



Telemedicine Reimbursement Through Medicare and Medicaid

Trying to understand Medicare and Medicaid's nuanced telemedicine reimbursement policy can often be confusing. Here is a detailed overview of the requirements for Medicare and Medicaid's reimbursement policy:

Traditional Medicare (Part-B) and Medicare Advantage Plans (Part-C)

Are Medicare Part-B patients eligible for telemedicine?

Patients located at approved originating sites are eligible for telemedicine. Medicare defines an originating site as, "the location of an eligible Medicare beneficiary at the time the service furnished via a telecommunications system occurs." Medicare currently does not consider patients' homes as approved originating sites, therefore causing the rules engine to determine Medicare Part-B patients ineligible.

Some requirements:

- Must be an approved facility
- Interactive audio/video system
- Arranged so views are not blocked
- Must use GT modifier
- Patient consent based on service provided

Provider type restrictions:

- Physicians
- Nurse Practitioner
- Physician Assistant
- Nurse-Midwife
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetists
- Clinical Psychologist
- Clinical Social Worker
- Registered Dietitian/Nutritional Professional

Click the link below for a list of approved Medicare originating sites:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf>

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