JULY 25, 2023

Center for Connected Health Policy | THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

UPDATED AT-A-GLANCE:

MEDICARE TELEHEALTH/CONNECTED HEALTH WAIVERS POST-PHE

In February, the Center for Medicare and Medicaid Services (CMS) released several fact sheets regarding what would happen to temporary telehealth COVID-19 policies after the public health emergency (PHE) ended on May 11, 2023. Since the release of those original fact sheets, CMS has been updating the information. The chart below shows the status of this information as of July 25, 2023. This is only a brief summary and CCHP suggests you look for more detailed information on the CMS fact sheets page, particularly for each individual provider type. Please note that this at-a-glance chart is divided by provider type, and the page number for each entry refers to that specific CMS fact sheet, which has been hyperlinked in the heading for each section where you can read the full information. The same policy may appear in multiple fact sheets, but the At-A-Glance may only reference it in one fact sheet as the status of that policy post-PHE does not change from fact sheet to fact sheet. Additionally, we have added a new column to note if the particular issued is addressed in the recently released proposed Physician Fee Schedule (PFS) for 2024.

COVID POLICY	PERMANENT[1]	ENDS WITH PHE	ACTIVE THROUGH 2023[2]	EXPIRES 12/31/24[3]	ADDRESED IN PROPOSED PFS	FACT SHEET PAGE
FACT SHEET: PHYSICIAN & OTHER CLINICIANS (updated July 20, 2023)						
Allowing all eligible Medicare providers to provide services via telehealth.				X	Made necessary regulatory changes to allow extension through 12/24. Added Marriage and Family Therapists and Mental Health Counselors to permanent telehealth list per 2023 CAA.	5

[1] Source of change: Physician Fee Schedule
[2] Source of change: Physician Fee Schedule
[3] Source of Change: Consolidated Appropriations Act of 2023.

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Temporarily continue to allow the use of audio-only to provide certain services.	Audio-only for mental health services in home under certain circumstances (NOTE: requirements of certain conditions that need to be met for this policy such as a prior in-person visit was suspended until the end of 2024 per the 2023 CAA)			X	Made necessary regulatory changes to allow extension through 12/24	5, 8-9
Temporarily waive site requirements such as patient needing to be in a rural area or in a specified health care site when receiving services via telehealth.	Mental health services under certain circumstances (NOTE: requirements of certain conditions that need to be met for this policy such as a prior in-person visit was suspended until the end of 2024 per the 2023 CAA)			X	Made necessary regulatory changes to allow extension through 12/24	4-5
Temporary list of eligible services that may be provided via telehealth.			X[4]		Extend/add some temporary services through 12/24; add GXXX5 permanently; change code approval process	5-7
Allow remote evaluations, virtual check-ins and e-visits to be provided to new & established patients.		X (established patients only)				8

[4] Further changes will be made through the Physician Fee Schedule process.

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Allow other providers such as PTs, OTs, etc. to provide e-visits.	X					8
Allow remote physiological monitoring services to be furnished to new and established patients.		X (established patients only)			Clarified RPM/RTM billing rules	9
Waive requirement that 99453 and 99454 maybe reported with fewer than 16 days of data.		X			Clarified RPM/RTM billing rules	9
A subsequent inpatient visit could be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233).			X		Extend through 2024	9-10
A subsequent skilled nursing facility visit could be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 14 days (CPT codes 99307-99310).			X		Extend through 2024	9-10
Critical care consult codes could be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (HCPCS codes G0508-G0509).			X		Extend through 2024	9-10
Allowing certain face-to-face visits for ESRD to take place via telehealth.		X				10
In-person/face-to-face visit requirement for National Coverage		X				10

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Determination (NCD) or Local Coverage Determination (LCD) may take place via telehealth.						
Allowing obtaining annual beneficiary consent for virtual check-ins to be obtained at the same time as when the services are furnished.[5]	X					10-11
Federally required in-person visit for nursing home residents may take place virtually. **(Ended in 2022)**		X[6]				11
Opioid Treatment Programs (OTPs) may use audio-only to provide counseling and therapy services when live video not available and certain other requirements met.	X[7]					11
During the PHE, periodic assessments have been conducted via two-way interactive audio-video communication technology and may have been provided by telephone, only in cases where the beneficiary has not had access to two-way interactive audio-video communication technology and all other applicable requirements have been met. In the CY 2023 PFS final rule, we extended the flexibility for OTPs to furnish periodic assessments via audio-			X		Extend through 2024	11

[5] NOTE: Original waiver allowed it for new and established patients. Post PHE it is only for established patients.
[6] Ended in 2022.
[7] Temporarily extended to end of 2023 flexibility for OTPs to furnish periodic assessments via audio-only interactions under certain circumstances.

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only (telephone) interactions under certain circumstances through the end of 2023.						
Virtual presence maybe be used to meet direct supervision requirements			X		Extend through 2024	11
Allowed teaching physicians utilizing a virtual presence to bill for services furnished by a resident in training if the setting was outside of an MSA and teaching physician was present during the key portion of service. For all teaching settings during the PHE, teaching physicians may direct care and review services each resident provides during or at once after each visit virtually.		X[8]			Extend through 2024 but limited to teaching and clinical visits that are virtual	13
During the PHE, CMS allowed practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location.			X			16
Flexibilities to Stark Laws		X				18-19

[8] After the PHE, teaching physicians only in residency training sites located outside of a metropolitan statistical area may direct, manage, and review care furnished by residents through audio/video real-time communications technology. This policy does not apply in the case of surgical, high risk, interventional, or other complex procedures, services performed through an endoscope, and anesthesia services.

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FACT SHEET: FQHC/RHC (5/10/23)						
Allow FQHCs/RHCs to continue to act as telehealth providers	Mental health visits via real-time telecommunication technology in certain circumstances (NOTE: requirements of certain conditions that need to be met for this policy such as a prior in-person visit was suspended until the end of 2024 per the 2023 CAA)			X	Made necessary regulatory changes to allow extension through 12/24	3-4
FQHC/RHC practitioners can furnish services from any location.				X		4
Allowing the use of virtual communication services (G0071)		X (Not completely ended but altered)[9]				4
FACT SHEET: HOME HEALTH AGENCY (5/10/23)						
HHA may provide more services to beneficiaries using telecommunications technology within the 30-day care period as long as it's part of the patient's plan of care and does not replace needed in-person visits.	X					4
Required face-to-face encounter for home health may be conducted via telehealth when the patient is at home.				X		4

[9] When the COVID-19 PHE ends, the payment for virtual communication services (G0071) will no longer include online digital evaluation and management services and these services may only be provided to established patients. Additionally, consent for services will require direct supervision.

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FACT SHEET: IN-PATIENT REHABILITATION FACILITIES (5/10/23)						
Allowed physicians to conduct required face-to-face visits required three times a week via telehealth.		X				4
FACT SHEET: HOSPITALS & CAHS (6/26/23)						
When a physician or nonphysician practitioner, who typically furnishes professional services in the hospital outpatient department, furnishes telehealth services to the patient's home during the COVID-19 PHE as a "distant site" practitioner, they bill with a hospital outpatient place of service, since that is likely where the services would have been furnished if not for the COVID19 PHE. The hospital may bill under the OPPS for the originating site facility fee associated with the telehealth service.		X				4
During the PHE, hospitals may provide behavioral health and education services furnished by hospital-employed counselors or other professionals who cannot bill Medicare directly for their professional services. This includes partial hospitalization services. These services may be furnished to a beneficiary in their home when the beneficiary is registered as an outpatient of the hospital and the hospital considers the		X				10-11

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beneficiary's home to be a provider-based department of the hospital. Counselors and other employed hospital staff may furnish these services to the beneficiary, either through telecommunications technology or in person, in a temporary expansion location, which may include the beneficiary's home as long as it has been made provider-based to the hospital.						
Through the end of CY 2023, hospital and other providers of physical therapy, occupational therapy, speech-language pathology, diabetes self-management training and medical nutrition therapy services that remain on the telehealth list, can continue to bill for these services when furnished remotely in the same way they have been during the PHE, except that beneficiaries' homes will no longer need to be registered as provider-based departments of the hospital to allow for hospitals to bill for these services. We note that we are exercising enforcement discretion in reviewing the telehealth practitioner status of the clinical staff personally providing any part of a remotely furnished DSMT service, so long as the practitioner is otherwise qualified to provide the service.			X		Extended through 2024	12
CMS has been waiving the provisions related to telemedicine for hospitals		X				15

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and CAHs at 42 CFR 482.12(a)(8)-(9) and 42 CFR 485.616(c), making it easier for telemedicine services to be furnished to the hospital's patients through an agreement with an off-site hospital. This allows for increased access to necessary care for hospital and CAH patients, including access to specialty care.						
CMS has been waiving the requirement for CAHs that a doctor of medicine or osteopathy be physically present to provide medical direction, consultation, and supervision for the services provided in the CAH at § 485.631(b)(2). CMS is retaining the regulatory language in the second part of the requirement at § (b)(2) that a physician be available “through direct radio or telephone communication, or electronic communication for consultation, assistance with medical emergencies, or patient referral.”		X (Note that they will be retaining part of the policy)				28
Waived the specific requirement that prohibits CMHCs from providing partial hospitalization services and other CMHC services in an individual’s home using telecommunication technology.		X				29-30
FACT SHEET: HOSPICE (5/10/23)						
During the PHE hospice providers may provide services to a Medicare patient		X				4

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receiving routine home care through telecommunications technology (e.g., remote patient monitoring; telephone calls (audio only and TTY); and two-way audio-video technology), if it is feasible and appropriate to do so.						
Face-to-face encounters for purposes of patient recertification for the Medicare hospice benefit can now be conducted via telehealth (i.e., two-way audio-video telecommunications technology that allows for real-time interaction between the hospice physician/hospice nurse practitioner and the patient).				X[10]		4

Found in multiple fact sheets: During the PHE, providers were allowed to provide services via telehealth from their homes without reporting the home address. This waiver is extended through December 31, 2023.

[10] 2023 CAA.

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