

Medicare Telehealth Post-Public Health Emergency (PHE)

This tool provides an overview of the telehealth waivers enacted in response to COVID-19. This document is intended to be only a summary. The [Centers for Medicare and Medicaid Services \(CMS\) fact sheets](#) for individual provider types (dated 02/24/2023) have served as the basis for this tool. Please refer to the fact sheet specific to your provider type for additional details and ensure you remain current with the expected future updates to these documents.

PHE Policies/Waivers	PERMANENT ¹	EXPIRES W/ TERMINATION OF PHE	EXPIRES 12/31/23 ²	EXPIRES 12/31/24 ³
FACT SHEET: PHYSICIAN & OTHER CLINICIANS				
Allowing all enrolled eligible Medicare providers to provide services via telehealth.				X
Temporarily continue to allow the use of audio-only communication to provide certain telehealth services (e.g.: ACP, 99497; Telephone E/M, 99441-99443) For full list of codes, click here .				X
Temporarily waive site requirements such as patient needing to be in an originating site (rural area or in a specified health care site) when receiving services via telehealth (patient may be at home).				X
Temporarily suspend in-person visit requirement for delivery of mental health services via telehealth.				X
Temporary list of eligible services that may be provided via telehealth.			X ⁴	
Allow other providers such as PTs, OTs, etc. to provide e-visits.	X			
Allow remote evaluations, virtual check-ins and e-visits to be provided to new & established patients.		X (established patients only)		
Allow remote physiological monitoring services to be furnished to new and established patients.		X (established patients only)		
Waive requirement that remote physiological monitoring codes 99453 and 99454 maybe reported with fewer than 16 days of data.		X		
Allow subsequent inpatient visit(s) to be furnished via telehealth more often than once every three days (CPT codes 99231-99233).		X		
Allow subsequent skilled nursing facility visit(s) to be furnished via telehealth more often than once every 14 days (CPT codes 99307-99310).		X		
Allow critical care consult codes (G0508 & G0509) to be furnished by telehealth more frequent than once per day.		X		
Allowing certain face-to-face visits for ESRD to take place via telehealth.		X		
In-person/face-to-face visit requirement for National Coverage Determination (NCD) or Local Coverage Determination (LCD) may take place via telehealth.		X		
Allow beneficiary consent for virtual check-ins to be obtained annually/at the same time as when the services are furnished.	X			
Allow audio-only technology to provide counseling and therapy services when live video is not available and certain other requirements are met for Opioid Treatment Programs (OTPs).	X ⁷			
Allow direct supervision requirements to be met through real-time audio-visual technology.			X	

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Allow teaching physicians to use real-time audio-visual technology supervise 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.		X ⁸		
Stark Laws flexibilities & allowances.		X		
OCR/HIPAA flexibilities & allowances.		X		
FACT SHEET: <u>HOME HEALTH AGENCY</u>				
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			
Required face-to-face encounter for home health may be conducted via telehealth when the patient is at home.				X
FACT SHEET: <u>HOSPICE</u>				
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		
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

¹ Physician Fee Schedule

² Physician Fee Schedule

³ Consolidated Appropriations Act of 2023.

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

⁵ Temporarily extended to end of 2023 flexibility for OTPs to furnish periodic assessments via audio-only interactions under certain circumstances.

⁶ 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.