Medicare Telemedicine Data Snapshot Methodology

Overview

The Medicare Telemedicine Data Snapshot presents information on Medicare beneficiaries who used telemedicine services between March 1, 2020 and February 28, 2021. All data presented in this update are preliminary and will continue to change as the Centers for Medicare & Medicaid Services (CMS) processes additional claims and encounters for the reporting period.

Methodology

Data Source: Data are sourced from CMS's Integrated Data Repository (IDR) using final action Medicare Fee-for-Service claims data and Medicare Advantage encounter data. Medicare enrollment data and beneficiary characteristics are sourced from CMS's Chronic Conditions Warehouse (CCW).

Population: Beneficiaries enrolled in Medicare Part B, either Fee-for-Service (i.e., Original Medicare) or Medicare Advantage at any time from March 1, 2020 through February 28,2021.

Medicare Telemedicine: Telemedicine refers to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Prior to March 2020, Medicare paid for these services under limited circumstances; for example, most of the time, beneficiaries were only eligible for telemedicine services if they lived in a rural area and had an established relationship with the provider. Additionally, the types of providers who were eligible to deliver telehealth was restricted.

In response to the COVID-19 public health emergency, telemedicine services have been expanded in various ways to increase access to care. Examples of expansions include:

> a) both new and established patients;
> b) originating sites in any healthcare facility and/or in the beneficiary's home;
> c) all service areas including non-rural;
> d) new eligible services and the types of practitioners permitted to provide telehealth services; and
> e) a select set of telehealth services now permitted using audio-only.

For additional details on Medicare telemedicine expansions, please visit https://telehealth.hhs.gov

There are three main types of virtual telemedicine services that are summarized in this snapshot: Medicare telehealth visits (including audio-only telehealth), virtual check-ins and e-visits.

Telehealth Visits: Telehealth Visits are routine office visits provided via video (requires synchronous, real-time audio and video communication) with new or established patients. Audio-Only telehealth visits are evaluation and management services via telephone provided by eligible physicians or other qualified health care professionals to both new and established patients. For the purposes of this snapshot, audio-only telehealth is reported in the same category as traditional telehealth services.

We identify telehealth eligible services in FFS and MA data using either Place of Service(POS) Code = "02" and/or a combination of HCPCS Modifier Codes and HCPCS/CPT Codes included in the CMS list of covered telehealth services, effective August 2021. Only services that are on the Medicare telehealth

services list are classified as telehealth eligible and those HCPCS codes billed with the POS = "02" or "95", "GT", "GQ", or "GO" modifiers are considered delivered via a telecommunication system and not in-person.

Virtual Check-ins: 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, as reported by the health care professional on the Part B Claim.

E-visits: Asynchronous (not real-time) communication with a patient through a patient portal or other online method, resulting in a digital evaluation and management service. E-visits were identified using the CPT codes 99421-99423 or HCPCS codes G2061-G2063, as reported by the rendering health care professional on the Part B Claim.