

Compliance Today – September 2023



Holly J. Hester
(holly.hester@nethealth.com,
[linkedin.com/in/holly-hester-50554a116/](https://www.linkedin.com/in/holly-hester-50554a116/)) is Senior Director,
Strategic Client Partnerships, at Net
Health, Grand Rapids, MI.



Yolunda G. Dockett
(ydockett@aadermatology.com,
[linkedin.com/in/yolunda-dockett-0073a56/](https://www.linkedin.com/in/yolunda-dockett-0073a56/)) is Chief Compliance Officer
at Anne Arundel Dermatology,
Linthicum Heights, MD.

Incorporating telehealth into your compliance work plan

by Holly J. Hester, PT, DPT, CHC, CHPC; and Yolunda G. Dockett, OTD, MOT, M.Jur., CHC, CHPC

The rapid expansion of telehealth during the COVID-19 pandemic has brought both opportunities and challenges to healthcare providers. Providers have been able to reach patients who were unable to obtain in-person treatment or services and expand the types of services offered. For providers new to telehealth, quickly ramping up a program meant finding a telehealth platform, educating both patients and staff on this new mode of treatment, implementing new processes and procedures, and delivering care in a brand-new way. From a compliance perspective, telehealth brings new risks and focus areas to the forefront, necessitating review and revision of an organization's compliance risk assessment and work plan.

Telehealth regulatory landscape

Telehealth uses electronic information and telecommunications technology to provide care when the patient and provider are not in the same location. There are two main types or categories of telehealth—*synchronous*, live, real-time interaction between the provider and the patient, and *asynchronous*, which involves acquiring data of some type and transmitting it to a provider at a convenient time for assessment offline. State law, licensure/certification requirements, and specific payer regulations must be reviewed before delivering telehealth or other virtual services.

Prior to the COVID-19 public health emergency (PHE), Medicare reimbursed for certain Part B physician and practitioner services provided via telehealth using interactive, two-way audio/video technology when the patient was in a physician's office, hospital, skilled nursing facility, or other specified facility location in a rural setting. The list of provider types who were able to provide and bill telehealth under the Medicare program was limited to only nine; it included physicians, physician assistants, nurse practitioners, clinical social workers, clinical psychologists, and a few others.

Very early in the PHE, the Centers for Medicare & Medicaid Services (CMS) quickly implemented several waivers and flexibilities that allowed Medicare beneficiaries in both rural and urban areas to receive services via telehealth while in their homes. In addition, CMS expanded both the list of covered telehealth services and the list of provider types who can provide and bill telehealth to include all providers eligible to bill the Medicare program to ensure access to all types of covered services for the duration of the PHE.

The Consolidated Appropriations Act of 2023 extended these flexibilities for telehealth services provided under the Medicare program through December 31, 2024.^[1] What will happen after 2024 remains to be seen; however,

for the foreseeable future, telehealth will continue as a viable mode of service delivery and one that should be accounted for in an organization's compliance risk assessment and subsequent work plan.

This document is only available to members. Please log in or become a member.

[Become a Member](#) [Login](#)