



Issue & Pre-pandemic Rule	COVID-19 flexibility	When does flexibility currently end?
<p>Cost sharing - Health care providers offering telehealth or RPM services to Medicare beneficiaries were not able to reduce or waive any cost-sharing obligations that patients may owe for such services.</p>	<p>During the PHE the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) issued a policy statement and FAQ notifying health care providers that they will not be subject to administrative sanctions under the federal Anti-Kickback Statute or the Civil Monetary Penalty and exclusion laws for reducing or waiving cost-sharing amounts (like copayments and deductibles) for telehealth services or remote patient monitoring (RPM) services furnished to Medicare beneficiaries during the PHE.</p>	<p>May 11, 2023</p> <p>Source: OIG’s COVID-19 Public Health Emergency Flexibilities End on May 11, 2023 Upon Expiration of the COVID-19 Public Health Emergency Declaration (hhs.gov)</p>
<p>HIPAA – Covered healthcare providers had to use HIPAA compliant platforms/software.</p>	<p>For the duration of the PHE, the HHS Office for Civil Rights (OCR) exercised enforcement discretion allowing providers to use telehealth in good faith even if their platforms or software did not follow Health Insurance Portability and Accountability Act (HIPAA) rules.</p>	<p>May 11, 2023, but covered health care providers will have until Aug. 9 to comply with the HIPAA rules with respect to telehealth</p> <p>Source: HHS Office for Civil Rights Announces the Expiration of COVID-19 Public Health Emergency HIPAA Notifications of Enforcement Discretion HHS.gov</p>
<p>Remote Physiologic Monitoring:</p> <ul style="list-style-type: none"> Required clinicians to have an established relationship with the patient prior to providing RPM services. Required 16 days of data to be collected in order for a physician to bill for RPM 	<p>Using the section 1135 waiver authority, CMS permitted clinicians to bill for remote physiologic monitoring (RPM) services furnished to both new and established patients.</p> <p>Allowed clinicians to bill CPT codes 99453 and 99454 when as few as two days of data were collected.</p>	<p>May 11, 2023</p> <p>Source: Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 (pg 9)</p>
<p>Hospital Without Walls Program - There was no such program and all hospitals had to provide care within their facilities</p>	<p>Due to the COVID-19 pandemic, CMS provided broad regulatory authority to hospitals that allowed them to provide hospital services in locations beyond their existing walls such as hotel, tents, skilled nursing facilities, etc.</p>	<p>May 11, 2023</p> <p>Source: FAQs: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency (question 18)</p>



<p>Provider billing address (Box 32)– Provider had to list address where they practice most of their services.</p>	<p>During the PHE, CMS allowed practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location.</p>	<p>End of CY2023</p> <p>Source: Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 (pg 15; site last updated 2/24/23)</p>
<p>Telehealth service payment rates – reimbursement of telehealth services varied some at the facility rate which were lower than in person visits and some at the professional rate.</p>	<p>CMS allowed all telehealth services to be reimbursed at the non-facility rates (higher payment).</p>	<p>End of CY2023</p> <p>Source: Policy changes during COVID-19 Telehealth.HHS.gov</p>
<p>Medicare telehealth services – Medicare covered Category 1 telehealth services “describe a procedure or service identified with a five-digit CPT code and descriptor nomenclature “ and Category 2 telehealth services “supplemental tracking codes used to measure performance and quality of care “</p>	<p>CMS created a new category 3 telehealth services “temporary codes that represent new technologies, procedures, and services” and additionally added temporary telehealth services codes allowed during the pandemic.</p> <p>List of Telehealth Services CMS</p>	<p>End of CY2023</p> <p>Source: 2023 Medicare Physician Fee Schedule (PFS)</p>
<p>Direct Supervision - Required the professional’s real-time presence at, or live observation of, the service via interactive audio-video technology throughout the performance of the procedure.</p>	<p>Among the PHE waivers, CMS temporarily changed the direct supervision rules to allow the supervising professional to be remote and use real-time audio and video technology.</p>	<p>End of CY2023</p> <p>Source: Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 (pg 11)</p>
<p>Medicare Diabetes Prevention Program (MDPP) - MDPP suppliers were required to do in-person delivery of the Set of MDPP</p>	<p>CMS allowed MDPP suppliers the option to deliver the Set of MDPP services virtually</p>	<p>End of CY2023</p> <p>Source: Federal Register :: Medicare Program; Extending the Medicare Diabetes Prevention Program's (MDPP) Expanded Model Emergency Policy Through CY 2023</p>
<p>Telehealth services provided by facility-based therapists – Facility based therapists were not able to furnish telehealth services.</p>	<p>Facility based therapists (PT, OT, SLP, DSMT, MNT) are able to furnish telehealth services regardless of setting.</p>	<p>End of CY2023</p> <p>Source: FAQs: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency (question 21)</p>



<p>Audio only – Evaluation and management and behavioral health services required the use of video technology (two way/real time)</p>	<p>During the PHE, a broad range of clinicians, including physicians, have been able to provide certain services by telephone to their patients. When clinicians have furnished an evaluation and management (E/M) service that otherwise would have been reported as an in-person or telehealth visit, using audio only technology, practitioners have been able to bill using these telephone E/M codes provided that it is appropriate to furnish the service using audio-only technology and all of the required elements in the applicable telephone E/M code (99441-99443) description are met.</p> <p>*Audio only coverage for mental health services, including substance use disorders services, was made permanent in the Physician Fee Schedule for Calendar Year 2022.</p>	<p>End of CY2024</p> <p>Source: Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 (pg 5)</p>
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