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COVID-19 PHE Telehealth Flexibilities and Status			
	Fact Sheet Links	**Flexibility/Flexibilities**	**Expiration Date**
Behavioral Health Flexibilities	Physicians + Clinicians, pg. 5	CMS allowed certain evaluation and management (E/M) services, behavioral health counseling, and educational services, to be furnished via audio-only technologies.	Extended through **December 31, 2024.** The Consolidated Appropriations Act of 2023 extends availability of telehealth services that can be furnished using audio-only technology. All other services included on the Medicare Telehealth Services List must be furnished using audio and video equipment permitting two-way, real-time interactive communication.
	Physicians + Clinicians, pg. 9	CMS permitted the use of audio-only equipment to diagnose, evaluate, and treat individuals with mental health disorders, including substance use disorders.	Extended through **December 31, 2024.**
	Physicians + Clinicians, pg. 9	CMS allowed clinicians to bill for remote physiological monitoring (RPM) services furnished to both new **and** established patients, and to patients with acute and chronic conditions.	Expired on **May 11, 2023.** Clinicians must have an established relationship with the patient before providing remote RPM services. CMS is allowing providers to continue providing remote RPM services to patients with acute and chronic conditions. Before the PHE, these patients were required to complete an initiating visit before they could receive RPM services.
	Physicians + Clinicians, pg. 9	CMS allowed clinicians to bill for RPM services under **CPT codes 99453/99454** when fewer than two days of patient data was collected, so long as the patient was diagnosed with or suspected of having COVID-19 and as long as other billing requirements were met.	Expired on **May 11, 2023.** Clinicians may only bill these CPT codes if at least 16 days of data have been collected.
	Physician + Clinicians, pg. 11	CMS allowed opioid treatment programs (OTPs) to use audio-only technology to furnish counseling and therapy services when two-way interactive audio-video communication technology	Made permanent by the **2022 Physician-Fee Schedule Final Rule.**

		was not available, so long as certain applicable requirements were met.	
	Physicians + Clinicians, pg. 11	CMS allowed OTPs to conduct periodic assessments via audio-only technologies when two-way interactive audio-video communication technology was not available, so long as applicable requirements were met.	Extended through **December 31, 2023.**
	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), pg. 4	CMS allowed FQHCs/RHCs to report and receive payment for mental health visits furnished via real-time telecommunication technology in the same way in-person visits are reported and reimbursed. This also included audio-only visits when beneficiaries were unable to or refused to consent to the use of video technology. Payment under **HCPCS code G2025** will no longer apply to mental health visits furnished via telehealth.	Made permanent by the **CY 2022 Physician-Fee-Schedule (PFS) Final Rule.**
	Hospitals and CAHs, pg. 29	CMS waived specific requirements under **485.918(b)(1)(iii)** and allowed Community Mental Health Centers (CMHCs) to provide services in an individual's home using telecommunication technology.	Expired on **May 11, 2023**.
DEA/SAMHSA	DEA/SAMHSA Buprenorphine Flexibility Extension	During the PHE, the Drug Enforcement Administration (DEA) in coordination with the Substance Abuse and Mental Health Services Administration (SAMHSA), issued flexibilities regarding the virtual prescribing of controlled medicines. The	Extended through **November 11, 2023.** For practitioners who have already established a telemedicine relationship with a patient before November 11, 2023, the flexibility will be extended until **November 11, 2024**. A telemedicine relationship is considered to exist if:

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		DEA/SAMHSA allowed practitioners to: • prescribe a controlled substance to a patient using telehealth, even if the patient wasn't at a hospital or a clinic that is registered with the DEA; and • allowed qualifying practitioners to prescribe buprenorphine to new and existing patients with opioid use disorder (OUD).	• a practitioner has not conducted an in-person medical evaluation of the patient; and • a practitioner has prescribed one or more controlled substances to the patient.
SAMHSA	Methadone Take-Home Flexibility Extension Guidance	On March 16, 2020, SAMHSA issued guidance regarding the prescribing of take-home methadone medication by opioid treatment program (OTP) providers. The flexibility: • Allowed OTPs to dispense 28 days of take-home methadone doses for stable patients; and • Allowed OTPs to dispense up to 14 days of take-home methadone medication to less stable patients.	Extended through **May 11, 2024.**
CMS			
Relating to Physicians	Physicians and Other Clinicians, pg. 4-5	CMS allowed all beneficiaries who were eligible, to receive Medicare telehealth and other communications technology-based services wherever they are located. Before the PHE, Medicare only reimbursed providers for telehealth services that were provided to patients	Extended through **December 31, 2024.**

		physically located in rural areas outside of a metropolitan statistical area or those located in a Health Professional Shortage Area.	
	Physicians and Other Clinicians, pg. 5	CMS expanded the type of practitioners who may bill for Medicare telehealth services that are furnished from a distant site. This included physical therapists, occupational therapists, speech language pathologists, and audiologists.	Extended through **December 31, 2024.** Before the PHE, only the following individuals were authorized to bill for telehealth services: • Physician Assistants • Nurse Practitioners • Clinical nurse specialists • Certified Registered Nurse Anesthetist • Certified Nurse-Midwives • Clinical social workers • Clinical Psychologists • Registered Dieticians • Nutrition Professionals
	Physicians and Other Clinicians, pg. 5	CMS allowed individuals to submit requests to add services to the Medicare Telehealth Services List on a sub-regulatory basis.	Expired on **May 11, 2023.** CMS will only consider changes to the Medicare Telehealth Services List through official notice and comment rulemaking.
	Physicians and Other Clinicians, pgs. 5-7	CMS added the following services to the Medicare Telehealth Services List: • Emergency Department Visits, Levels 1-5 (**CPT codes 99281-99285)** • Initial and Subsequent Observation and Observation Discharge Day Management (**CPT codes 99217-99220; CPT codes 99224-99226; CPT codes 99234-99236; Note: CPT codes 99218-99219 have since been consolidated into inpatient observation Evaluation and**	These services will remain on the list until **December 31, 2023**, after which CMS will update the list via the **CY 2024 Physician Fee Schedule proposed and final rules.**

		Management services.) • Initial Hospital Care and Hospital Discharge Day Management (**CPT codes 99221-99223; CPT codes 99238-99239)** • Initial Nursing Facility Visits, All Levels (Low, Moderate, and High Complexity) and Nursing Facility Discharge Day Management (**CPT codes 99304-99306; CPT codes 99315-99316; HCPCS code G9685)** • Cardiac Care Services (**CPT codes 93797-93798; CPT code 93750)** • Critical Care Services (**CPT codes 99291-99292)** • Domiciliary, Rest Home, or Custodial Care Services, New and Established patients (**CPT codes 99324-99328; CPT codes 99336-99337; Note: CPT codes 99334 and 99335 added permanently)** • End Stage Renal Disease (ESRD) Services (**CPT code 90953; CPT code 90956; CPT code 90959; CPT code 90962**) • Eye Examinations (**CPT code 92002; CPT code 92004; CPT code 92012; CPT code 92014**) • Home Visits, New and Established patients, All levels (**CPT codes 99341-99345; CPT code 99349; CPT code 99350; Note: CPT codes 99347 and 99348 were added permanently**) • Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent (**CPT codes 99468-99469; CPT codes 99471-99473;**	

		CPT codes 99475- 99476; CPT codes 99479-99480) • Initial and Continuing Intensive Care Services (**CPT code 99477-99478)** • Care Planning for Patients with Cognitive Impairment (**CPT code 99483 was added permanently)** • Group and Individual Psychotherapy (**CPT code 90875; CPT code 90901; CPT codes 96110-96121; CPT code 96125; CPT code 96127; CPT codes 96036-96039; CPT code 96158; CPT codes 96170-96171; CPT codes 97129-97130; CPT codes 97150-97158; CPT code 0362T; CPT code 0373T; HCPCS code G0410; HCPCS codes G0422-G0423; Note: CPT code 90853 was added permanently**) • Psychological and Neuropsychological Testing (**CPT codes 96130-96133; CPT codes 96136-96139**) • Neurostimulator Services (**CPT codes 95970-95972; CPT codes 95983-95984**) • Rehabilitation - Pulmonary and Cardiac (**CPT codes 94625-94626; CPT code 94664**) • Speech and Hearing Services (**CPT code 92508; CPT code 92526; CPT code 92550; CPT code 92552; CPT code 92553; CPT codes 92555-92557; CPT code 92563; CPT code 92565; CPT code 92567; CPT code 92568; CPT code 92570; CPT code 92587; CPT codes 92601-**	

		92604; CPT codes 92607-92610; CPT codes 92625-92627; CPT code 96105; CPT code 96110; CPT codes 96112-96113; CPT code S9152) • Therapy Services, Physical and Occupational Therapy, All levels (**CPT codes 97161- 97168; CPT codes 97110, 97112, 97116, 97530, 97535, 97537, 97542, 97763, 97750, 97755, 97760, 97761, 98960-98962, 92521-92524, 92507**) • Radiation Treatment Management Services (**CPT code 77427**) • Ventilation Services (**CPT codes 94002-94005**) • Prolonged Outpatient Office Visit (**HCPCS code G2212**) • Telephone E/M (**CPT codes 99441-99443**)	
	Physicians and Other Clinicians, pg. 7	CMS allowed clinicians to remotely evaluate video/images and virtual check-in-services of both new **AND** established patients. These services are under HCPCS codes **G2010** and **G2012** for physicians and **G2251** and **G2252** for non-physician practitioners.	**Expired on May 11, 2023.** Clinicians may only provide these services to established patients.
	Physicians and Other Clinicians, pg. 8	CMS expanded the type of practitioners who could provide e-visits to include licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists.	Made permanent by the **CY 2021 Physician-Fee-Schedule (PFS) Final Rule.** The E-visit CPT codes for physicians are **99421-99423** and **98970-98972** for qualified non-physician practitioners.

	Physicians and Other Clinicians, pg. 8	During the PHE, the Medicare payment for telephone evaluation and management (E/M) visits under CPT codes **99441-99443** were made equivalent to the Medicare payment for office/outpatient visits with established patients. This went into effect on March 1, 2020.	Extended until **December 31, 2024** by the **Consolidated Appropriations Act of 2023.**
	Physicians and Other Clinicians, pg. 9	CMS removed frequency restrictions for a number of codes that could be furnished via Medicare telehealth. During the PHE: • Subsequent inpatient visits could be furnished without the once every three days limitation (**CPT codes 99231-99233)**. • Subsequent skilled nursing facility visits could be furnished without the once every 14 days limitation (**CPT codes 99307-99310)**. • Critical care consult codes could be furnished without the once per day limitation (**HCPCS codes G0508-G0509)**.	Expired on **May 11, 2023.**
	Physicians and Other Clinicians, pg. 10	CMS allowed Medicare patients with end-stage renal disease (ESRD) on home dialysis, to receive their required face-to-face visit (at least monthly in the case of the initial three months of home dialysis and at least once every three consecutive months thereafter) via telehealth.	Expired on **May 11, 2023.** ESRD Medicare beneficiaries receiving home dialysis must receive their face-to-face visit in person.
	Physicians and Other Clinicians, pg. 10	CMS allowed other face-to-face evaluations and assessment visits	Expired on **May 11, 2023.**

		that were required by a National Coverage Determination (NCD) or Local Coverage Determination (LCD) to be furnished via telehealth.	Other face-to-face visits must also be conducted in person.
	Physicians and Other Clinicians, pg. 10	CMS allowed annual beneficiary consent for virtual check-ins to be obtained at the time of service.	Made permanent by the **CY 2021 Physician-Fee-Schedule (PFS) Final Rule.**
	Physicians and Other Clinicians, pg. 10	CMS allowed virtual check-ins to be furnished to new **AND** established patients.	Expired on **May 11, 2023**. Virtual check-ins may only be furnished to established patients.
	Physicians and Other Clinicians, pg. 10	CMS allowed physicians and non-physician practitioners to conduct federally required in-person visits for nursing home residents via telehealth, as appropriate.	Expired on **May 07, 2022.** Physicians are required to conduct any federally required in-person visits in person.
	Physicians and Other Clinicians, pg. 11	CMS modified the regulatory definition of "direct supervision" and allowed physicians and practitioners to provide "virtual supervision" during a service rendered to a Medicare beneficiary, via telehealth using real-time audio and video technology.	Extended through **December 31, 2023**. After this date, the flexibility will return to pre-PHE rules.
	Physicians and Other Clinicians, pg. 11	CMS did not enforce its physician/practitioner direct supervision requirement for the initiation of non-surgical extended duration therapeutic services provided in hospital outpatient departments and critical access hospitals. Only a general level of supervision was required. Supervising physicians or practitioners did not have to be immediately available.	Made permanent by the **CY 2021 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Final Rule**.

	Physicians and Other Clinicians, pg. 12	During the PHE, CMS allowed services furnished by a physician resident in a teaching setting, to be billed by a teaching physician who is "virtually" present during the key portions of the service. CMS also allowed teaching physicians to have a virtual presence through audio/video real-time technology for training settings located in all areas. Additionally, teaching physicians were allowed to virtually direct care and review services that residents provided during/immediately after a service was provided.	Expired on **May 11, 2023**. Only teaching physicians who are located in resident training sites that are outside of a metropolitan statistical area (MSA) may direct, manage, and review care furnished by residents through audio/video real-time communication technology. However, there is an exemption for surgical, high risk, interventional, and other complex procedures that are performed through an endoscope and anesthesia services.
	Physicians and Other Clinicians, pg. 15	During the PHE, CMS allowed practitioners to furnish telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location.	Extended through **December 31, 2023.**
	Physicians and Other Clinicians, pg. 18	During the PHE, CMS modified several "Stark Law" provisions. CMS loosened restrictions regarding when a group medical practice could furnish medically necessary designated health services (DHS) in a patient's home. Specifically, CMS allowed any physician in the group practice to order medically necessary DHS that were furnished to a patient by one of the group's technicians or nurses in the patient's home contemporaneously with a	Expired on **May 11, 2023.** Physicians and entities must comply with all "Stark Law" provisions.

		physician service that was furnished via telehealth by the physician who ordered the DHS.	
Relating to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), pgs. 3-4	CMS allowed federal qualified health centers (FQHCs) and rural health clinics (RHCs) to act as distant site providers and provide Medicare beneficiaries with telehealth services. These services could be furnished by any healthcare practitioner working for the RHC or the FQHC within their scope of practice. Practitioners were allowed to furnish telehealth services from any distant site location, including their home. Any service on the list of Medicare telehealth services under the Physician Fee Schedule (PFS) and those added on an interim basis during the PHE were allowed to be furnished via telehealth.	Extended through **December 31, 2024**.
	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), pg. 4	CMS expanded the scope of telehealth services that could be provided by FQHCs/RHCs to include online digital evaluation and management services (non-face-to-face, patient-initiated, digital communications conducted via secure patient portals). The payment rate for virtual communication services **HCPCS code (G0071)** reflects the online digital evaluation and management **CPT codes (99421, 99422, and 99423)** in addition to HCPCS codes for virtual communication services **(G2012**	Expired on **May 11, 2023**. The payment for virtual communication services **G0071** no longer includes online digital evaluation and management services. Additionally, virtual communication services may only be provided to established patients and consent for such services will require direct supervision by a FQHC/RHC practitioner.

		and G2010). These telehealth services could be provided to new patients that had not seen a FQHC/RHC within the previous 12 months. Additionally, patient consent for the services could be obtained when the services are furnished instead of prior to them being furnished. The consent could be acquired by staff under the general supervision of a FQHC/RHC practitioner.	
	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), pg. 5	CMS waived the requirement that FQHC/RHC physicians provide supervision of nurse practitioners working in the FQHC/RHC. Additionally, physicians were allowed to provide medical direction for clinic/center healthcare activities and provide medical supervision of remaining healthcare staff via telehealth or in-person.	Extended through **December 31, 2023.**
	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), pg. 7	"Stark Law" blanket waivers issued by CMS applied to FQHCs/RHCs. One such waiver mentioned telehealth services. It specifically stated: • "Any physician in a group practice could order medically necessary designated health services (DHS) that were furnished to a patient by one of the group's technicians or nurses in the patient's home contemporaneously with a physician service that was	Expired on **May 11, 2023.** The Stark Law flexibilities are no longer in effect and physicians and entities must immediately comply with all provisions.

		furnished via telehealth by the physician who ordered the DHS".	
Relating to Home Health Agencies	Home Health Agencies, pg. 4	CMS allowed home health agencies (HHAs) to provide services to beneficiaries using telecommunications technology within the 30-day period of care, so long as the services are part of the patient's plan of care and do not replace needed in-person visits as ordered on the plan of care. The type of telecommunications technology that can be used include: • two-way audio-video technologies that allows for real-time clinician/patient interaction; • remote patient monitoring; and • telephone calls (audio only and TTY).	This flexibility is **permanent**. Any home health services that were furnished via telecommunication systems must be included on the home health claim beginning July 1, 2023.
	Home Health Agencies, pg. 4	CMS allowed required face-to-face encounters for home health to be conducted via telehealth when the patient is at home.	Extended through **December 31, 2024** by the **Consolidated Appropriations Act of 2023**.
	Home Health Agencies, pg. 12	"Stark Law" blanket waivers issued by CMS applied to home health agencies. One such waiver mentioned telehealth services. It specifically stated: • "Any physician in a group practice could order medically necessary designated health services (DHS) that were furnished to a patient by one of the group's technicians or nurses in the patient's home contemporaneously with a	Expired on **May 11, 2023.** The Stark Law flexibilities are no longer in effect and physicians and entities must immediately comply with all provisions.

		physician service that was furnished via telehealth by the physician who ordered the DHS".	
	Home Health Agencies, pg. 6	CMS waived the requirement under **42 CFR 484.80(h)** which require nurses to conduct onsite visits every two weeks, and waived the requirement that a nurse or other professional conduct an onsite visit every two weeks to evaluate if home health agency aides are providing care consistent with the care plan. Additionally, CMS temporarily suspended the two-week-aide supervision by a registered nurse requirement, however it encouraged nurses to carry out supervision virtually via telehealth communications technology.	Expired on **May 11, 2023**. However, CMS finalized a provision for aide supervision in the **CY 2022 Home Health Prospective Payment System Final Rule (CMS 1747-F)** which allows registered nurses to virtually supervise patients (who receive skilled care every 14 days) once every 60-day episode, but only in rare circumstances. Nurses must make an onsite, in-person visit every 60 days for patients receiving non-skilled care.
Relating to Inpatient Rehabilitation Facilities	Inpatient Rehabilitation Facilities, pg. 4	CMS allowed physicians to conduct face-to-face visits required at least three times a week for Medicare Part A fee-for-service patients staying in an inpatient rehabilitation facility (IRF) via telehealth.	Expired on **May 11, 2023**. Rehabilitation physicians/nonphysician practitioners are required to meet IRF patients face-to-face at least three times per week.
	Inpatient Rehabilitation Facilities, pg. 5	"Stark Law" blanket waivers issued by CMS applied to inpatient rehabilitation facilities. One such waiver mentioned telehealth services. It specifically stated: • "Any physician in a group practice could order medically necessary designated health	Expired on **May 11, 2023.** The Stark Law flexibilities are no longer in effect and physicians and entities must immediately comply with all provisions.

		services (DHS) that were furnished to a patient by one of the group's technicians or nurses in the patient's home contemporaneously with a physician service that was furnished via telehealth by the physician who ordered the DHS".	
Relating to Hospitals and CAHs (including Swing Beds, DPUs), ASCs and CMHCs	Hospitals and CAHs, pg. 4	During the PHE, CMS allowed physicians/non-physician practitioners to select a hospital outpatient place of service as the originating site when billing for telehealth services provided to a patient's home. CMS also allowed hospitals to bill under the Hospital Outpatient Prospective Payment System (OPPS) for the originating site facility fee associated with the telehealth service.	The OPPS payment for behavioral health services furnished remotely by clinical staff of hospital outpatient departments was made **permanent** and was finalized in the **CY 2023 OPPS/ASC Final Rule**. Hospitals must no longer consider a beneficiary's home to be part of the hospital for this flexibility to apply. CMS has also clarified that these services will no longer be recognized as partial hospitalization services and has stated that they will be available to beneficiaries in a partial hospitalization program.
	Hospitals and CAHs, pg. 11	During the PHE, CMS allowed hospitals to provide behavioral health and education services furnished by hospital-employed counselors or other professionals who cannot bill Medicare directly for their professional services, to beneficiaries in their home, so long as the beneficiary is registered as an outpatient of the hospital and the hospital considers the beneficiary's home to be a provider-based department of the hospital.	Expired on **May 11, 2023.**
	Hospitals and CAHs, pg. 11	CMS allowed a subset of therapy and educational services to be provided remotely by hospital clinical staff to patients in the hospital or in their home, so long	Expired on **May 11, 2023.**

		as the patient's home is made provider-based to the hospital during the PHE.	
	Hospitals and CAHs, pg. 11	Counselors and other employed hospital staff were allowed to furnish therapy, behavioral health, and educational services to Medicare beneficiaries in their homes or in a temporary hospital expansion location, using telecommunications technology. Beneficiary homes were required to be made provider-based to the hospital before being eligible to receive services.	Expired on **May 11, 2023**
	Hospitals and CAHs, pg. 11	CMS allowed hospitals to furnish and bill for certain partial hospitalization services (individual psychotherapy, patient education, and group psychotherapy) delivered in temporary expansion locations, including patients' homes, using telecommunications technology.	Expired on **May 11, 2023**
	Hospitals and CAHs, pg. 12	CMS allowed hospitals and providers to furnish and bill for physical therapy, occupational therapy, speech-language pathology, diabetes self-management training, and medical nutrition therapy services furnished remotely. These services could be furnished to beneficiaries in their homes, so long as the home was registered as a provider-based department of the hospital.	Extended through **December 31, 2023.** Beneficiary homes must no longer be registered as a provider-based department of a hospital for the hospital to bill for services provided to the home/homes.
	Hospitals and CAHs, pg. 15	During the PHE, CMS waived provisions related to telemedicine	Expired on **May 11, 2023.**

		for hospitals and critical access hospitals (CAHs). These were **42 CFR 482.12(a)(8)-(9)** and **42 CFR 485.616(c)**. This made it easier for telemedicine services to be furnished to hospital patients through an agreement with an off-site hospital. This flexibility allowed for increased access to necessary care for hospital and CAH patients, including access to specialty care.	
	Hospitals and CAHs, pg. 28	CMS waived the requirement for CAHs, that a Doctor of Medicine or Osteopathy be physically present when providing medical direction, consultation, and supervision for services provided in the CAH at **485.631(b)(2)**. CMS retained the regulatory language in the second part under **(b)(2)** which states that a physician be available "through direct radio or telephone communication, or electronic communication for consultation, assistance with medical emergencies, or patient referral". This allowed physicians to perform their responsibilities remotely and allowed CAHs to make use of nurse practitioners and physician assistants to the fullest extent possible.	Expired on **May 11, 2023**.
	Hospitals and CAHs, pg. 29	CMS waived specific requirements under **485.918(b)(1)(iii)** and allowed Community Mental Health Centers (CMHCs) to provide services in an individual's home or a temporary	Expired on **May 11, 2023**.

		expansion location using telecommunication technology.	
	Hospitals and CAHs, pgs. 29-30	CMS permitted CMHCs to furnish and bill for certain partial hospitalization services (including individual psychotherapy, patient education, and group psychotherapy) delivered in temporary expansion locations and patients' homes. These services were allowed to be furnished in-person or via telecommunications technology. CMHCs were allowed to bill these services as CMHC outpatient services, as long as they were medically necessary, met all requirements described by the HCPCS code, and were furnished in an expanded CMHC.	Expired on **May 11, 2023.**
	Hospitals and CAHs, pgs. 18-19	"Stark Law" blanket waivers issued by CMS applied to hospitals and critical access hospitals (including swing beds, DPUs, ASCs, and CMHCs). One such waiver mentioned telehealth services. It specifically stated: • "Any physician in a group practice could order medically necessary designated health services (DHS) that were furnished to a patient by one of the group's technicians or nurses in the patient's home contemporaneously with a physician service that was furnished via telehealth by the physician who ordered the DHS".	Expired on **May 11, 2023.** The Stark Law flexibilities are no longer in effect and physicians and entities must immediately comply with all provisions.

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Relating to Hospice Care	Hospice, pg. 4	CMS amended regulations in **42 CFR 418.204** to allow hospice providers to provide services to Medicare patients who receive routine home care through telecommunications technology (including remote patient monitoring, audio-only telephone, and two-way audio-video technologies), when appropriate.	Expired on **May 11, 2023.** However, CMS has proposed to extend this flexibility through **December 31, 2024** in the **FY 2024 Hospice Wage Index and Payment Rate Update Proposed Rule** that was released on July 28.
	Hospice, pg. 4	**Section 3706 of the CARES Act** allowed face-to-face encounters for the purpose of Medicare hospice benefit patient recertification, to be conducted via telehealth (two-way audio-video telecommunications technology that allowed for real-time interaction between hospice physician/hospice nurse practitioner and the patient).	Extended through **December 31, 2024**.
Relating to Medicare Shared Savings Program	Medicare Shared Savings Program, pg. 1	CMS allowed Medicare Advantage (MA) plans to expand telehealth services and other mid-year benefit enhancements beyond those that were approved for 2020, 2021, 2022, and 2023 bids, so long as the mid-year benefits were provided in connection with the COVID-19 outbreak, were beneficial to enrollees, and were provided uniformly to all similarly situated enrollees.	Expired on **May 11, 2023.**

Relating to Medicare Advantage and Part D Plans	Medicare Advantage and Part D Plans, pg. 1	CMS allowed Medicare Advantage (MA) plans to expand telehealth services and other mid-year benefit enhancements beyond those that were approved for 2020, 2021, 2022, and 2023 bids, so long as the mid-year benefits were provided in connection with the COVID-19 outbreak, were beneficial to enrollees, and were provided uniformly to all similarly situated enrollees.	Expired on **May 11, 2023.**
Relating to End Stage Renal Disease (ESRD) Facilities	End Stage Renal Disease (ESRD) Facilities, pg. 7	CMS waived the monthly in-person visit requirement for dialysis patients, so long as they were considered stable. CMS also recommended ESRD facilities to exercise telehealth flexibilities such as phone calls, to ensure patient safety.	Extended through **December 31, 2024.**
Relating to Teaching Hospitals, Teaching Physicians, and Medical Residents	Teaching Hospitals, Teaching Physicians and Medical Residents, pg. 4	Teaching physicians were permitted to use real-time audio and video communication technology to interact with physician residents. They were not required to be physically present when supervising physician residents.	Extended through **December 31, 2023.** This flexibility does not apply in cases where surgical, high-risk, interventional, or other complex procedure services are performed through endoscope and anesthesia.
	Teaching Hospitals, Teaching Physicians and Medical Residents, pgs. 4-5	Teaching physicians at certain primary care centers were allowed to provide direction, management, and review for services furnished by up to four resident physicians at a time using audio/video real-time communication technology.	Extended through **December 31, 2023.** All teaching physicians in all teaching settings may be present virtually through audio/video real-time communication technology, for purposes of billing under the PFS for services furnished involving resident physicians.

	Teaching Hospitals, Teaching Physicians and Medical Residents, pg. 5	Teaching physicians were allowed to oversee and bill for an expanded scope of care furnished by up to four resident physicians at a time in certain primary care centers. This included all levels of an office/outpatient evaluation and management (E/M) visit, telephone E/M, care management, and communication technology-based services.	**Partially extended**. Teaching physicians cannot bill for levels 4-5 of an office/outpatient evaluation and management (E/M) visit furnished by residents in primary care centers in any location.
	Teaching Hospitals, Teaching Physicians and Medical Residents, pg. 21	CMS allowed teaching hospital practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment. Practitioners were allowed to bill from their currently enrolled location.	Extended through **December 31, 2023.**
	Teaching Hospitals, Teaching Physicians and Medical Residents, pg. 14	"Stark Law" blanket waivers issued by CMS applied to Teaching Hospitals. One such waiver mentioned telehealth services. It specifically stated: • "Any physician in a group practice could order medically necessary designated health services (DHS) that were furnished to a patient by one of the group's technicians or nurses in the patient's home contemporaneously with a physician service that was furnished via telehealth by the physician who ordered the DHS".	Expired on **May 11, 2023.** The Stark Law flexibilities are no longer in effect and physicians and entities must immediately comply with all provisions.

Relating to Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities)	Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities), pg. 15	CMS waived a requirement under 483.30(c)(3) that required physician visits to be made by the physician personally. CMS permitted physicians to delegate any required physician visit to a nurse practitioner (NPs), physician assistant, or clinical nurse specialist who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the state and performing within the state's scope of practice laws. CMS also permitted physicians to carry out visits via telehealth or other remote communication options when appropriate.	Expired on **May 7, 2022** by **QSO-22-15-NH&NLTC&LSC.**
Relating to Long-Term Care Hospitals and Extended Neoplastic Disease Care Hospitals	Long Term Care Hospitals and Extended Neoplastic Disease Care Hospitals, pg. 6	"Stark Law" blanket waivers issued by CMS applied to long-term care and extended neoplastic disease care hospitals. One such waiver mentioned telehealth services. It specifically stated: • "Any physician in a group practice could order medically necessary designated health services (DHS) that were furnished to a patient by one of the group's technicians or nurses in the patient's home contemporaneously with a physician service that was furnished via telehealth by the physician who ordered the DHS".	Expired on **May 11, 2023.** The Stark Law flexibilities are no longer in effect and physicians and entities must immediately comply with all provisions.

Relating to Participants in the Medicare Diabetes Prevention Program	Participants in the Medicare Diabetes Prevention Program, pg. 3	CMS waived limits placed on the number of virtual make-up sessions that Medicare Diabetes Prevention Program (MDPP) providers could provide to DPP participants.	Expired on **May 11, 2023**. However, CMS has clarified that the limit on the number of virtual sessions that can be provided may be waived again **during any future applicable 1135 waiver event**, so long as the virtual services are furnished in a manner that is consistent with CDC Diabetes Prevention Recognition Program (DPRP) standards for virtual sessions and follows CDC-approved MDPP curriculum requirements. Additionally, the virtual service supplier must have an in-person DPRP organizational code.
	Participants in the Medicare Diabetes Prevention Program, pg. 3	CMS waived the requirement that program participants attend their first core session in-person so MDPP suppliers can obtain participants' weight measurements. CMS allowed MDPP suppliers to use Bluetooth technology to obtain program participants' weight measurements virtually.	Expired on **May 11, 2023**. However, this waiver may be restored during a **future applicable 1135 waiver event**.
	Participants in the Medicare Diabetes Prevention Program, pg. 3	CMS allowed beneficiaries who were receiving MDPP services as of December 31, 2020 and whose in-person sessions were suspended due to the public health emergency (PHE), to restart the set of MDPP services at the beginning or resume with the most recent attendance session on record.	Beneficiaries who began the set of MDPP services virtually or who changed from in-person MDPP services to virtual during the PHE may continue the MDPP set of services virtually even after the PHE has concluded. Beneficiaries who were receiving MDPP services as of December 31, 2020, and who had their in-person sessions suspended due to the COVID-19 PHE, may select to restart their MDPP services from the beginning or continue their sessions from where they left off. This also applies to beneficiaries who were enrolled in MDPP on or before May 11, 2023.

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Medicaid/CHIP	CMS State Medicaid and CHIP Telehealth Toolkit CMS State Medicaid and CHIP Telehealth Toolkit Supplement #1	Flexibilities have been offered by many state Medicaid programs and vary by state.	Telehealth flexibilities for Medicaid and the Children’s Health Insurance Program (CHIP) are not tied to the end of the PHE.