April 2023

Fact Sheet: Medicare Telehealth Changes after the PHE

Since the public health emergency (PHE) related to the COVID-19 pandemic began in 2020, the Centers for Medicare & Medicaid Services (CMS) issued a series of waivers and flexibilities for telehealth services for Medicare beneficiaries. Some of these waivers and flexibilities were extended in the Consolidated Appropriations Act of 2023 (CAA). On January 30, 2023, an announcement was made that the PHE declaration will end on May 11, 2023. Organizations that added telehealth services under the waivers and flexibilities during the PHE will need to review any changes they need to make prior to May 11, 2023.

The following is an overview of the post-PHE status of the Medicare telehealth waivers. Be sure to pay attention for any changes to these or other Medicare telehealth policies.

CHANGES THAT END WITH THE PHE

The following waivers will end with the PHE and revert to the pre-pandemic requirements:

- Telehealth can be provided as an excepted benefit.
- Medicare-covered providers may use any non-public facing application to communicate with patients, even if the application is not in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

CHANGES THAT END DECEMBER 31, 2024

The following waivers will remain in place through December 31, 2024:

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as a distant site provider for non-behavioral and non-mental telehealth services.
- Medicare patients can receive telehealth services authorized in the Calendar Year 2023 Medicare Physician Fee Schedule in their home.
- There are no geographic restrictions for originating site for non-behavioral and non-mental telehealth services.
- Some non-behavioral and non-mental telehealth services can be delivered using audio-only communication platforms.
- An in-person visit is no longer required within six months of an initial behavioral and mental telehealth service, and annually thereafter.
- Telehealth services can be provided by a physical therapist, occupational therapist, speech language pathologist, or audiologist.
- The Acute Hospital Care at Home initiative allows hospitals to provide inpatient care in a patient's home.

PERMANENT CHANGES

The following waivers have been made permanent:

- FQHCs and RHCs can serve as a distant site provider for behavioral and mental telehealth services.
- In-home behavioral and mental health telehealth services are allowed.
- Geographic restrictions for originating site for behavioral and mental telehealth services are eliminated.
- Behavioral and mental telehealth services can be delivered using audio-only communication platforms.
- Rural hospital emergency department are accepted as an originating site.

Source: "Telehealth Policy Changes after the COVID-19 Public Health Emergency." Centers for Medicare & Medicaid Services. Accessed February 20, 2023. https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/policy-changes-after-the-covid-19-public-health-emergency/.