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[Getting Your Telehealth Appointments Covered by Medicare](#)

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Wondering if your insurance will cover a virtual visit? Here's what you need to know

More than 10.1 million Medicare beneficiaries have received medical care via telemedicine since the coronavirus hit, thanks to an expansion of services and coverage during the pandemic. In recent months, the Centers for Medicare & Medicaid Services (CMS) has more than doubled the number of health care services beneficiaries can receive via telemedicine. The agency has allowed an additional 135 services, including home visits, eye exams and physical, occupational and speech therapy. In early August, CMS proposed covering some of these new services on a permanent basis. According to CMS Administrator Seema Verma, telemedicine has proven to be a boon for patients and physicians.

It's clear that telemedicine will continue to play a key role in health care for Medicare beneficiaries. "Telemedicine is more integrated into our lives now, so some of the changes in coverage are likely to stay," says Mei Kwong, executive director of the Center for Connected Health Policy.

What's included in the expanded/emergency coverage

Under the Coronavirus Preparedness and Response Supplemental Appropriations Act, which was signed into law in March, the secretary of the Department of Health and Human Services was allowed to waive certain Medicare telemedicine payment requirements during the public health emergency. This resulted in the following changes that affect coverage:

- During the public health emergency, CMS is paying for telehealth services at the same rate as in-person visits. Original Medicare beneficiaries pay 20

percent of the Medicare-approved amount for a doctor's services, and the Part B deductible applies. However, the Families First Coronavirus Response Act waives cost sharing (coinsurance and deductibles) under Medicare Part B for COVID-19 testing-related services. In addition, the Office of the Inspector General is allowing doctors to waive the 20 percent copay for telemedicine visits.

- More than half of Medicare Advantage (MA) plans now offer telemedicine services as part of the basic benefit. They may offer more telemedicine services than original Medicare. Many health plans are waiving cost sharing for MA beneficiaries. For example, Aetna is waiving out-of-pocket costs for in-network primary care and specialist telemedicine visits for individual and group MA plan members through Sept. 30. Cigna is waiving copays, deductibles and coinsurance for in-network medical or behavioral telemedicine visits for MA beneficiaries until the end of December.
- Beneficiaries can have telemedicine visits at home. Prior to the pandemic, they had to live in a rural area and obtain services at a hospital, clinic or other medical facility.
- You can see a broader range of health care professionals — physical and occupational therapists and speech-language pathologists, to name a few — and you don't need an established relationship with a health care provider in order to receive care. (Prior to the pandemic, only doctors, nurse practitioners, physician assistants or other health care providers could see you via telemedicine.)
- You can see a provider who is licensed to practice in another state.
- You can use a smartphone, tablet or computer for a telemedicine visit. In addition, you can use a videoconferencing service you're familiar with, such as FaceTime or Skype.
- You can have a phone visit with your doctor. Phone visits are covered at the same rate as office visits. The types of appointments that can be conducted on the phone have been expanded to include patient education and behavioral health services. More than 3 million beneficiaries have had telemedicine visits over the phone.
- You can have a “virtual check-in,” in which you communicate briefly with a doctor, nurse practitioner or physician assistant through a patient portal, email, video, secure text messaging or phone. These visits are often done to determine whether you need an office visit, and you don't need to be an

established patient. In addition, Medicare covers e-visits, during which you communicate with your doctor or other provider (nurse practitioner, social worker or physical therapist, for instance) via an online patient portal. Normally, you'd pay 20 percent of the Medicare-approved amount for these services, and the Part B deductible applies. However, CMS is allowing health care providers to waive cost sharing for telemedicine visits.

The Most Popular Telehealth Visits For Medicare Recipients

During the first few months of the pandemic, the most common type of telemedicine visit was related to an illness. Nearly 5.8 million enrollees have had this type of visit since the public health emergency began. Mental health services have also been popular; about 60 percent of beneficiaries who received care from a psychologist or psychiatrist did so via telemedicine. About 26 percent of beneficiaries in nursing homes had a telemedicine visit. Finally, about 19 percent of the 1.5 million beneficiaries who had preventive health visits — such as annual wellness visits, depression screenings and diabetes self-care training — during the pandemic did so via telemedicine.

----- Written by Deborah Pike Olsen, AARP, August 31, 2020

AARP was founded in 1958 and has over 38 million members. It is a nonprofit, nonpartisan organization for people over the age of 50. AARP is well-known for its advocacy efforts, providing its members with important information, products and services that enhance quality of life as they age. They also promote community service and keep members and the public informed on issues relating to the over 50 age group.

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