



End-of-the-PHE Telehealth Compliance Checklist

Reimbursement for Telehealth Services under the Medicare Physician Fee Schedule

- Effective January 1, 2024, **practitioners who render telehealth services from their home** will be required to report their home address on their Medicare enrollment
- **Geographic and location restrictions** will be waived through 12/31/24
- **Medicare beneficiaries may stay in their homes** to participate in telehealth visits (does not apply for routine home care via telehealth under the hospice benefit)
- Waiver is permanent for **telebehavioral health services** subject to certain restrictions effective 1/1/25
- **Reimbursement for PT, OT, S/L pathologist, and audiologist telehealth services** will continue through 12/31/24
- **Reimbursement for audio-only services** (audio-only E/M (CPT 99441-43) and specified behavioral health & education services) will continue through 12/31/24
- **Reimbursement for RHCs and FQHCs for medical telehealth services** under G2025 will continue through 12/31/24 (reimbursement for telebehavioral health services as RHC/FQHC services are now permanently covered)
- **Reimbursement for Category 3 telehealth services** will continue through 12/31/23; reimbursement for services added to the telehealth services list during the PHE not designated as Category 1, 2, or 3 telehealth services will continue through 10/9/23 (these dates are subject to change during the 2024 MPFS rulemaking process)
- **Discontinue any waiver of beneficiary co-payment or deductible** associated with telehealth and virtual services (due to expiration of HHS Office of Inspector General notice of enforcement discretion)
- Discontinue **use of any non-public facing remote communication technologies** and use only HIPAA-compliant telehealth vendors as of 8/10/2023 (42 CFR Parts 160 and 164)

Use of Telehealth to Perform Required Face-to-face Visits/Frequency Limitations

- **Re-certification of eligibility for hospice** and required face-to-face assessments for home health may be performed via telehealth through 12/31/24
- For **subsequent inpatient visits**, use of telehealth will be limited to once every 3 days (CPT 99231-99233)
- For **subsequent SNF visits**, use of telehealth will be limited to once every 14 days (CPT 99307-99310)
- For **critical care consults**, use of telehealth will be limited to once per day (HCPCS G0508-G0509)
- Discontinue use of telehealth for required **face-to-face visits for home dialysis patients**





- Discontinue use of telehealth for required **face-to-face visits for inpatient rehabilitation facility patients**
- To the extent NCD or LCD requires face-to-face visit for evaluations and assessments, these visits no longer can be performed via telehealth
- In **residency training sites located outside an MSA**, Medicare physician fee schedule payment may be made if the teaching physician is present during the key portion of the service or procedure for which payment is sought (including telehealth services) through audio/video real-time communications technology (42 CFR 415.172(a))
- In **residency training sites located outside an MSA**, Medicare physician fee schedule payment may be made for E/M services of lower and mid-level complexity furnished by residents at certain primary care centers if the teaching physician directs the care and then reviews the services furnished by the resident during or immediately after each visit through audio/video real-time communications technology (42 CFR 415.174(d))
- **Opioid treatment programs** may perform periodic assessments by telephone through 12/31/23; thereafter, assessments performed using two-way interactive audio-video communication will be permitted

Use of Telehealth to Prescribe Controlled Substances

- Discontinue **prescribing any controlled substance** following telehealth visit unless prescribing provider previously performed an in-person medical evaluation of the patient (Drug Enforcement Administration published a proposed rule on March 1 to permit such prescriptions in limited circumstances)

Virtual Services

- Discontinue **virtual check-ins** (HCPCS G2010 and G2013) **and e-visits** (HCPCS G2250 and G2251) for new patients
- Require at least 16 days of monitoring data in a 30-day period to bill for **remote physiologic and remote therapeutic monitoring** (discontinuation of 2-day exception for patients with suspected or confirmed cases of COVID-19)

Hospitals

- Through the end of CY 2023, **hospital-employed providers of outpatient physical therapy (PT), occupational therapy (OT), speech language pathology (SLP) services, Diabetes Self-Management Training (DSMT) or Medical Nutrition Therapy (MNT) may provide these services to beneficiaries** in their homes through telecommunications technology and bill the same way they have been during the PHE. (For full details, see: [FAQs: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency](#). CMS.)
- Discontinue billing under Medicare OPPS for **services furnished by hospital staff** physically





present in a patient's home (e.g., infusion, wound care) as the patient's home no longer can be treated as hospital outpatient department

- Discontinue billing Medicare telehealth **originating site facility fee** (Q3014) for telehealth services furnished to a beneficiary at home by physician/practitioner practicing in hospital outpatient department (note: awaiting additional CMS guidance)

Waivers and Flexibilities Relating to Expanded Workforce Capacity

- Ensure that all **practitioners furnishing telehealth services to hospital patients** pursuant to agreements with distant site hospitals or distant-site telemedicine entities have been credentialed and granted privileges in compliance with regulatory requirements (42 CFR §482.12(a) (8)– (9)) – also applies to CAHs

Teaching Hospitals and Teaching Physicians

- **Teaching physicians in all teaching settings are allowed to be present virtually, through audio/video real-time communications technology**, for purposes of billing under the PFS for services they furnish involving resident physicians (but not for complex procedures, endoscopy and anesthesia services) (updated on 5/19/2023 in [FAQs: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency](#). CMS.)
- **MD/DO** must be physically present at the facility for sufficient periods of time to provide medical direction, consultation, and supervision for the services provided in the CAH (responsibilities no longer can be performed exclusively on a remote basis) (42 CFR 485.631(b)(2))

Home Health Agencies

- Required **face-to-face encounters** for home health may be performed via telehealth through 12/31/24

Hospices

- Discontinue **provision of services using telecommunications technology** 42 CFR 418.204(d))
- Complete by 9/30/23 any **postponed annual on-site visit by an RN** to the location where a patient is receiving care (42 CFR 418.76(h)(2))
- Re-certification of **eligibility for hospice** may be performed via telehealth through 12/31/24

Rural Health Clinics and Federally Qualified Health Centers

- Reimbursement for RHCs and FQHCs for **medical telehealth services under G2025** will continue through 12/31/24 (reimbursement for telebehavioral health services as RHC/FQHC services are now permanently covered)
- Payment for **virtual communication services (G0071)** will be limited to established





patients

- Payment under G0071 for **online digital evaluation and management services** (CPT 99421-99423) will no longer be available; G0071 can only be used for G2012 and G2010

End-Stage Renal Dialysis Facilities

- Ensure **physicians are appropriately credentialed** at all locations at which they provide services (42 CFR 494.180(c)(1))
- Discontinue **furnishing dialysis service at any location** other than main premises and contiguous locations (42 CFR 494.180(d))

Inpatient Rehabilitation Facilities

- Discontinue use of telehealth for required three-times-per-week face-to-face visits by physician or non-physician practitioner for inpatient rehabilitation facility patients.

Additional References:

- [PYA End of the PHE Compliance Checklist](#). PYA. (Source for content in this document – used with permission.)
- [What Do I Need to Know? CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency](#). CMS.
- [FAQs: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency](#). CMS. Note that as of May 30, 2023, there are two online version of this document – one updated 5/19/2023 – linked here and [an older version updated 5/5/2023](#).
- [Telehealth policy changes after the COVID-19 public health emergency](#). TELEHEALTH.HHS.GOV
- [At-A-Glance: Medicare Telehealth/Connected Health Waivers Post-PHE](#). CCHP.
- [Notice of Expiration of Certain Notifications of Enforcement Discretion Issued in Response to the COVID-19 Nationwide Public Health Emergency](#). OCR. “OCR will no longer use the Telehealth Notification as a basis to exercise its discretion in enforcing the HIPAA Rules, as they apply to the provision of telehealth, for noncompliance that occurs after 11:59 p.m. on August 9, 2023.”
- [Consolidated Appropriations Act of 2023](#). Congress. Act extended many telehealth flexibilities through December 31, 2023.

Updated 5.30.2023

