



SHIP

State Health Insurance
Assistance Program

Navigating Medicare

ASK SHIP

YOUR MONTHLY MEDICARE Q&A

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Q: My regular health care provider says I can schedule some of my visits with her using telehealth rather than coming to her office. What is telehealth? Is it covered by Medicare?

A: Telehealth is not necessarily a new concept, but its uses and availability have changed over the years.

Telehealth includes certain services that you receive from a health care provider outside of an in-person office visit. A telehealth service is a full visit with a provider using telephone or video technology allowing both audio and video communication.

Medicare covers certain services when provided via telehealth.

- Lab test or x-ray result consultations
- Post-surgical follow-up
- Prescription management
- Preventive health screenings
- Urgent care issues like colds, coughs, and stomach aches
- Mental health treatment, including online therapy and counseling

- Treatment of recurring conditions, like migraines or urinary tract infections
- Treatment of skin conditions

What is a virtual check-in and does Medicare cover them?

Yes. Original Medicare Part B covers virtual check-ins, also called “brief communication technology-based services” with certain providers. These check-ins allow individuals to communicate with their providers through audio and video communication technology or by sending in photo or video images for remote assessment.

What is remote patient monitoring?

Remote patient monitoring (RPM) is the ability for health care providers to track aspects of person’s health outside of traditional clinical settings, like a patient’s home. RPM can reduce the need for in-person visits, cut down on travel costs, and limit exposure to illness, which can be especially helpful for people with chronic conditions or mobility challenges. Providers may collect data like heart rate, blood glucose, blood pressure,

or breathing rate, and then use it to help manage conditions and guide treatment decisions between visits.

During the COVID-19 Public Health Emergency, telehealth coverage was temporarily expanded to include more flexibility and allow more people to receive care from their homes. These flexibilities have been extended through December 31, 2027.

What costs do Medicare beneficiaries pay for telehealth?

Original Medicare covers telehealth services under Part B. After beneficiaries meet the Part B deductible (\$283 in 2026), they pay 20% of the Medicare-approved amount for the service from providers who accept Medicare assignment. Medicare Advantage beneficiaries should contact their plan to learn about their telehealth costs.

If you have questions related to Medicare, call SHIP at (800) 452-4800 or find us online at www.medicare.in.gov. You can also find SHIP on Facebook, Instagram, X, LinkedIn, and YouTube.