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

AT-A-GLANCE:

MEDICARE TELEHEALTH/CONNECTED HEALTH WAIVERS POST-PHE

The chart below shows what the status will be for a temporary telehealth-related policy in a post-public health emergency (PHE) landscape. This resource provides an at-a-glance overview of the federal telehealth waivers that were made in response to COVID-19 and is meant to be a summary. Footnotes have also been provided where more explanation may be needed. More detailed information can be found through the Centers for Medicare and Medicaid Services (CMS) fact sheets 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. The information for this chart was pulled from the CMS fact sheets dated February 24, 2023. Keep in mind that CMS may provide future updates to these documents.

COVID POLICY	PERMANENT[1]	ENDS WITH PHE	ACTIVE THROUGH 2023[2]	EXPIRES 12/31/24[3]	FACT SHEET PAGE
FACT SHEET: PHYSICIAN & OTHER CLINICIANS					
Allowing all eligible Medicare providers to provide services via telehealth.				X	5
Temporarily continue to allow the use of audio-only to provide certain services.				X	5, 8
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.				X	5
Temporarily suspend in-person visit requirement for delivery of mental health services via telehealth when patient is not located in a geographically and/or site eligible location.				X	5

[1] Source of change: Physician Fee Schedule

[2] Source of change: Physician Fee Schedule

[3] Source of Change: Consolidated Appropriations Act of 2023.

COVID POLICY	PERMANENT[1]	ENDS WITH PHE	ACTIVE THROUGH 2023[2]	EXPIRES 12/31/24[3]	FACT SHEET PAGE
Temporary list of eligible services that may be provided via telehealth.			X[4]		5-7
Allow remote evaluations, virtual check-ins and e-visits to be provided to new & established patients.		X (established patients only)			7
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)			9
Waive requirement that 99453 and 99454 maybe reported with fewer than 16 days of data.		X			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			9
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			9
Critical care consult codes could be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (HCPCS codes G0508-G0509).		X			9
Allowing certain face-to-fact visits for ESRD to take place via telehealth.		X			9-10
In-person/face-to-face visit requirement for National Coverage Determination (NCD) or Local Coverage Determination (LCD) may take place via telehealth.		X			10
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

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

[5] NOTE: Original waiver allowed it for new and established patients. Post PHE it is only for established patients.

COVID POLICY	PERMANENT[1]	ENDS WITH PHE	ACTIVE THROUGH 2023[2]	EXPIRES 12/31/24[3]	FACT SHEET PAGE
Federally required in-person visit for nursing home residents may take place virtually. **(Ended in 2022)**		X[6]			10-11
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
Virtual presence maybe be used to meet direct supervision requirements			X		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]			13
Flexibilities to Stark Laws		X			17-18
FACT SHEET: FQHC/RHC					
Allow FQHCs/RHCs to continue to act as telehealth providers				X	3-4
Delay requirement of a prior in-person visit for the provision of a mental health visit via real-time telecommunication technology.				X	4
Allowing the use of virtual communication services (G0071)		X (Not completely			4

[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.
[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.

COVID POLICY	PERMANENT[1]	ENDS WITH PHE	ACTIVE THROUGH 2023[2]	EXPIRES 12/31/24[3]	FACT SHEET PAGE
		ended but altered)[9]			
FACT SHEET: HOME HEALTH AGENCY					
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
FACT SHEET: IN-PATIENT REHABILITATION FACILITIES					
Allowed physicians to conduct required face-to-face visits required three times a week via telehealth.		X			3-4
FACT SHEET: HOSPITALS & CAHS					
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
CMS has been waiving the provisions related to telemedicine for hospitals 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.		X			15

[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.

COVID POLICY	PERMANENT[1]	ENDS WITH PHE	ACTIVE THROUGH 2023[2]	EXPIRES 12/31/24[3]	FACT SHEET PAGE
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)			27
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
FACT SHEET: HOSPICE					
During the PHE hospice providers may provide services to a Medicare patient 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.		X			4
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	

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.*