Medicare's Coverage of Telehealth Services

Medicare has expanded coverage and access to telehealth during the COVID-19 public health emergency (PHE). These flexibilities have allowed more people with Medicare to use telehealth and may be helpful for meeting your health care needs.

What is telehealth?

Telehealth includes certain services that you receive from a health care provider outside of an in-person office visit. A telehealth service is a full visit with a provider using telephone or video technology that allows for both audio and video communication.

Some examples of Medicare-covered telehealth benefits include:

- 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

Ask your doctor about telehealth options and whether it would be suitable for your health care needs.

What costs do I pay for telehealth services?

- **Original Medicare** covers telehealth services under Part B. After you meet the Part B deductible ($233 in 2022), you will pay 20% of the Medicare-approved amount for the service from providers who accept Medicare assignment.
- If you are enrolled in a **Medicare Advantage Plan**, contact your plan to learn about their telehealth costs.

Cost-sharing for telehealth has not changed during the COVID-19 PHE. However, your provider may choose to reduce or waive cost-sharing for telehealth visits. Providers usually cannot routinely waive cost-sharing, but this flexibility is available during the PHE.

How has Medicare coverage of telehealth changed during the COVID-19 PHE?

Services	Before the PHE, Original Medicare covered a limited number of services as telehealth benefits.	Original Medicare has expanded the list of covered telehealth services during the PHE, including emergency department visits, physical and occupational therapy, and certain other services.
Locations	Previously, only Medicare beneficiaries in rural areas could access telehealth, and they were required to travel to an authorized health care setting such as a physician's office or hospital.	During the PHE, telehealth services are covered for all beneficiaries in any geographic area, and you can receive these services at home in addition to health care settings.
Technology requirements	You must generally use an interactive audio and video system that allows for real-time communication with the provider.	You should still use an interactive audio and video system that allows for real-time communication with the provider. However, during the PHE, limited telehealth services can be delivered using audio only, via audio-only telephone or a smartphone without video. These services include counseling and therapy provided by an opioid treatment program, behavioral health care services, and patient evaluation and management.
Providers	Previously, Medicare only covered telehealth services provided by eligible practitioners, such as physicians and nurse practitioners.	During the PHE, any health care professional that is eligible to bill Medicare for professional services can provide and bill for telehealth services. You can access telehealth from more providers, including physical therapists, occupational therapists, and speech language pathologists.
Medicare Advantage	Medicare Advantage Plans must cover all of the telehealth benefits included in Original Medicare.	In response to the PHE, Medicare Advantage Plans also have the flexibility to expand coverage and reduce or waive cost-sharing for telehealth services.

Congress passed legislation in March 2022 that extends telehealth flexibilities for 151 days beginning on the first day after the end of the COVID-19 PHE. As of July 18, 2022, the PHE has been extended until mid-October. Whether Medicare keeps its expanded coverage of telehealth long term is still to be determined.