

Medicare Telehealth Trends Methodology

Overview

The Medicare Telehealth Trends report presents information on Medicare beneficiaries who used telehealth services. The first release covers services between January 1, 2020 and March 31, 2022 and additional quarters will be added on a quarterly basis. All data presented in this report are preliminary and will continue to change as the Centers for Medicare & Medicaid Services (CMS) processes additional claims and encounters for the reporting period.

Data Source: Data are sourced from CMS's Chronic Conditions Warehouse (CCW) using final action Medicare Fee-for-Service (FFS) Part B claims data.

Population: Beneficiaries enrolled in Medicare Part B at any time during the reporting period.

Medicare Telehealth: Telehealth is 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, with telehealth services restricted to rural or health professional shortage areas, established patients, and certain types of providers.

In response to the COVID-19 public health emergency, telehealth 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 telehealth expansions, please visit <https://telehealth.hhs.gov>

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 report, audio-only telehealth is treated the same as traditional telehealth services.

We identify telehealth eligible services in FFS data using either Place of Service (POS) Code and/or a combination of HCPCS Modifier Codes and HCPCS/CPT Codes included in the [CMS list of covered telehealth services](#). Only services that are on the Medicare telehealth services list are classified as **telehealth eligible** and those HCPCS codes billed with the following POS or HCPCS Modifiers are considered delivered via a telecommunication system and **not in-person**:

Claims Data Year	POS	HCPCS Modifier
2020	"02"	"95", "GT", "GQ", "GO"
2021	"02"	"95", "GT", "GQ", "GO"
2022	"02", "10"	"95", "GT", "GQ", "GO", "FR", "FQ"
2023-2026	"02", "10"	"93", "95", "GT", "GQ", "GO", "FR", "FQ"