I. COVERAGE

Coverage Statement: Telemedicine and telehealth services are covered when Medicare coverage criteria are met.


(Accessed April 14, 2020)

Guidelines/Notes:

Note: When deciding coverage for this service, the member specific document must be referenced. Coverage must comply with all applicable network and benefit limitations.

1. Telemedicine/telehealth services including consultation, office visits, individual psychotherapy and pharmacologic management delivered via a telecommunications system...
are covered when the following criteria are met:

a. Member requires services that telecommunication system can be substituted for a face to face “hands on” encounter for services within the Medicare scope of coverage

1) The use of a telecommunications system may substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other physician fee schedule (PFS) services. The various services and corresponding current procedure terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes are listed on the CMS website at www.cms.gov/Medicare/Medicare-General-Information/Telehealth/.


NOTE: Beginning January 1, 2010, CMS eliminated the use of all consultation codes, except for inpatient telehealth consultation G-codes. CMS no longer recognizes office/outpatient or inpatient consultation CPT codes for payment of office/outpatient or inpatient visits. Instead, physicians and practitioners are instructed to bill a new or established patient office/outpatient visit CPT code or appropriate hospital or nursing facility care code, as appropriate to the particular patient, for all office/outpatient or inpatient visits. For detailed instructions regarding reporting these and other telehealth services. See the at Medicare Claims Processing Manual, Chapter 12, § 190.3 – List of Medicare Telehealth Services. (Accessed February 6, 2020)

b. Members are eligible for telehealth services only if they are presented from an originating site located in either a rural health professional shortage area (HPSA) or in a county outside of a Metropolitan Statistical Area (MSA) set by the Health Resources & Services Administration (HRSA).

Notes:
For telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke (acute stroke telehealth services), as determined by the Secretary. Specifically, section 1834(m)(6)(A) of the Act removes the restrictions on the geographic locations and the types of originating sites where acute stroke telehealth services can be furnished. Section 1834(m)(6)(B) of the Act specifies that acute stroke telehealth services can be furnished in any hospital, critical access hospital, mobile stroke units or any other site determined appropriate by the Secretary, in addition to the current eligible telehealth originating sites. For additional information see the Medicare Claims Processing Manual, Chapter 12, § 190.3.7 – Payment for Telehealth for Individuals with Acute Stroke. (Accessed February 6, 2020)

• Effective January 1, 2014, rural HPSAs include HPSAs located outside of a county outside of an MSA as well as those located in rural census tracts as determined by the Office of Rural Health Policy. Also effective January 1, 2014, geographic eligibility for an originating site is established for each calendar year based upon the status of the area as of December 31st of the prior calendar year. For specific requirements, refer to the Medicare Claims Processing Manual, Chapter 12, § 190.2. (Accessed February 6, 2020)

• For HPSA shortage statistics as of December 31, 2019, see the HRSA website at:
2. Telemedicine/telehealth services using non-interactive telecommunications systems that do not permit real-time communication between the member and distant site provider are not covered.

3. Medicare practitioners who may bill for a covered telehealth service are listed below (subject to State law):
   - Physician
   - Nurse practitioner
   - Physician assistant
   - Nurse midwife
   - Clinical nurse specialist
   - Clinical psychologist*
   - Clinical social worker*
   - Registered dietitian or nutrition professional
   - Certified registered nurse anesthetist

* Clinical psychologists and clinical social workers cannot bill for psychotherapy services that include medical evaluation and management services under Medicare.

See the Medicare Claims Processing Manual, Chapter 12, § 190-190.7. (Accessed February 6, 2020)

II. DEFINITIONS

None

III. REFERENCES

See above

IV. REVISION HISTORY

03/17/2020 Coverage Statement
- Added language to indicate:
  - Effective Mar. 6, 2020, the Centers for Medicare & Medicaid Services (CMS) issued guidance for Medicare Advantage (MA) Plans regarding the 2019-Novel Coronavirus (COVID-19) implementing some expansion/changes in telemedicine coverage and cost sharing in response to the COVID-19 emergency
  - Refer to the CMS Current Emergencies website at CMS Current Emergencies website and the Medicare Coverage and Payment Information Related to COVID-19 Fact Sheet for applicable information