

Medicare Telemedicine Snapshot – December 2021 FAQ's

Q: What is telemedicine?

A: Telemedicine is the exchange of medical information from one site to another through electronic communication to improve a patient's health. Examples of telemedicine include health care services delivered through videoconferencing, store-and-forward imaging, on-line patient portals and/or audio communications.

Q: How has Medicare coverage of telemedicine changed?

A: Prior to March 2020, Medicare paid for telemedicine services under limited circumstances, with these services variously restricted to rural or health professional shortage areas, established patients, or certain types of health care providers. In response to the COVID-19 public health emergency (PHE), telemedicine services have been expanded via emergency waiver authority, through rulemaking, and through Congressional action to increase access to care. These expansions led to large increases in telemedicine use, and the snapshot illustrates how this increase varied across geographic and demographic groups. For additional details on Medicare telemedicine expansions in response to the PHE, please visit <https://telehealth.hhs.gov>.

Q: How does CMS identify telemedicine users using the claims data?

A: We identify telemedicine users in Medicare claims using a combination of Healthcare Common Procedure Coding System (HCPCS) Codes, HCPCS Modifier Codes, and Place of Service (POS) Codes; the combination of which varies depending on type of telemedicine service. We look at three types of telemedicine: **Telehealth**, **E-visits** and **Virtual Check-ins**.

We define **Telehealth** as routine office visits provided via synchronous, real-time audio and/or video communication. Telehealth services were defined using Place of Service code = 02 and/or a combination of HCPCS Modifier Codes (any position: 'GT','GQ','G0','95') with HCPCS Codes found in the [CMS list of covered telehealth services](#) (effective August 2021). For the purposes of this release, we also consider **Audio-Only Telehealth** to be **Telehealth**, and the following HCPCS Codes are included: '98966', '98967', '98968', '99441', '99442', '99443'.

We define **E-visits** as asynchronous (not real-time) communication with a patient through a patient portal or other online method. E-visits were identified using the CPT codes 99421-99423 or HCPCS codes G2061-G2063.

We define **Virtual Check-ins** as remote evaluations of recorded video or images submitted by a patient followed by a brief (5-10 minute) check-in with a physician or other provider via telephone or other telecommunications device to decide whether an office visit or other service is needed. Virtual check-ins were identified using HCPCS codes G2010, G2012 or G0071.

Q: Do these data include beneficiaries enrolled in Medicare Advantage (MA) plans?

A: Yes, MA encounter data was used to measure telemedicine utilization among beneficiaries enrolled in MA plans.

Q: Where can I find Medicaid telemedicine data?

A: CMS has published data specific to Medicaid and CHIP telehealth utilization separately; for details, see <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html> and navigate to "Data Releases".

Q: Where can I find more information on the methodology used for this data snapshot?

A: A methodology document accompanies this snapshot and can be accessed at:

<https://www.cms.gov/files/document/medicare-telemedicine-snapshot-methodology.pdf>.

Q: Can I get a data file with the numbers presented in the data snapshot?

A: A data file accompanies this snapshot and can be accessed at:

<https://www.cms.gov/files/zip/medicare-telemedicine-snapshot-data-file.zip>.