



Telehealth Was Critical for Providing Services to Medicare Beneficiaries During the First Year of the COVID-19 Pandemic

Key Takeaways

- Over 28 million Medicare beneficiaries used telehealth during the first year of the pandemic. This was more than 2 in 5 Medicare beneficiaries.
- Beneficiaries used 88 times more telehealth services during the first year of the pandemic than they used in the prior year.
- Beneficiaries' use of telehealth peaked at the beginning of the pandemic and remained high through early 2021.
- Beneficiaries most commonly used telehealth for office visits during the first year of the pandemic.

Why OIG Did This Review

The COVID-19 pandemic created unprecedented challenges for how Medicare beneficiaries accessed health care. In response, the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) took a number of actions to temporarily expand access to telehealth for Medicare beneficiaries.¹ CMS allowed beneficiaries to use telehealth for a wide range of services; it also allowed beneficiaries to use telehealth in different locations, including in urban areas and from the beneficiary's home.

Understanding the use of telehealth during the first year of the pandemic can shed light on how the temporary expansion of telehealth affected where and how beneficiaries accessed their health care. This information can help CMS, Congress, and other stakeholders make decisions about how telehealth can be best used to meet the needs of beneficiaries in the future.

This data brief provides insight into the use of telehealth in both Medicare fee-for-service and Medicare Advantage during the first year of the COVID-19 pandemic. It is a companion to a report that examines the characteristics of beneficiaries who used telehealth during the pandemic.² Another report in this series identifies program integrity concerns related to telehealth during the pandemic.³

How OIG Did This Review

We based this analysis on Medicare fee-for-service claims data and Medicare Advantage encounter data from March 1, 2020, to February 28, 2021, and from the prior year, March 1, 2019, to February 29, 2020. We used these data to determine the total number of services used via telehealth and in-person, as well as the types of services used. We also compared the number of services used via telehealth and in-person during the first year of the pandemic to those used in the prior year.

What OIG Found

Over 28 million Medicare beneficiaries used telehealth during the first year of the pandemic. This was more than 2 in 5 Medicare beneficiaries. In total, beneficiaries used 88 times more telehealth services during the first year of the pandemic than they used in the prior year. Beneficiaries' use of telehealth peaked in April 2020 and remained high through early 2021. Overall, beneficiaries used telehealth to receive 12 percent of their services during the first year of the pandemic. Beneficiaries most commonly used telehealth for office visits, which accounted for just under half of all telehealth services used during

the first year of the pandemic. However, beneficiaries' use of telehealth for behavioral health services stands out. Beneficiaries used telehealth for a larger share of their behavioral health services compared to their use of telehealth for other services. Specifically, beneficiaries used telehealth for 43 percent of behavioral health services, whereas they used telehealth for 13 percent of office visits.

What OIG Concludes

Telehealth was critical for providing services to Medicare beneficiaries during the first year of the pandemic. Beneficiaries' use of telehealth during the pandemic also demonstrates the long-term potential of telehealth to increase access to health care for beneficiaries. Further, it shows that beneficiaries particularly benefited from the ability to use telehealth for certain services, such as behavioral health services. These findings are important for CMS, Congress, and other stakeholders to take into account as they consider making changes to telehealth in Medicare. For example, CMS could use these findings to inform changes to the services that are allowed via telehealth on a permanent basis.

Primer on: Medicare Telehealth Services During the Pandemic

- ▶ **Medicare telehealth services** refer to services that are provided remotely using technology between a provider and a beneficiary.
- ▶ During the pandemic, CMS allowed beneficiaries to use telehealth to access a wide range of services in different locations, including in **urban areas and from the beneficiary's home**. Prior to the pandemic, beneficiaries were allowed to use telehealth only from medical facilities located in rural areas, with a few exceptions.⁴
- ▶ During the pandemic, CMS increased the types of services that beneficiaries could use via telehealth, from 118 to **264 services**.⁵
- ▶ The services that can be provided via telehealth include **office visits, behavioral health services, nursing home visits, and home visits**, among others. Most of these services can also be provided in person.
- ▶ A group of telehealth services known as **virtual care services** are **always provided remotely**.⁶ An example of these services includes a telephone call with a provider to discuss a beneficiary's medical condition.
- ▶ During the pandemic, CMS expanded the use of **audio-only** for certain types of telehealth services, such as office visits and behavioral health services. Prior to the pandemic, only audio-video was allowed for the delivery of telehealth services, with a few exceptions.⁷

RESULTS

The COVID-19 pandemic created disruptions in how Medicare beneficiaries accessed health care. Because of concerns about the pandemic, HHS and CMS took a number of actions to provide broader access to telehealth for Medicare beneficiaries. CMS allowed beneficiaries to use telehealth for a wide range of services; it also allowed beneficiaries to use telehealth in different locations, including in urban areas and from the beneficiary's home.

This data brief examines the use of telehealth services from March 2020 through February 2021. It also looks at the growth of telehealth services, the extent to which beneficiaries also used in-person services, and the types of telehealth services most commonly used. It includes beneficiaries in Medicare fee-for-service and in Medicare Advantage.

Understanding the use of telehealth during this time can shed light on how the temporary expansion of telehealth affected where and how beneficiaries accessed their health care. This information can help CMS, Congress, and other stakeholders make decisions about how telehealth can be best used to meet the needs of beneficiaries in the future.

Over 28 million Medicare beneficiaries used telehealth during the first year of the pandemic

More than 28 million Medicare beneficiaries used a telehealth service during the first year of the pandemic—from March 2020 through February 2021. These beneficiaries represented 43 percent of the 66 million beneficiaries enrolled in Medicare, or about 2 in 5 Medicare beneficiaries.

This is a dramatic increase from the prior year, when less than 1 percent of Medicare beneficiaries—approximately 341,000 in total—used telehealth.

During the first year of the pandemic, more than half of beneficiaries (55 percent) who used telehealth used only 1 to 2 services, while the remainder used 3 or more telehealth services. Further, almost all beneficiaries who used telehealth during the first year of the pandemic also used in-person services.

In addition, 84 percent of beneficiaries who used telehealth during the pandemic received telehealth services only from providers with whom they had an established

More than **2 in 5 Medicare beneficiaries used telehealth** during the first year of the pandemic



relationship.⁸ These beneficiaries received an in-person service from a provider an average of 4 months prior to their first telehealth service.

Overall, beneficiaries enrolled in Medicare Advantage were more likely to use telehealth than those in Medicare fee-for-service. In total, 49 percent of beneficiaries enrolled in Medicare Advantage used telehealth, compared to 38 percent of those enrolled in Medicare fee-for-service. Prior to the pandemic, Medicare Advantage had greater flexibility to provide telehealth services to beneficiaries.⁹

Beneficiaries used 88 times more telehealth services during the first year of the pandemic than they used in the prior year

Medicare beneficiaries used 114.4 million telehealth services from March 2020 through February 2021. This amounts to 88 times more telehealth services compared to the year prior to the pandemic, when beneficiaries used 1.3 million telehealth services.

Medicare paid over **\$5.1 billion for telehealth services** for beneficiaries enrolled in Medicare fee-for-service during the first year of the pandemic.

Over half of these telehealth services (60.1 million in total) were used by beneficiaries enrolled in Medicare fee-for-service. In total, Medicare paid over \$5.1 billion for these services, 76 times more than what it paid for telehealth in the prior year.¹⁰

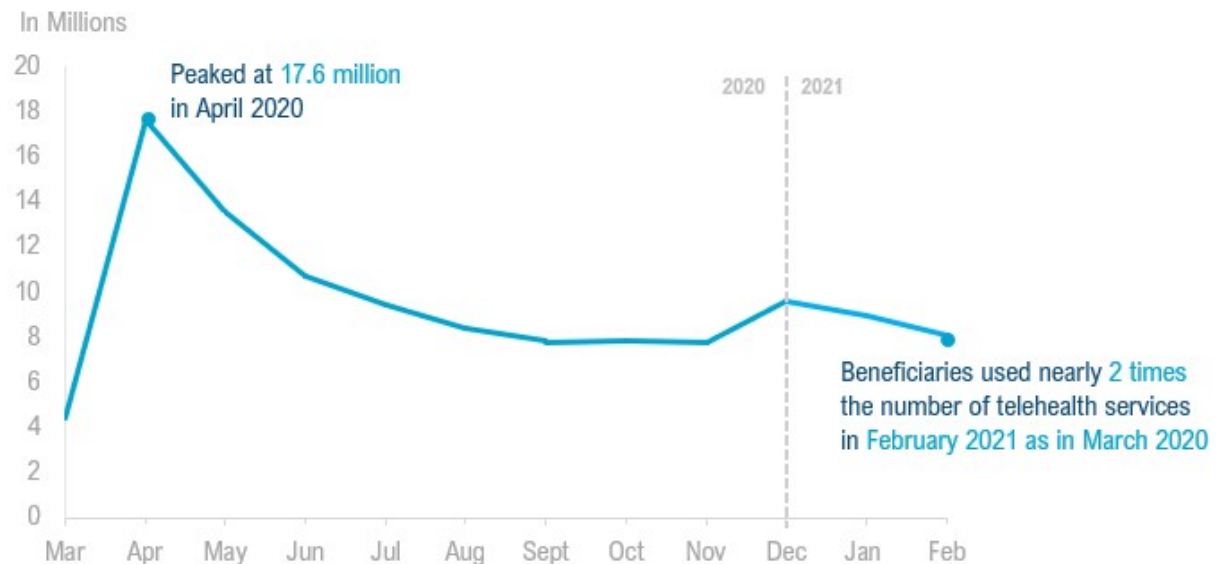
CMS's temporary policy changes enabled the monumental growth in the use of telehealth in multiple ways. CMS allowed beneficiaries to use telehealth services from home and from any geographic location, including urban areas, beginning in March 2020.¹¹ In addition, CMS temporarily expanded the types of services that could be provided via telehealth. Specifically, CMS allowed for 264 services to be provided via telehealth during the pandemic, compared to 118 services prior to the pandemic.

Beneficiaries' use of telehealth peaked at the beginning of the pandemic and remained high through early 2021

Telehealth use peaked in the early months of the pandemic. At the height of telehealth use in April 2020, beneficiaries used 17.6 million telehealth services, followed by 13.6 million telehealth services in May 2020. In these early months, some States and localities had issued stay-at-home orders and some health care providers suspended in-person care because of increasing COVID-19 infection rates.

From June through November 2020, the number of telehealth services steadily decreased to 7.8 million services in November. In December 2020, telehealth services increased slightly, before declining again in February 2021. Despite the decline, the number of telehealth services in February 2021 was almost twice as high as in March 2020. See Exhibit 1.

Exhibit 1: Beneficiaries' use of telehealth peaked in April 2020, decreased through the late spring, summer, and fall, and briefly increased again in December 2020.



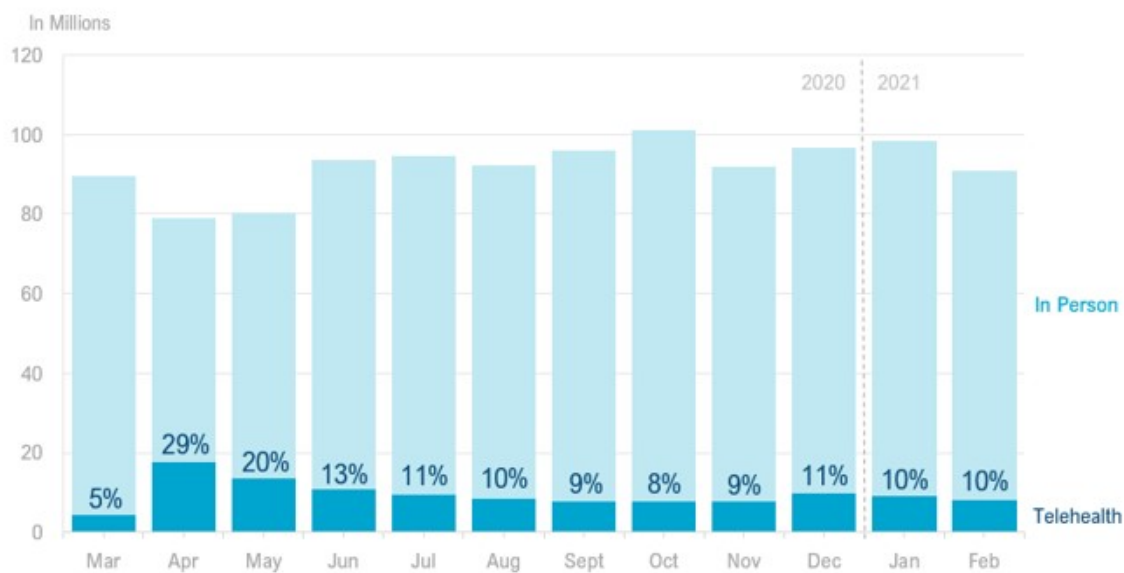
Source: OIG analysis of CMS data, 2022.

Even though telehealth use increased dramatically, beneficiaries still received most of their care in-person

Even though the use of telehealth increased substantially during the pandemic, telehealth accounted for 12 percent of all services used by beneficiaries during the first year of the pandemic.¹²

However, not all months were the same. At the peak of telehealth use in April 2020, telehealth accounted for 29 percent of all services. In most other months, beneficiaries used telehealth for 9 to 11 percent of all services. See Exhibit 2.

Exhibit 2: At telehealth’s peak, beneficiaries used it for 29 percent of all services.



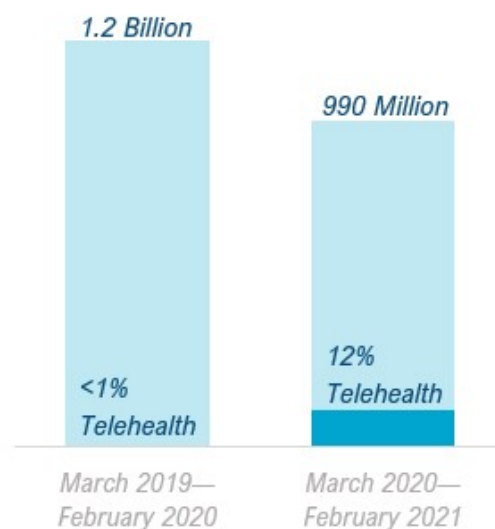
Source: OIG analysis of CMS data, 2022.

Despite the significant increase in telehealth, beneficiaries used fewer services overall during the first year of the pandemic than they did in the prior year

Despite a large increase in the use of telehealth, beneficiaries used fewer services overall during the first year of the pandemic than they did in the prior year. Beneficiaries’ use of telehealth only partially filled the gap left by a decrease in in-person services during the pandemic.

In total, beneficiaries used 20 percent fewer services, amounting to 990 million services during the pandemic, down from 1.2 billion services the year prior. See Exhibit 3. The decrease in services is likely because of some health care providers temporarily suspending in-person care, beneficiaries forgoing care because of concerns about community spread of COVID-19, and the strain on providers to offer needed services related to COVID-19, among other factors.¹³

Exhibit 3: Beneficiaries used 20 percent fewer services during the first year of the pandemic than in the prior year.



Source: OIG analysis of CMS data, 2022.

Beneficiaries most commonly used telehealth for office visits during the first year of the pandemic

From March 2020 through February 2021, beneficiaries most commonly used telehealth for office visits, virtual care services, behavioral health services, nursing home visits, and preventive services. Beneficiaries also used telehealth for a wide variety of other services. See Appendices A and B for more information about these services and the extent to which beneficiaries used telehealth for these services.

54.5 million
Office visits



During the first year of the pandemic, beneficiaries most often used telehealth for office visits. These are routine appointments with a primary care provider or specialist. In total, beneficiaries received 54.5 million office visits via telehealth. These office visits accounted for just under half (48 percent) of all telehealth services used during the first year of the pandemic. This percentage was similar for beneficiaries in Medicare fee-for-service and Medicare Advantage.

34 million
Virtual care services



Next, beneficiaries most commonly used telehealth for virtual care services, totaling 34 million of these services during the first year of the pandemic. These services, unlike most Medicare telehealth services, can only be provided remotely. The most common type of virtual care service is a telephone call with a provider to discuss a beneficiary's medical condition, referred to as a telephone evaluation and management service. Beneficiaries used over 28 million of these services, accounting for a quarter of all telehealth services used during the first year of the pandemic.

Other common virtual care services include discussions with a provider of up to 10 minutes, known as virtual check-ins.¹⁴ Virtual care services also include online interactions via a patient portal, known as e-visits, and remote monitoring of a beneficiary's weight or other vital statistics. Beneficiaries in Medicare Advantage used more virtual care services than beneficiaries in Medicare fee-for-service, with these services accounting for 35 percent of all telehealth services in Medicare Advantage, compared to 25 percent in Medicare fee-for-service.

14.1 million
Behavioral health services



Beneficiaries also commonly used telehealth for behavioral health services, totaling 14.1 million services. Behavioral health services include individual therapy, group therapy, and substance use disorder treatment, among others. Beneficiaries in Medicare fee-for-service used more behavioral health services than those in Medicare Advantage, with these services accounting for 16 percent of all telehealth services in Medicare fee-for-service, compared to 9 percent in Medicare Advantage.

3.3 million
Nursing
home visits



Nursing home visits were the next most common telehealth service, with beneficiaries using 3.3 million services during the first year of the pandemic. Nursing home visits include initial and subsequent visits from a provider with a beneficiary located in a nursing home that are conducted via telehealth. These visits include discussions between a provider and beneficiary regarding a beneficiary's medical condition, and nursing home discharge management services, among others. Nursing home visits were slightly more common among beneficiaries in Medicare fee-for-service (4 percent of services) than those in Medicare Advantage (2 percent of services).

2.4 million
Preventive
services



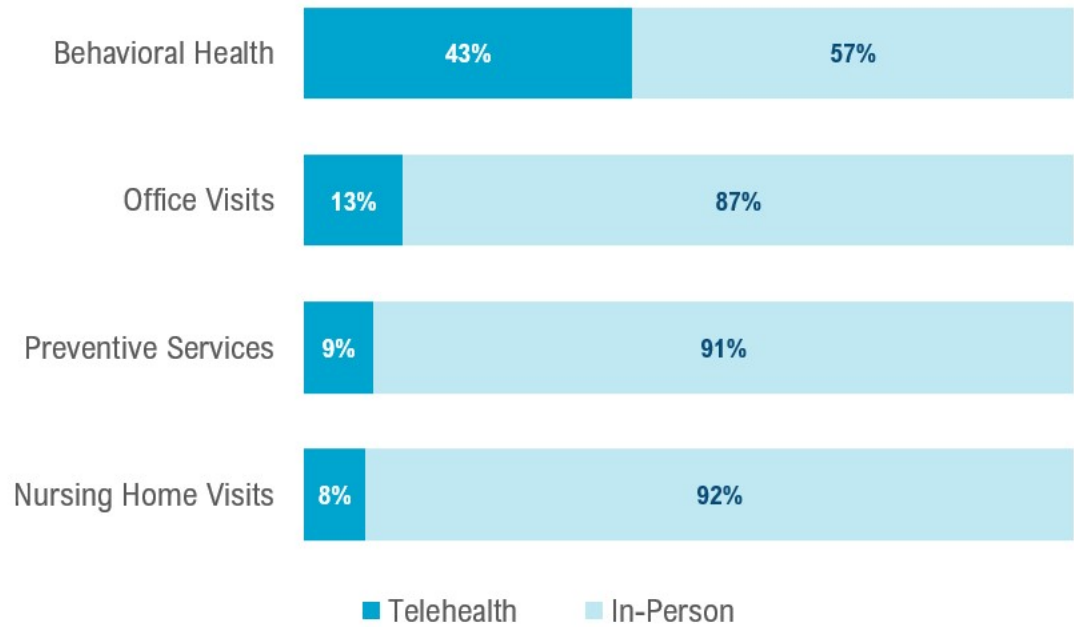
Beneficiaries also commonly used telehealth for preventive services, totaling 2.4 million of these services during the first year of the pandemic. Preventive services include annual wellness visits, diabetes management training, medical nutrition therapy, and tobacco use counseling. There was no difference in the use of these telehealth services between beneficiaries in Medicare fee-for-service and Medicare Advantage.

Beneficiaries' use of telehealth for behavioral health services stands out

While beneficiaries used telehealth for a number of different services, beneficiaries' use of telehealth for behavioral health services stands out. Beneficiaries used telehealth for a larger share of their behavioral health services compared to their use of telehealth for other services. Specifically, beneficiaries used telehealth for 43 percent of all behavioral health services they received during the first year of the pandemic. In contrast, they used telehealth for only 13 percent of all office visits they received during the first year of the pandemic. See Exhibit 4 and Appendix C.

Understanding which services beneficiaries use telehealth for, compared to their use of these services in-person, helps inform questions about how beneficiaries access their health care. In particular, beneficiaries' use of telehealth for behavioral health services relative to their use of these services in-person shows that beneficiaries benefited from the ability to use telehealth for these services. This is further supported by literature prior to the pandemic that suggests the use of telehealth for behavioral health may improve access, especially for beneficiaries facing barriers to care.¹⁵

Exhibit 4: Beneficiaries used telehealth for a larger share of their behavioral health services compared to other services.



Source: OIG analysis of CMS data, 2022.

Note: Virtual care services are not included as they are provided exclusively via telehealth.

CONCLUSION

The COVID-19 pandemic created unprecedented challenges for how Medicare beneficiaries accessed health care. In response, HHS and CMS took a number of actions to temporarily expand access to telehealth for Medicare beneficiaries.

Beneficiaries' use of telehealth increased dramatically during the first year of the pandemic. Over 28 million—more than 2 in 5—Medicare beneficiaries used telehealth services during the first year of the pandemic, from March 2020 through February 2021. In total, beneficiaries used 88 times more telehealth services during the first year of the pandemic than they did in the prior year. Beneficiaries' use of telehealth was particularly high in April 2020, when it accounted for 29 percent of all services. It then decreased to around 10 percent of services per month—still almost twice the level it was in March 2020.

In addition, beneficiaries most commonly used telehealth for office visits, but their use of telehealth for behavioral health services stands out. Beneficiaries used telehealth for a larger share of their behavioral health services compared to their use of telehealth for other services.

Telehealth was critical for providing services to Medicare beneficiaries during the first year of the pandemic. Beneficiaries' use of telehealth during the pandemic also demonstrates the long-term potential of telehealth to increase access to health care for beneficiaries. Further, it shows that beneficiaries particularly benefited from the ability to use telehealth for certain services, such as behavioral health services. These findings are important for CMS, Congress, and other stakeholders to take into account as they consider making changes to telehealth in Medicare.¹⁶ For example, CMS could use these findings to inform changes to the services that are allowed via telehealth on a permanent basis.

These changes to telehealth need to balance concerns about access, quality of care, equity, and program integrity so that the benefits of telehealth are realized, and Medicare can best meet the needs of its beneficiaries. OIG has additional evaluations and audits underway examining telehealth in Medicare to help further inform program policies and oversight.¹⁷

METHODOLOGY

We based this data brief on an analysis of Medicare fee-for-service claims and Medicare Advantage encounters for telehealth services from March 1, 2020, to February 28, 2021. These data are similar to the data used in other reports in the series about Medicare beneficiaries' use of telehealth during the first year of the pandemic.¹⁸

We used the Medicare fee-for-service claims from the National Claims History File and Medicare Advantage encounters from Part C Encounter data. We also used enrollment data for Medicare fee-for-service and Medicare Advantage from the Medicare Enrollment Database.

Beneficiaries' Use of Telehealth Services

To conduct this analysis, we first identified the services that Medicare approved for telehealth during the pandemic.¹⁹ These services are described using Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes. These codes are included on the claim by a provider for reimbursement purposes.

As part of our analysis, we included virtual care services as a type of telehealth service. These services are also referred to as Communication Technology-Based Services. These services are always provided remotely, and include virtual check-ins, e-visits, remote monitoring, and telephone calls with a provider to discuss a beneficiary's medical condition.

We identified the services that were provided via telehealth using a modifier (i.e., 95, GT, GQ, or G0) or a "place of service code" (i.e., 02) that indicates the service was delivered via telehealth. We considered the services that did not have these modifiers or codes to be delivered in-person.²⁰

Using these data, we determined the number of beneficiaries who used telehealth services during the first year of the pandemic, from March 2020 through February 2021. We included beneficiaries who had at least one Medicare fee-for-service claim or Medicare Advantage encounter for a telehealth service during the first year of the pandemic.

Next, we calculated the percentage of beneficiaries enrolled in Medicare fee-for-service or Medicare Advantage who used telehealth. We determined the number of beneficiaries enrolled in each program based on Medicare enrollment data.²¹

We also calculated the number of services each beneficiary used during the first year of the pandemic.

Use of Telehealth and In-Person Services

Using both Medicare fee-for-service claims data and Medicare Advantage encounters, we determined the extent to which the use of telehealth services changed during the first year of the pandemic. We calculated the number of telehealth services beneficiaries used in each month, as well as the total number of telehealth services used.

We also calculated the total amount paid by Medicare for telehealth services during the first year of the pandemic and compared that amount to the total Medicare payments for telehealth services in the prior year.²² Payment amounts are for beneficiaries in Medicare fee-for-service only; payment amounts are unavailable in the Medicare Advantage encounters.

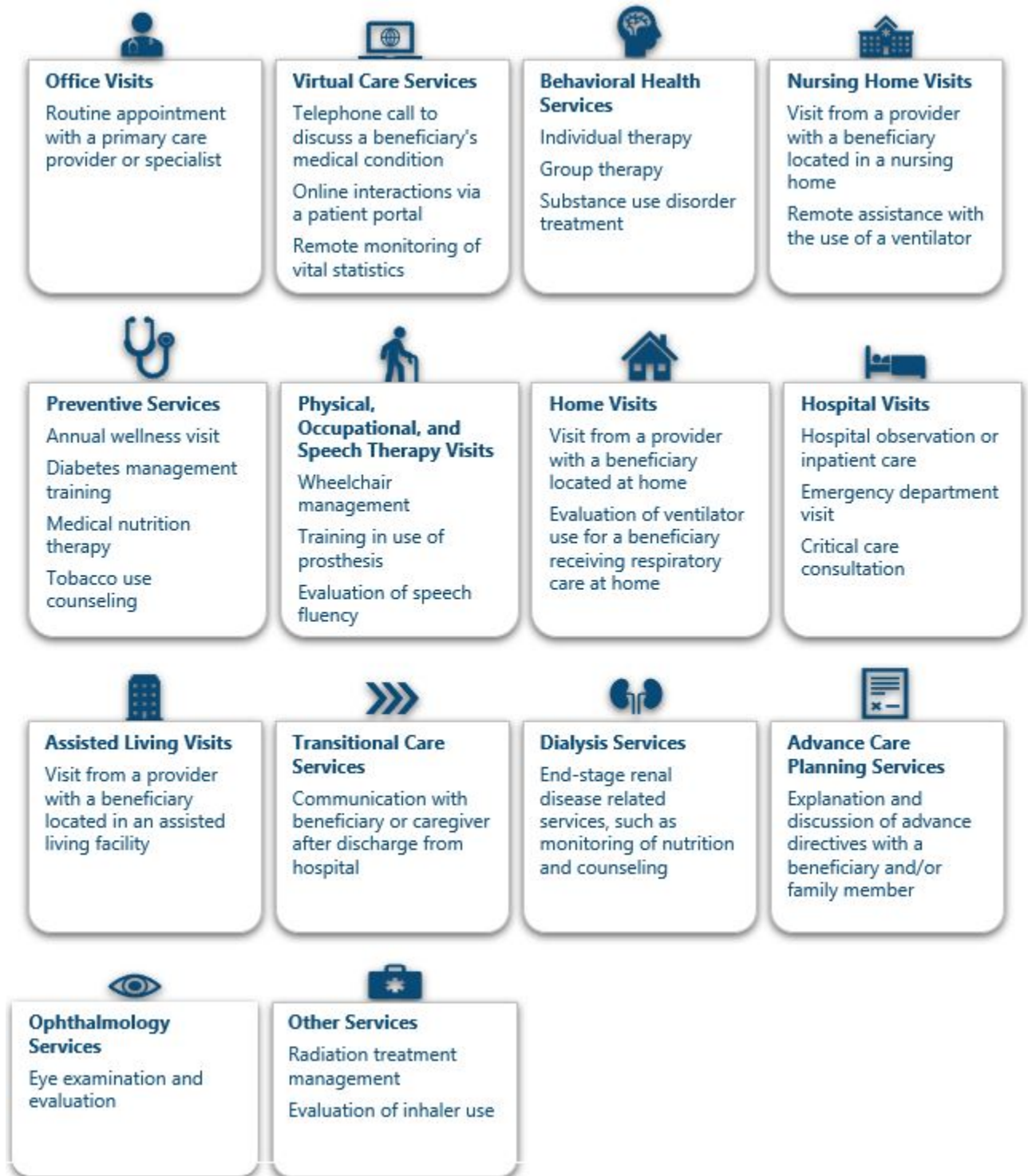
We also calculated the number of in-person services used during the first year of the pandemic and compared this to the number of telehealth services provided. We then compared the total number of services used during the first year of the pandemic to the total number of services used in the prior year.

Most Common Telehealth Services

We grouped each service into a category based on CMS's service classification system and CPT codes.²³ To determine the most common services that beneficiaries used via telehealth, we calculated the number of telehealth services in each category. We also calculated the proportion of the services in each category that were provided via telehealth and in-person.

APPENDIX A

Examples of Medicare services that can be provided via telehealth



APPENDIX B

Beneficiaries most commonly used telehealth for office visits, virtual care services, and behavioral health services during the first year of the pandemic

Service Type	Number of Telehealth Services	Percentage of All Telehealth Services
Office Visits	54,463,209	47.6%
Virtual Care Services	34,060,592	29.8%
<i>Telephone Evaluation & Management</i>	28,635,904	25.0%
<i>Virtual Check-ins & E-Visits</i>	3,324,710	2.9%
<i>Remote Patient Monitoring</i>	2,099,978	1.8%
Behavioral Health	14,152,781	12.4%
Nursing Home Visits	3,282,129	2.9%
Preventive Services	2,421,535	2.1%
Physical, Occupational, and Speech Therapy	2,068,650	1.8%
Home Visits	1,312,412	1.1%
Hospital Visits	987,794	0.9%
Assisted Living Visits	742,825	0.6%
Transitional Care Services	336,057	0.3%
Dialysis Services	297,669	0.3%
Advance Care Planning Services	203,950	0.2%
Ophthalmology Services	22,739	0.0%
Other Services	25,728	0.0%
Total	114,378,070	100.0%

Source: OIG analysis of CMS data, 2022.

Note: The subcategories of virtual care services are not included in calculating the total number of services and percentage.

APPENDIX C

Beneficiaries used telehealth to receive a larger share of their behavioral health services compared to their use of telehealth for other services during the first year of the pandemic

Service Type	Percentage of Services		Number of Services	
	Telehealth	In-Person	Telehealth	In-Person
Behavioral Health	43%	57%	14,152,781	19,032,147
Home Visits	17%	83%	1,312,412	6,611,694
Transitional Care Services	16%	84%	336,057	1,791,001
Office Visits	13%	87%	54,463,209	369,428,178
Assisted Living Visits	11%	89%	742,825	5,783,624
Preventive Services	9%	91%	2,421,535	25,717,146
Nursing Home Visits	8%	92%	3,282,129	37,577,388
Advance Care Planning Services	6%	94%	203,950	3,268,698
Dialysis Services	5%	95%	297,669	5,321,451
Physical, Occupational, and Speech Therapy	1%	99%	2,068,650	154,679,811
Other Services	1%	99%	25,728	2,672,621
Hospital Visits	0%	100%	987,794	211,243,352
Ophthalmology Services	0%	100%	22,739	32,892,849
Total	8%	92%	80,317,478	876,019,960

Source: OIG analysis of CMS data, 2022.

Note: Virtual care services are not included in this table as they are provided exclusively via telehealth. They account for 34,060,592 telehealth services.

ACKNOWLEDGMENTS AND CONTACT

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This report was prepared under the direction of Jodi Nudelman, Regional Inspector General for Evaluation and Inspections in the New York regional office, and Nancy Harrison and Meridith Seife, Deputy Regional Inspectors General.

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ENDNOTES

¹ HHS and CMS were able to expand the use of telehealth as a result of the declaration of a Public Health Emergency (PHE) and subsequent legislation, among other actions. The PHE was announced on January 31, 2020 and was retroactively effective to January 27, 2020. The Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 and the CARES Act allowed CMS to waive telehealth-related restrictions with a PHE declaration in place. See Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020, accessed at [Text - H.R.6074 - 116th Congress \(2019-2020\): Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 | Congress.gov | Library of Congress](#) on November 23, 2021. See also, CARES Act, accessed at [Text - H.R.748 - 116th Congress \(2019-2020\): CARES Act | Congress.gov | Library of Congress](#) on November 23, 2021.

² OIG, *Certain Medicare Beneficiaries Were More Likely to Use Telehealth Than Others During the Pandemic*, OEI-02-20-00522, forthcoming.

³ OIG, *Medicare Telehealth Services During the COVID-19 Pandemic: Program Integrity Risks*, OEI-02-20-00720, forthcoming. Another related report looked at the extent to which beneficiaries received telehealth services from providers with whom they had an established relationship. See OIG, *Most Medicare Beneficiaries Received Telehealth Services Only from Providers with Whom They Had an Established Relationship*, OEI-02-20-00521. See also Pandemic Response Accountability Committee, *Telehealth Services in Select Federal Health Care Programs*, forthcoming.

⁴ For example, prior to the pandemic, beneficiaries were allowed to use virtual care services, as well as telehealth services to address substance use disorder or end-stage renal disease, from their home and in urban areas. In addition, beginning in 2020, beneficiaries enrolled in Medicare Advantage plans were allowed to use telehealth services in their homes and in urban areas.

⁵ For the purposes of this study, we included the telehealth services approved for payment by Medicare as of February 28, 2021.

⁶ These services are also referred to as Communication Technology-Based Services. For the purposes of this report, we refer to them as virtual care services.

⁷ Prior to the pandemic, beneficiaries could receive certain virtual care services, such as virtual check-ins, through audio-only.

⁸ See OIG, *Most Medicare Beneficiaries Received Telehealth Services Only From Providers with Whom They Had an Established Relationship*, OEI-02-20-00521, October 2021.

⁹ For example, plans could provide services to beneficiaries in their homes and regardless of their geographic location. See 84 F.R. 15680 (April 16, 2019).

¹⁰ Payment information is not available for beneficiaries enrolled in Medicare Advantage.

¹¹ Unlike Medicare fee-for-service beneficiaries enrolled in Medicare Advantage plans were allowed to receive telehealth services both from home and in urban areas as of January 1, 2020. Further, beneficiaries using virtual care services, as well as those using telehealth for certain services such as substance use disorder treatment and end-stage renal disease, were able to receive these services from home and in urban areas prior to the pandemic.

¹² For the purposes of this report, we refer to “all services” as those approved services that were provided either via telehealth or in-person during the pandemic or in the prior year.

¹³ See Centers for Disease Control and Prevention, *Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns — United States*, June 2020, September 11, 2020. Accessed at <https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm> on

February 9, 2022. See also Commonwealth Fund, *The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges*, May 19, 2020. Accessed at <https://www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits> on February 18, 2022.

¹⁴ Virtual check-ins can also include evaluation of video or images submitted by a beneficiary.

¹⁵ See Medicare Payment Commission, *Telehealth: Updates on use, beneficiary and clinician experiences, and other topics of interest*, November 8, 2021. Accessed at <https://www.medpac.gov/wp-content/uploads/2021/09/Telehealth-MedPAC-Nov-2021.pdf> on December 8, 2021.

¹⁶ For more information about the use of telehealth in Medicare during the COVID-19 pandemic, see CMS, *Medicare Telemedicine Snapshot*. Accessed at <https://www.cms.gov/medicare-telemedicine-snapshot> on December 6, 2021.

¹⁷ See the HHS-OIG Work Plan, which can be found at <https://oig.hhs.gov/reports-and-publications/workplan/index.asp>.

¹⁸ See OIG, *Certain Medicare Beneficiaries Were More Likely to Use Telehealth Than Others During the Pandemic*, OEI-02-20-00522, forthcoming. See also, OIG, *Medicare Telehealth Services During the COVID-19 Pandemic: Program Integrity Risks*, OEI-02-20-00720, forthcoming.

¹⁹ The codes used in the analysis for this data brief include the list available on the CMS website as of February 28, 2021, which can be found at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>. These codes also include the Communication Technology-Based Services that were allowed during the first year of the pandemic. See 85 F.R. 19230 (April 6, 2020) and 85 F.R. 84472 (December 20, 2020).

²⁰ All virtual care service codes were considered as being provided via telehealth as they can only be provided remotely.

²¹ We determined enrollment based on beneficiaries enrolled in Medicare fee-for-service or Medicare Advantage as of February 28, 2021.

²² This payment amount does not include amounts paid by, or on behalf of, beneficiaries, such as a deductible or co-payment.

²³ CMS's service classification system is known as the Restructured Berenson-Eggers Type of Service Classification System. For more information see <https://data.cms.gov/provider-summary-by-type-of-service/provider-service-classifications/restructured-betos-classification-system#:~:text=The%20Restructured%20BETOS%20Classification%20System,clinically%20meaningful%20categories%20and%20subcategories.&text=The%20RBCS%20will%20undergo%20annual,panel%20of%20researchers%20and%20clinicians>.