Physical therapists
 - Occupational therapists
 - Speech language pathologists



Medicare Advantage

- Medicare Advantage Plans are required to cover all services that are covered by Original Medicare
- Plans can cover additional services as supplementary benefits

Telehealth costs



Original Medicare

- Part B deductible: \$257 in 2025
- Part B coinsurance: 20% of the Medicare-approved amount for telehealth services from providers who accept Medicare assignment



Medicare Advantage

- Medicare Advantage beneficiaries should contact their plan to learn about their telehealth costs

Telehealth fraud



Telehealth fraud

- Beneficiaries should be aware of people using telehealth for fraudulent purposes
- Anyone who suspects fraud should call 1-800-MEDICARE
- They can also report the incident to their Senior Medicare Patrol at 877-808-2468

Potential telehealth fraud

Scenario

A beneficiary is contacted by a provider they do not know or have not met before to set up a telehealth appointment. The caller offers cash payments or free prescription drugs to get their personal information.

Potential fraud

The caller will likely start billing Medicare for items and services the beneficiary does not need or does not receive—like lab tests, back or knee braces, or orthotics.

Potential telehealth fraud

Scenario

A beneficiary receives an unsolicited phone call from someone wanting to verify their pain symptoms.

Potential fraud

The caller is likely a telehealth doctor trying to approve the beneficiary for durable medical equipment (DME) that they don't need or didn't request.

Potential telehealth fraud

Scenario

A beneficiary receives an unsolicited phone call from someone wanting to verify their family history of cancer.

Potential fraud

The caller is likely a telehealth doctor trying to approve the beneficiary for a genetic testing kit that actually should be ordered by their treating physician.

Review

Telehealth review

- A telehealth service is a full visit with a provider that requires real-time communication through audio and video technology.
- Medicare expanded coverage and access to telehealth during the COVID-19 public health emergency (PHE).
 - Locations
 - Technology requirements
 - Practitioners
- Telehealth flexibilities are currently set to expire after September 30, 2025. Until then, PHE-related coverage flexibilities are still in place.
- Whether these flexibilities will become long-term rule changes is still to be determined.

Resources

Resources for information and help

Medicare Rights Center

- 800-333-4114
- www.medicareinteractive.org

National Council on Aging

- www.ncoa.org

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State Health Insurance Assistance Program (SHIP)

- 877-839-2675
- www.shiphelp.org

Social Security Administration

- 800-772-1213
- www.ssa.gov

Medicare

- 1-800-MEDICARE (633-4227)
- www.medicare.gov



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- Builds on 30 years of Medicare Rights Center counseling experience
- For details, visit www.medicareinteractive.org/learning-center/courses



Getting Medicare right

Thank you!

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