



Telehealth reimbursement for CRNAs

CRNAs were added to the list of distant site practitioners eligible for Medicare telehealth reimbursement in 2015. When the COVID-19 public health emergency (PHE) was declared in March 2022, CMS authorized waivers to expand the locations for telehealth services that could be reimbursed for telehealth services through the [CARES Act](#). CMS also added services such as emergency department visits, initial inpatient and nursing facility visits, and discharge day management services, that could be paid when delivered by telehealth. Therefore, independent providers that bill Medicare, including CRNAs, will be paid for office, hospital and other visits furnished via telehealth across the country and in patient homes through the end of the emergency period. CMS is proposing to permanently allow some of those services to be rendered via telehealth in the Physician Fee Schedule proposed rule.

The payment rates for telehealth services are the same as in-person services, as outlined in the current Physician Fee Schedule. Providers must ensure that they report telehealth visits correctly. For example, telemedicine services (which are more focused or involve a specific type of clinical service) must be reported using the -GT modifier for Medicare and Medicaid services, and providers must designate the place of service (POS) code for the location where the encounter would have occurred if it was in-person. The -CR modifier is **not** required for these services. Providers cannot bill for telehealth where a patient is one location at a facility and the provider is another part of the same facility.

A list of telehealth services, including those approved during the PHE, that are eligible for reimbursement can be found on the CMS telehealth [website](#). Providers can also enter a CPT code to determine which services can be reimbursed under telehealth using the [Physician Fee Schedule Search](#) tool <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

Approved telehealth services are delivered using audio and video equipment that allows for two-way, real-time interactive communication between the provider and patients. During the PHE specific audio-only telephone evaluation and management services will be reimbursed also. CMS does not currently have any regulation or policy that allows for the payment of anesthesiologist telesupervision or for using telehealth to fulfill the seven steps needed for Medicare Part B anesthesiologist medical direction, which the AANA would oppose.

The current Physician Fee Schedule; expanded locations for providing care to patients. Practitioners must make sure that they are reporting telehealth visits correctly. Bill telemedicine (more focused or specific type of clinical services with modifier -95 (used by commercial plans) - GT (for Medicare and Medicaid) and designate the POS code for the location where the encounter would have occurred if it were in-person (from March 1, 2020, through the end of the PHE).

For current information about PHE-related waivers including telehealth, see the [Coronavirus waivers & flexibilities page](#) at cms.gov.