



Medicare Coverage of Telehealth Services



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 telehealth flexibilities during the COVID-19 PHE



Recognize potential telehealth fraud

Medicare basics

What is Medicare?

- Federal program that provides health insurance for those 65+, those under 65 receiving Social Security Disability Insurance (SSDI) for a certain amount of time, and those under 65 with kidney failure requiring dialysis or transplant
 - No income requirements
- Two ways to receive Medicare benefits:



Original Medicare

Traditional program offered directly through federal government



Medicare Advantage

Private plans that contract with federal government to provide Medicare benefits

Parts of Medicare

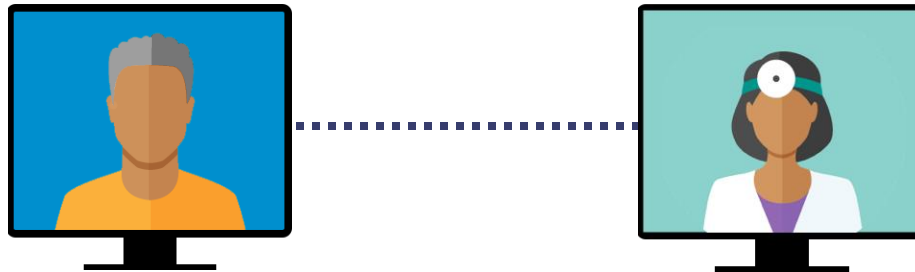


- Medicare benefits administered in three parts:
 - Part A – Hospital/inpatient benefits
 - Part B – Doctor/outpatient benefits
 - Part D – Prescription drug benefit
- Original Medicare includes Part A and Part B
 - Part D benefits offered through stand-alone prescription drug plan
- What happened to Part C? → Medicare Advantage Plans (e.g., HMO, PPO)
 - Way to get Parts A, B, and D through one private plan
 - Administered by private insurance companies that contract with federal government
 - Not a separate benefit: everyone with Medicare Advantage still has Medicare

Telehealth

What is telehealth?

- Certain services that an individual receives 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**



Telehealth services



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 covers 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	Virtual check-in
<ul style="list-style-type: none">• Full telehealth visit is treated and reimbursed in the same way as an in-person visit	<ul style="list-style-type: none">• Not a full appointment – generally a brief (5-10) discussion with a provider
<ul style="list-style-type: none">• Requires real-time communication through audio and visual technology	<ul style="list-style-type: none">• Provider can respond by phone (audio or video), secure text messaging, email, or patient portal
<ul style="list-style-type: none">• Limited geographic areas	<ul style="list-style-type: none">• Available to Medicare beneficiaries in all areas



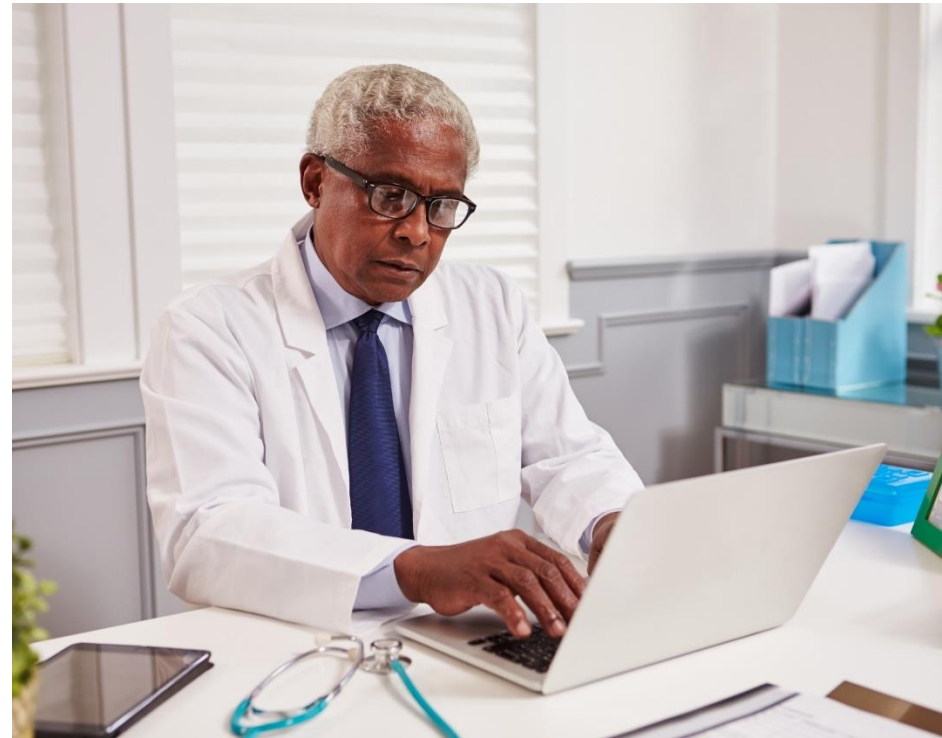
Check your knowledge

What types of health care services does Medicare cover as telehealth?

Telehealth before COVID-19 PHE

Telehealth coverage

- Before the COVID-19 public health emergency (PHE), and as of April 1, 2025, **Original Medicare Part B** covers telehealth in limited situations



Costs



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

Locations

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



Locations



- Eligible originating sites include:
 - 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

Locations



- Originating site geographic limitations are 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
- These individuals have the option of accessing telehealth services from their home or from a medical facility

Technology requirements



- Original Medicare requires 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
- Only exception: federal telemedicine demonstration programs in Alaska and Hawaii
 - Beneficiaries could send medical information to a practitioner to review later without real-time interaction

Practitioners



- Original Medicare covers telehealth services provided by eligible practitioners, including:
 - 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 must cover all of the telehealth benefits included in Original Medicare
- They can also offer additional telehealth benefits not covered by Original Medicare, such as telehealth visits provided in a beneficiary's home or telehealth services for individuals who live outside of a rural area

Changes to telehealth during COVID-19

Telehealth coverage

- CMS and Congress have expanded coverage and access during the public health emergency and through March 31, 2025



Telehealth services



- Original Medicare expanded the list of covered telehealth services during the PHE and until April 1, 2025
 - Emergency department visits
 - Physical and occupational therapy
 - Certain other services, such as telehealth in place of the face-to-face visit with a doctor required to prescribe Medicare-covered home health care
- If a beneficiary has questions about what services they can receive via telehealth, they should ask their doctor

Costs



- Cost-sharing for telehealth did not change during the PHE
- Providers can choose to reduce or waive cost-sharing for telehealth visits
 - Providers usually cannot routinely waive cost-sharing, but the Department of Health and Human Services (HHS) has provided this flexibility

Locations

During the PHE, telehealth services were covered for all beneficiaries in **any geographic area**

They could 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 with the provider
 - Providers can temporarily use any non-public facing remote technology (such as FaceTime, Zoom, or Skype) to communicate with their patients
- Limited telehealth services can be delivered using **audio only**, via audio-only telephone or a smartphone without video
 - Counseling and therapy provided by an opioid treatment program
 - Behavioral health care services
 - Patient evaluation and management

Practitioners



- During the PHE, **any health care professional that is eligible to bill Medicare** for professional services can provide and bill for telehealth services
- Includes professionals who previously could not receive payment for Medicare telehealth services
 - Physical therapists
 - Occupational therapists
 - Speech language pathologists

Medicare Advantage



- CMS has provided flexibility for Medicare Advantage Plans to expand coverage and reduce or waive cost-sharing for telehealth services



Check your knowledge

What is an example of how telehealth coverage was expanded during the COVID-19 PHE?

Telehealth reminders

Telehealth after the PHE



Through March 31, 2025, you can get telehealth services at any location in the U.S., including your home. Starting April 1, 2025, you must be in an office or medical facility located in a rural area (in the U.S.) for most telehealth services. If you aren't in a rural health care setting, you can still get certain Medicare telehealth services on or after April 1, including:

- Monthly End-Stage Renal Disease (ESRD) visits for home dialysis
- Services for diagnosis, evaluation, or treatment of symptoms of an acute stroke wherever you are, including in a mobile stroke unit
- Services for the diagnosis, evaluation, or treatment of a mental and/or behavioral health disorder (including a substance use disorder) in your home

Potential telehealth fraud

- Beneficiaries should be aware of people using telehealth for fraudulent purposes

Scenario	Potential fraud
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.	The caller will likely start billing Medicare for items and services the beneficiary does not need or does not receive, like lab tests, braces, or orthotics.
A beneficiary receives an unsolicited phone call from someone wanting to verify their pain symptoms.	The caller is likely a telehealth doctor trying to approve the beneficiary for durable medical equipment (DME) that they do not need or did not request.

Potential telehealth fraud

Scenario	Potential fraud
A beneficiary receives an unsolicited phone call from someone wanting to verify their family history of cancer.	The caller is likely a telehealth doctor trying to approve the beneficiary for a genetic testing kit that actually needs to be ordered by their treating physician.

- Anyone who suspects fraud should call 1-800-MEDICARE
- They can report potential telehealth fraud, errors, or abuse to their local Senior Medicare Patrol (877-808-2468)

Review

Review



- A telehealth service is a full visit with a provider that requires real-time communication through audio and video technology
- During the PHE, Medicare beneficiaries could access telehealth in any geographic area, at home and in health care settings
- PHE flexibilities expanded coverage of telehealth services and allowed providers to reduce or waive cost-sharing
- These flexibilities will largely return to normal as of April 1, 2025

Resources for information and help



State Health Insurance Assistance Program (SHIP)

- www.shiphelp.org

Social Security Administration

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

Medicare

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

Medicare Rights Center

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

National Council on Aging

- www.ncoa.org

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Medicare Interactive



- www.medicareinteractive.org
- Web-based compendium developed by Medicare Rights for use as a look-up guide and counseling tool to help people with Medicare
 - Easy to navigate
 - Clear, simple language
 - Answers to Medicare questions and questions about related topics
 - 3+ million annual visits

Medicare Interactive Pro (MI Pro)



- Web-based curriculum that empowers professionals to better help clients, patients, employees, retirees, and others navigate Medicare
 - Four levels with four to five courses each
 - Quizzes and downloadable course materials
- Builds on 30 years of Medicare Rights Center counseling experience
- For details, visit www.medicareinteractive.org/learning-center/courses

Thank you!