



Telehealth Reimbursement - Medicare

Medicare reimburses only for specific services when they are delivered via live video. Store-and-forward delivered services are prohibited, except for Centers for Medicare and Medicaid Services (CMS) demonstration programs in Alaska and Hawaii. Additionally, Medicare reimburses for certain other kinds of services that are furnished remotely using communications technology but are not considered Medicare “telehealth services.”

Eligible Medicare Provider List:

- Physicians;
- Nurse practitioners;
- Physician assistants;
- Nurse midwives;
- Clinical nurse specialists;
- Certified registered nurse anesthetists;
- Registered dietitians or nutrition professionals;
- Clinical psychologists and clinical social workers (these professionals cannot bill for psychotherapy services that include medical evaluation and management services).

Geographic Restrictions

The originating site must be in a Health Professional Shortage Area (HPSA) as defined by the Health Resources and Services Administration (HRSA), or in a county that is outside of any Metropolitan Statistical Area (MSA) as defined by the U.S. Census Bureau.



Eligible Sites:

- Provider offices;
- Hospitals;
- Critical access hospitals;
- Rural health clinics;
- Federally qualified health centers;
- Skilled nursing facilities;
- Community mental health centers;
- Hospital-based or critical access hospital-based renal dialysis centers.

Note that there are certain exceptions to the facility requirement in the case of end stage renal disease (ESRD) services, treatment of acute stroke, and treatment of substance use disorder and co-occurring mental health conditions. Patients can be seen in their homes for these visits.

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Payment for Remote Communication Technology:

Beginning January 2019, CMS reimburses for certain kinds of services furnished remotely using communications technology that is not considered “Medicare telehealth services.” Because they are not defined specifically as telehealth, the limitations and restrictions outlined previously would not apply.

Brief communication technology-based service (or “virtual check-ins”): A brief, non-face-to-face check-in with an established patient via communication technology to assess whether an office visit or other service is necessary. This service is only available to practitioners who furnish E/M services and could take place via live video or telephone call.

Remote evaluation of pre-recorded patient information: Remote professional evaluation of patient-transmitted information conducted via pre-recorded video or image technology to determine whether an office visit or other service is necessary. This would only be available for established patients.

Interprofessional Internet Consultation (“E-consults”):

Interprofessional internet consultations between professionals performed via communications technology. This service is limited to practitioners who can independently bill Medicare for E/M visits. This could take the form of either a telephone call or a live or asynchronous internet consultation. Both the consulting and treating provider could be reimbursed for this service. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are not able to bill this service.



For up-to-date guidance from the Centers for Medicare and Medicaid Services, visit:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth>

For more information on telehealth, visit the AHI Telehealth Technical Assistance Center:

<https://ahihealth.org/telehealth-technical-assistance-center/#about>