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CMS Proposed Rule Addresses Expansion of Certain Telehealth Services

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Expanded telehealth services temporarily permitted during the COVID-19 public health emergency would be further extended to December 31, 2023, in order for CMS to conduct analyses regarding permanent expansion of certain telehealth services.

On July 13, 2021, the Centers for Medicare and Medicaid Services (CMS) issued its annual proposed rule for payments under the Medicare Physician Fee Schedule. Among other things, the rule proposes to extend the telehealth services that were approved during the COVID-19 public health emergency until December 31, 2023. The extension would provide time for CMS to evaluate whether certain services added to the Medicare telehealth services list (available [here](#)) should be made permanent.

Areas in which CMS is soliciting comments include:

- Requiring an in-person behavioral health visit within six months prior to an initial telehealth service. In-person services must then occur at least once every six months. However, CMS is also considering different time intervals.
- Permitting audio-only telehealth services to established patients in their homes if the patients have technological limitations or choose not to use interactive video. CMS recognized that in the case of behavioral health, verbal communication is the primary treatment modality and exclusion of audio-only services would drastically decrease access to care.
- Monitoring the use of audio-only telehealth services and requiring use of a new modifier on audio-only telehealth claims.
- Continuing payment for behavioral telehealth visits furnished by Rural Health Clinics and Federally Qualified Health Centers.

The proposed rule can be found [here](#). If finalized, these proposals would be effective January 1, 2022. Comments on the proposed rule are due by September 13, 2021.