

Report on Medicare Compliance Volume 32, Number 9. March 06, 2023 Highlights of Telehealth Flexibilities That Vanish With the End of PHE May 11

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Here's a brief summary of how things will look after the COVID-19 public health emergency, according to Martie Ross and Kathy Reep of PYA. Contact Ross at mross@pyapc.com and Reep at kreep@pyapc.com.

Other Telehealth Flexibilities Ending May 11

- For subsequent inpatient visits, use of telehealth limited to once every three days
- For subsequent skilled nursing facility visits, use of telehealth limited to once every 14 days
- For critical care consults, use of telehealth limited to once per day
- For home dialysis, required face-to-face visits cannot be performed via telehealth
- For inpatient rehab stays, required face-to-face visits cannot be performed via telehealth
- To the extent national coverage determination or local coverage determination requires face-to-face visit for evaluations and assessments, these visits no longer can be performed via telehealth
- Opioid treatment programs no longer can furnish periodic assessments by telephone (two-way, interactive audio-video communication still permitted)
- Only teaching physicians in non-metropolitan statistical area residency training sites may use telehealth to meet presence for key portion requirement (but not for complex procedures, endoscopy and anesthesia services)
- Hospitals and critical access hospitals must comply with conditions of participation regarding provision of telemedicine services to patients under contract with distant-site hospital or distant-site telemedicine entity

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