



In 2020, the Department of Health & Human Services (HHS) instituted flexibilities that waived many of the generally applicable rules governing Medicare telehealth services in response to the COVID-19 pandemic. Many of these waivers are in effect through the duration of the COVID-19 public health emergency (PHE). Once the PHE concludes, many of these flexibilities will end without further congressional or regulatory action. The COVID-19 PHE is currently in effect through April 16, 2022. Please keep in mind that this resource addresses Medicare payment policy, and that Medicaid and commercial payers may institute their own payment rules.

WAIVERS TIED TO COVID-19 PHE

- Waiver of the originating site and geographic restrictions (patients can be located anywhere to receive services);
- Expansion of the types of healthcare professionals that can furnish distant site telehealth services, including physical therapists, occupational therapists and speech language pathologists;
- Expansion of the list of telehealth services eligible for reimbursement;
- Payment parity between in-person and telehealth visits;
- **Ability** to use mobile phones to furnish visits and use in good faith video-chat applications (such as Zoom, Skype and FaceTime) without facing HIPAA violation penalties;
- Coverage and reimbursement for audio-only visits;
- Waiver of certain enrollment requirements; and,
- Relaxation of established patient requirement in certain code descriptors.

#MGMAADVOCACY PRIORITIES

- ➔ **Ensure continuity of care** between a practice and its patients through telehealth
- ➔ **Expand access to telehealth services** under the Medicare program by permanently removing current geographic and originating site restrictions
- ➔ **Permanently cover and reimburse** audio-only visits for a rate that adequately covers the cost of delivering that care
- ➔ **Continue to pay** for telehealth and in-person visits equally



POST-PHE POLICIES: MENTAL HEALTH SERVICES

Most telehealth flexibilities will end upon the conclusion of the PHE. However, the [Consolidated Appropriations Act, 2021](#) allowed for continued telehealth flexibilities post-PHE for mental health services. Specifically, practitioners can provide telehealth services to patients in non-rural areas and in their homes for the purposes of diagnosis, evaluation, or treatment of a mental health disorder other than for treatment of a diagnosed substance use disorder (SUD) or cooccurring mental health disorder, so long as there is **an initial in-person visit within 6 months of the telehealth service and there is an in-person visit within 12 months of each mental telehealth service furnished.**

CMS will also allow audio-only technology when rendering mental health services if the practitioner has the capacity to furnish two-way, audio/video telehealth services but is providing the mental health services via audio-only communication technology in instances where the beneficiary is unable to use, does not wish to use, or does not have access to two-way, audio/video technology.

For more information on the new mental telehealth policies, visit MGMA's Final 2022 Medicare Physician Payment and Quality Reporting Changes [analysis](#).

RESOURCES

- MGMA telehealth position [paper](#)
- CMS [list](#) of telehealth services payable under the Medicare Physician Fee Schedule
- CMS emergency declaration blanket waivers for healthcare providers [document](#)
- CMS waivers and flexibilities for healthcare providers landing [page](#)