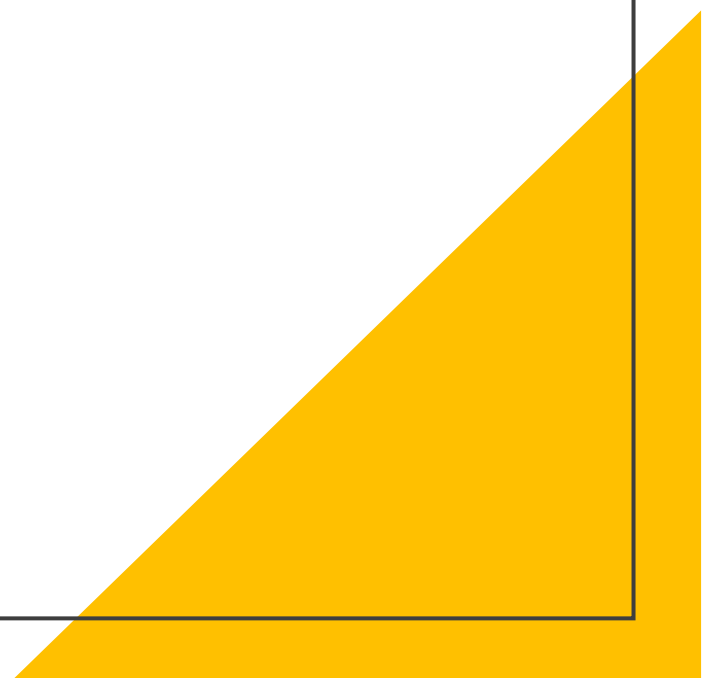


Telehealth Update 2023

- Nancy A. Lohuis, M.D., FAAFP, ABPM-CI
- CAMC Ambulatory Clinical Informatics
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Disclosures

Grants: Recipient of 1815 Grant from CDC/WV BPH through the WV AFP 2020-2023

“Comprehensive Primary Care Guide to Telehealth in WV”

- No other financial disclosures
- Opinions are my own and do not reflect the position of my employers
- Content is not legal advice. Seek your own confirmation before acting
- Any mention of specific companies or brands does not represent endorsement of or relationship to such



Outline

1. Current telehealth usage
2. New Federal Law
3. Follow Telehealth Timeline
 - What to do **NOW!**
 - What to do by **May 11, 2023!**
 - What to prepare for by **Dec 31, 2023**
 - What is anticipated after **Dec 31, 2024**
 - **Case studies**
4. Updates:
 - Liability
 - Coding and billing
 - RPM
 - Medical Nutritional Therapy

Objectives

- Understand **current timeline for telehealth change** in 2023, 2024 and what might happen in 2025
- Use the **knowledge gained to formulate plan for telehealth** in your practice going forward
- Understand how to **access telehealth resources** for assistance with important changes needed to sustain telehealth programs



What's the Big Picture?

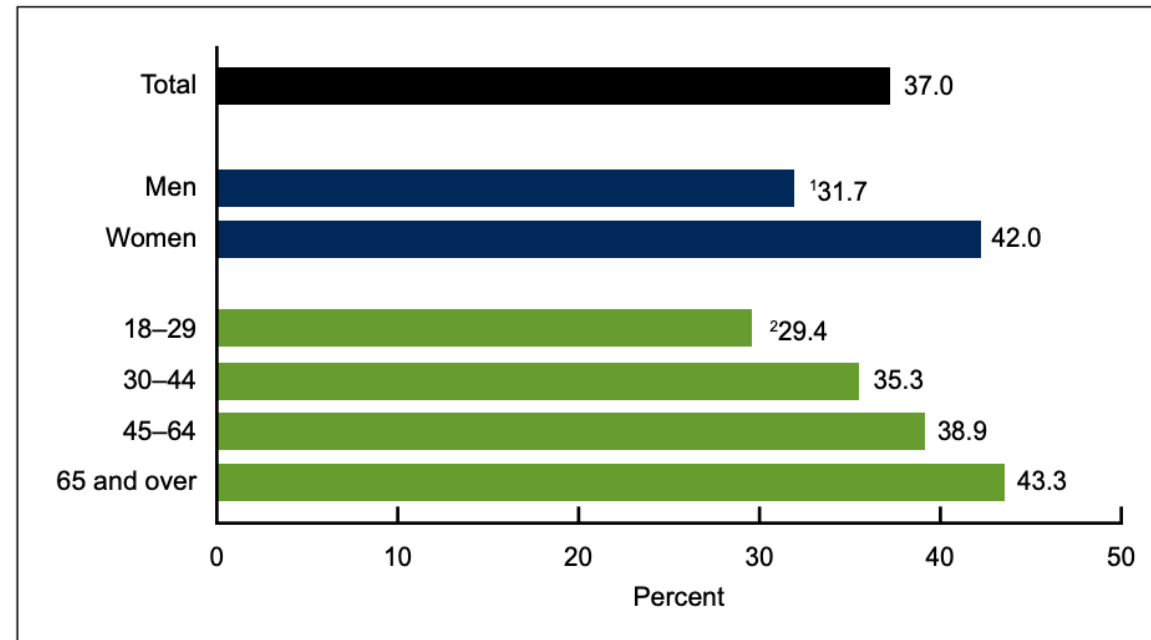
Nancy A. Lohuis, M.D., FAAFP, CAMC Ambulatory Informatics

Telehealth Use

- **5-15% of ALL visits** are completed via telehealth depending on the type of practice and region
- **37% of the population had a telemedicine visit** in 2021
- In Dec 2022 in the South Region, **53% of all outpatient telehealth visits** had a **mental health diagnosis**

CDC: 2021 Patient Usage of Telemedicine

Figure 1. Percentage of adults aged 18 and over who used telemedicine in the past 12 months, by sex and age: United States, 2021



¹Significantly different from women ($p < 0.05$).

²Significant linear trend by age ($p < 0.05$).

NOTES: Telemedicine use is defined as an appointment with a doctor, nurse, or other health professional by video or phone.

Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db445-tables.pdf#1>.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.



Top Five Procedure Codes by Utilization
In order from most to least common

CPT®/HCPCS	DESCRIPTION	PERCENT OF TELEHEALTH CLAIM LINES
90837	PSYCHOTHERAPY, 1 HOUR	22.8%
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES	16.5%
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 20-29 MINUTES	14.4%
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES	8.7%
90834	PSYCHOTHERAPY, 45 MINUTES	5.6%

Percent of Medical Claim Lines

Percent Change (Nov.-Dec.)
7.14%

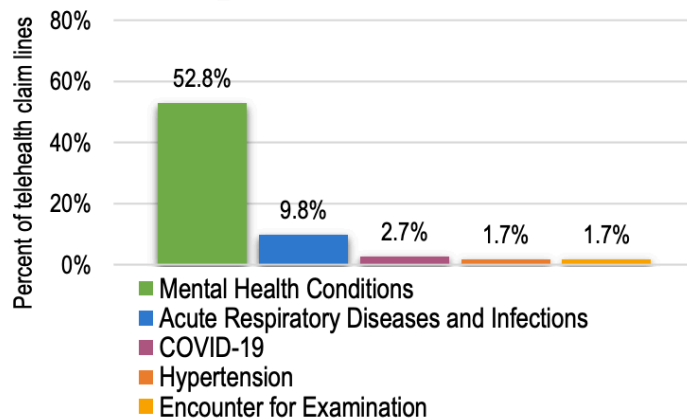
4.2%

Nov. 2022

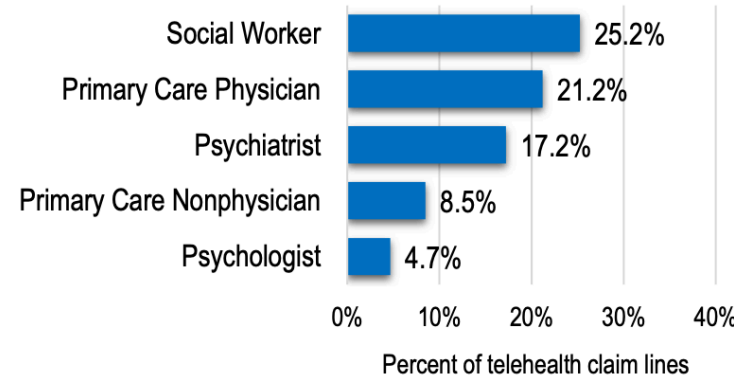
4.5%

Dec. 2022

Top Five Diagnoses



Top Five Specialties



Telehealth Cost Corner

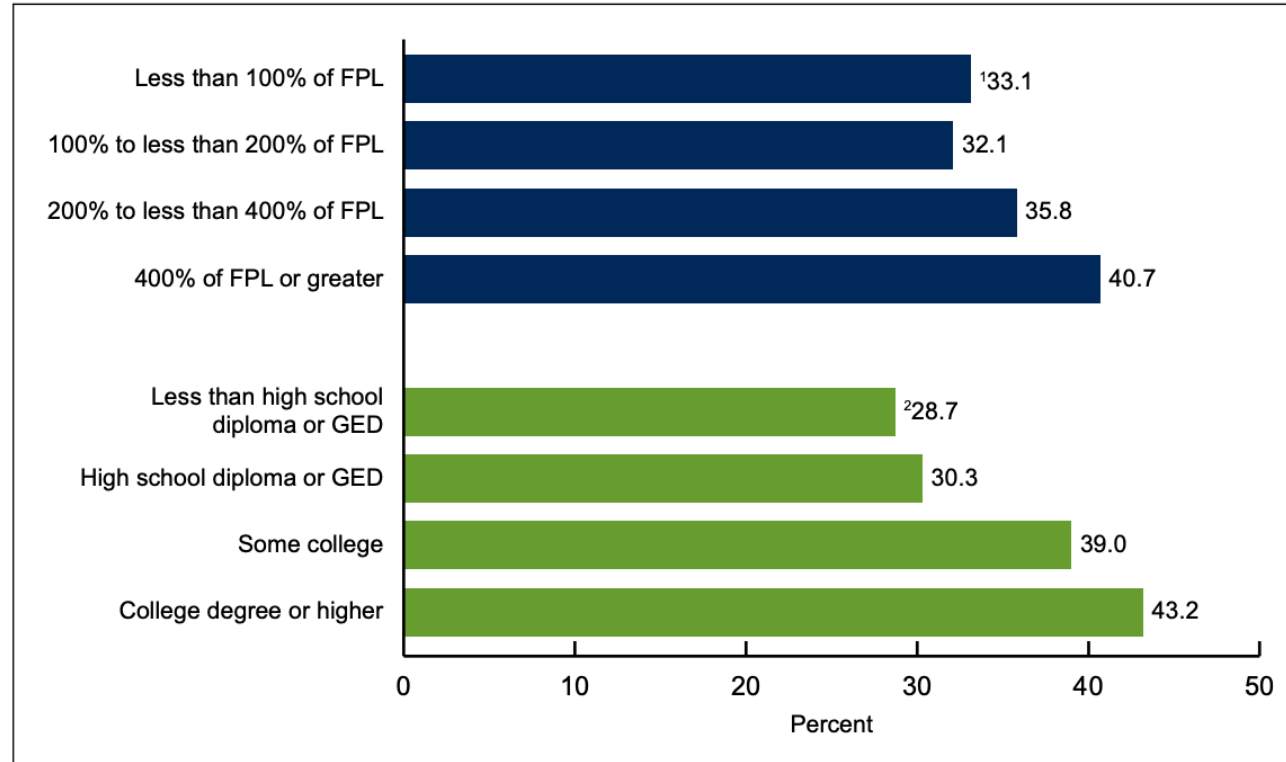
CPT®/HCPCS	DESCRIPTION
99442	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES

MEDIAN CHARGE AMOUNT	MEDIAN ALLOWED AMOUNT
\$84.45	\$30.10

Source: FH NPIC® database of more than 40 billion privately billed medical and dental claim records from more than 70 contributors nationwide. Copyright 2023, FAIR Health, Inc. All rights reserved. CPT © 2022 American Medical Association (AMA). All rights reserved.

Income/Education Digital Divide Is Still Real

Figure 3. Percentage of adults aged 18 and over who used telemedicine in the past 12 months, by family income and education level: United States, 2021



¹Significant quadratic trend by family income as a percentage of FPL ($p < 0.05$).

²Significant linear trend by education level ($p < 0.05$).

NOTES: Telemedicine use is defined as an appointment with a doctor, nurse, or other health professional by video or phone. FPL is federal poverty level.

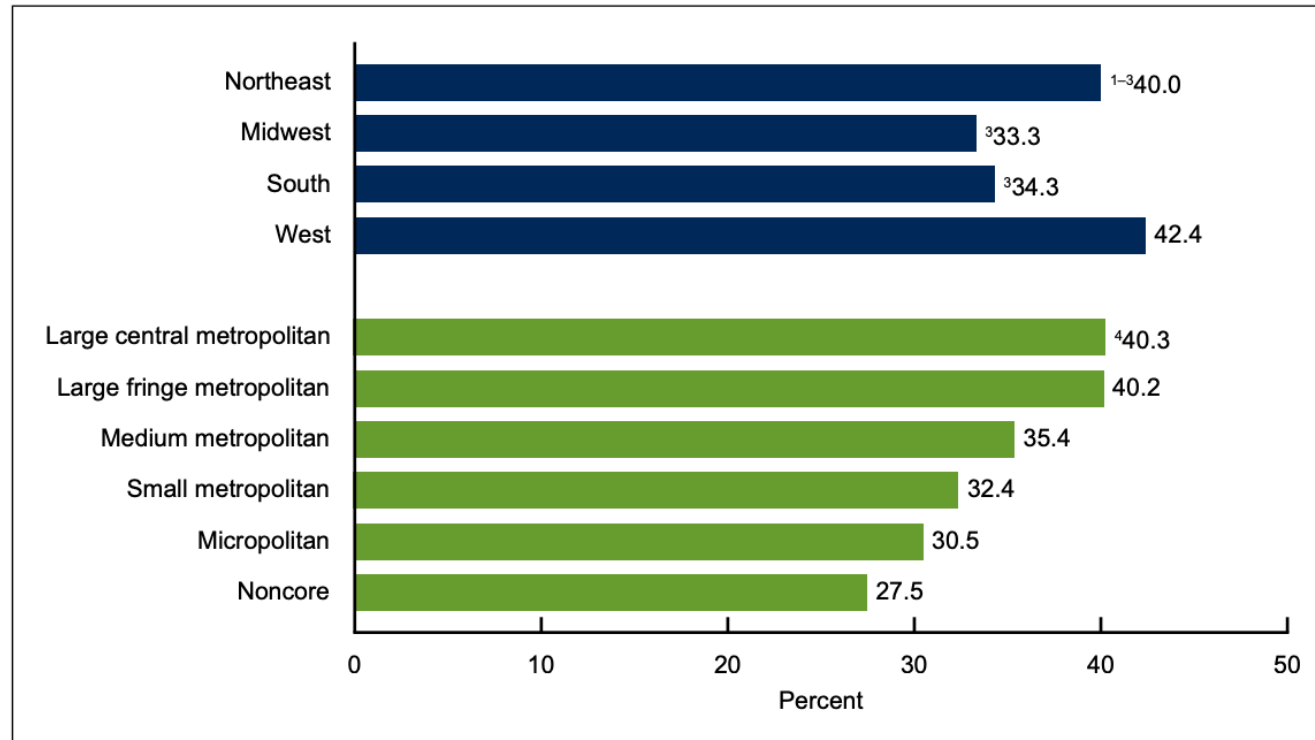
Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Access data table for Figure 3 at:

<https://www.cdc.gov/nchs/data/databriefs/db445-tables.pdf#3>.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

Telemedicine Use By Region and Population

Figure 4. Percentage of adults aged 18 and over who used telemedicine in the past 12 months, by region and urbanization level: United States, 2021



¹Significantly different from the Midwest ($p < 0.05$).

²Significantly different from the South ($p < 0.05$).

³Significantly different from the West ($p < 0.05$).

⁴Significant linear trend by urbanization level ($p < 0.05$).

NOTES: Telemedicine use is defined as an appointment with a doctor, nurse, or other health professional by video or phone. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Access data table for Figure 4 at: <https://www.cdc.gov/nchs/data/databriefs/db445-tables.pdf#4>.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

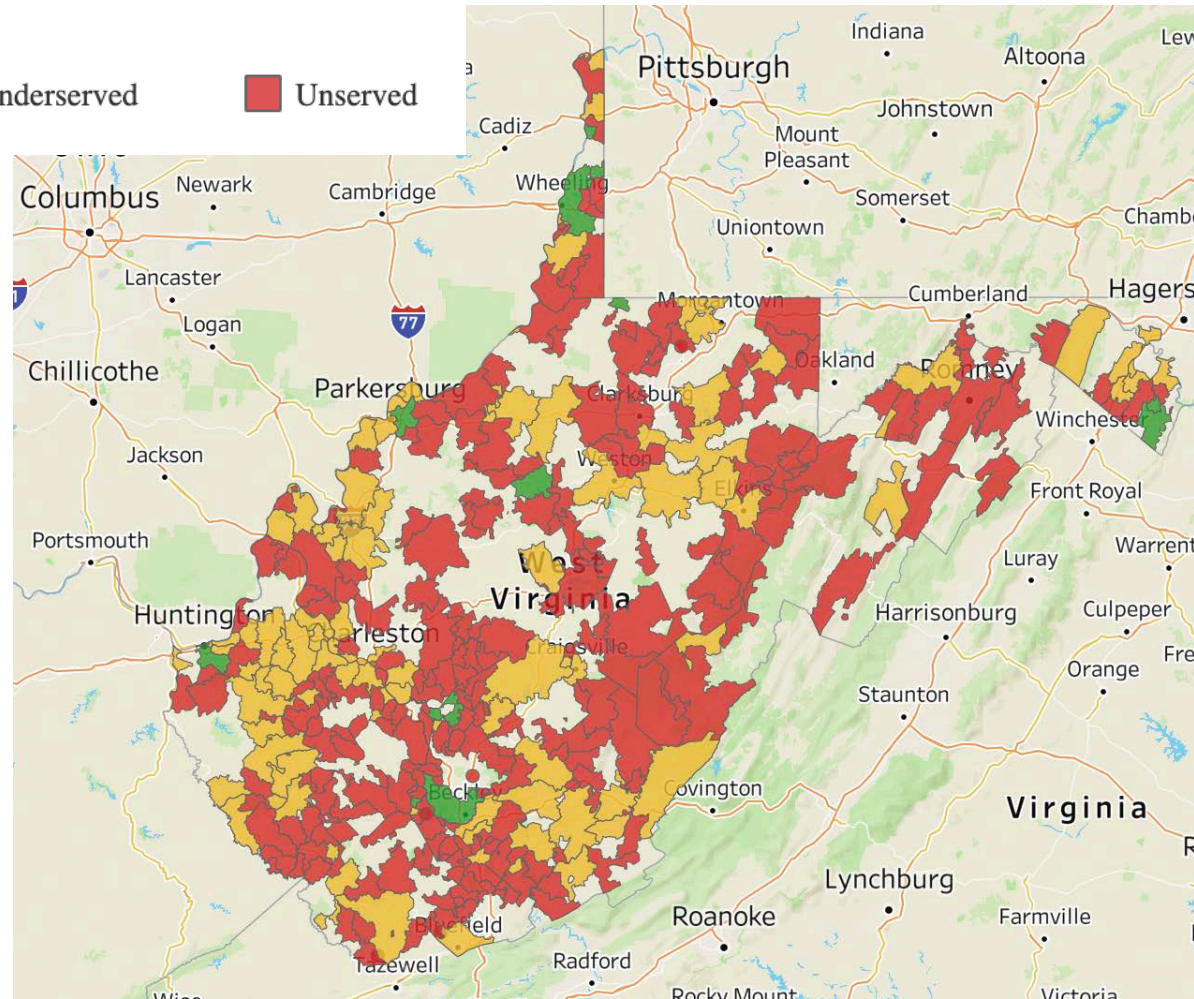
WV Broadband Connectivity: Digital Planet

Broadband Zone

 Served

 Underserved

 Unserved



What Are Your Peers Doing?



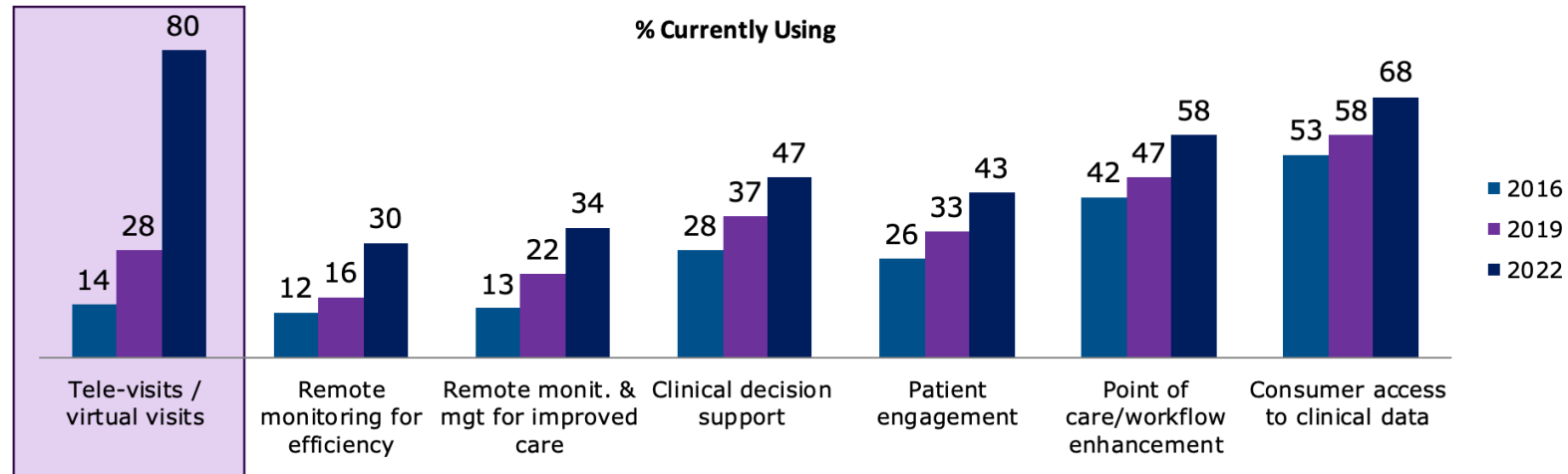
Current status of Digital Medicine

From AMA Digital Health Research Survey 2022

Use of Digital Health Tools in Practice

While adoption of all digital health tools has increased since 2019, tele-visits have increased the most significantly.

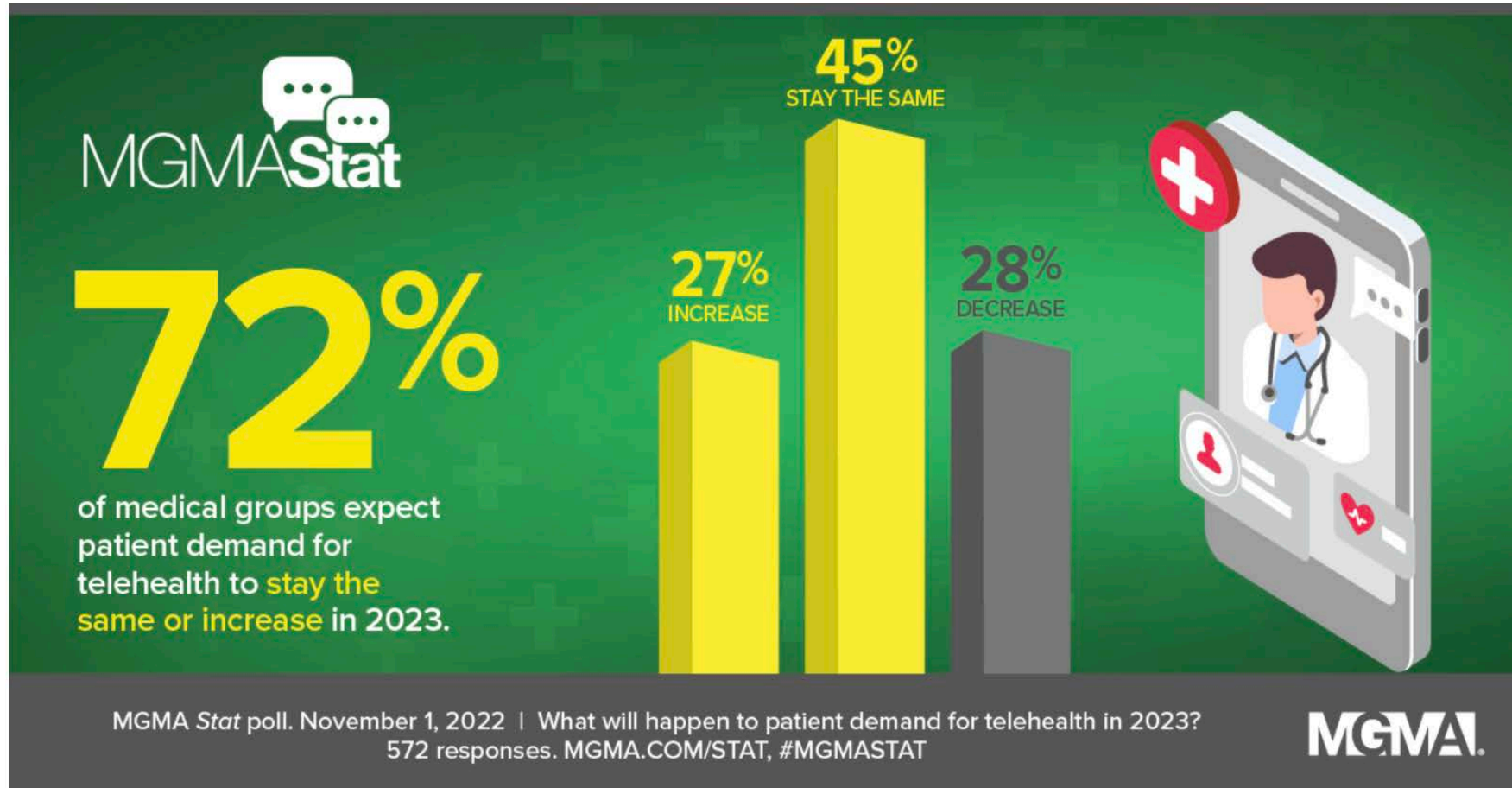
Use of tele-visits/virtual visits and remote monitoring for efficiency and improved patient care has increased significantly.



© 2022 American Medical Association. All rights reserved. Q20. Which, if any, of these do you currently incorporate into your practice? Base: Total Physicians (n=1300)

AMA Physicians' powerful ally in patient care

Predictions for 2023



TELEHEALTH CHALLENGES





MEDICARE TELEHEALTH
ENVIRONMENT, AS WE KNOW IT
NOW, WILL STAY ABOUT THE
SAME UNTIL DECEMBER 31, 2024

Thanks to
NEW
FEDERAL
LAW

Update: Federal Laws



2023 Consolidated Appropriations Act:

1. Many CMS telehealth flexibilities extended to Dec 31, 2024
 1. Temporary **suspension of geographic site requirement**
 2. **Home** can be used as eligible originating site
 3. Continue to **allow audio-only**
 4. **FQHCs and RHCs** are allowed to be distant site providers
 5. Delay in the visit requirements for Mental Health Visits.
2. VA: Development of strategic plan to ensure effectiveness of telehealth delivered to the VA and enrollees
3. Extension of safe harbor for absence of deductible for telehealth in health savings accounts for another 2 years (until Jan 1, 2025)

Update **State Law**: WV has already done a lot

These will largely remain the same:

- WV Medicaid parity rules
- WV Commercial payer parity law
- PEIA parity law
- WV Telehealth Controlled substance and anti abortive prescribing law
- WV Telehealth documentation requirements



Where is the Change in 2023?

DEA

HIPAA

CMS Physician Fee Schedule

Federal Telehealth Timeline

KEY:

TH=Telehealth

MH=Mental Health

OTP=Opioid RX Program

OT=Occupational Therapy

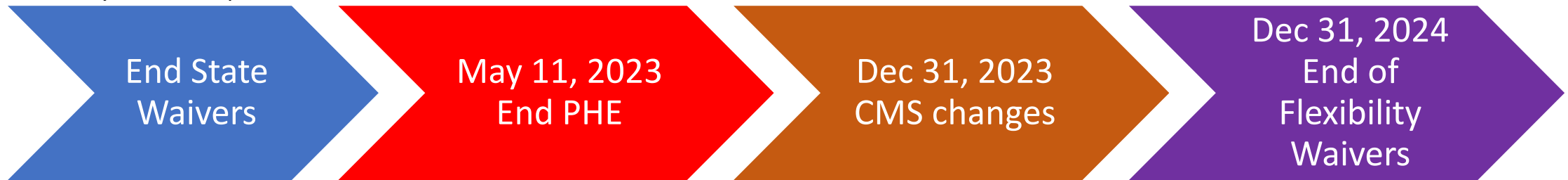
AD=Audiologist

PT=Physical Therapist

- Virtual Check in, E visits, remote eval, RPM: **EST patients only**
- RPM: need full 16 d of data

- End of virtual supervision*
- CMS Credentialing: Telehealth providers must report address

- End of geographic waiver
- Start of 6/12 mth MH appt rule
- End of Audio only extension for non-MH TM



Must be licensed in the state where patient is located

EXCEPTIONS:

* Except if residency program is located outside MSA

- DEA Rules revert to pre-PHE
- HIPAA reverts to Pre-PHE
- CMS Copays and deductibles for COVID Dx must be collected

- End of CMS Temp Cat 3 Telehealth Codes
- End of Audio Only 99441-99443
- End of CMS pay at non-facility rate???
- End of 6.2% from national for state to extend Medicaid coverage for uninsured

- End of all CMS providers eligibility for TH i.e., OT, PT, SP, AD
- End of FQHC/RHC as non mental health TH providers
- End of non-F to F Home Health recertification requirement (90d)

How to Avoid Jail Time!



DO THIS NOW! STATE WAIVERS HAVE ENDED

- **GENERAL RULE:** Provider must be licensed in the state where the **patient is located**, especially if planning to bill for services
- **Document** the location of the patient and the provider with every telemedicine visit. Document licensure of provider
- **Know the laws** of the states where your patients are located, especially if planning to bill for services or issue controlled substances via telehealth

DO IT BY MAY 11, 2023: END OF Public Health Emergency (PHE)

1. Must have a **HIPAA compliant video-conferencing platform**
 - Ensure HIPAA compliant policy
 - Consult TTAC (Telehealth Technology Assessment Resource Center) for assistance
<https://telehealthtechnology.org/>
2. Active **Business Associate Agreement (BAA)** with the teleconferencing vendor.
 - General BAA contracts can be downloaded online



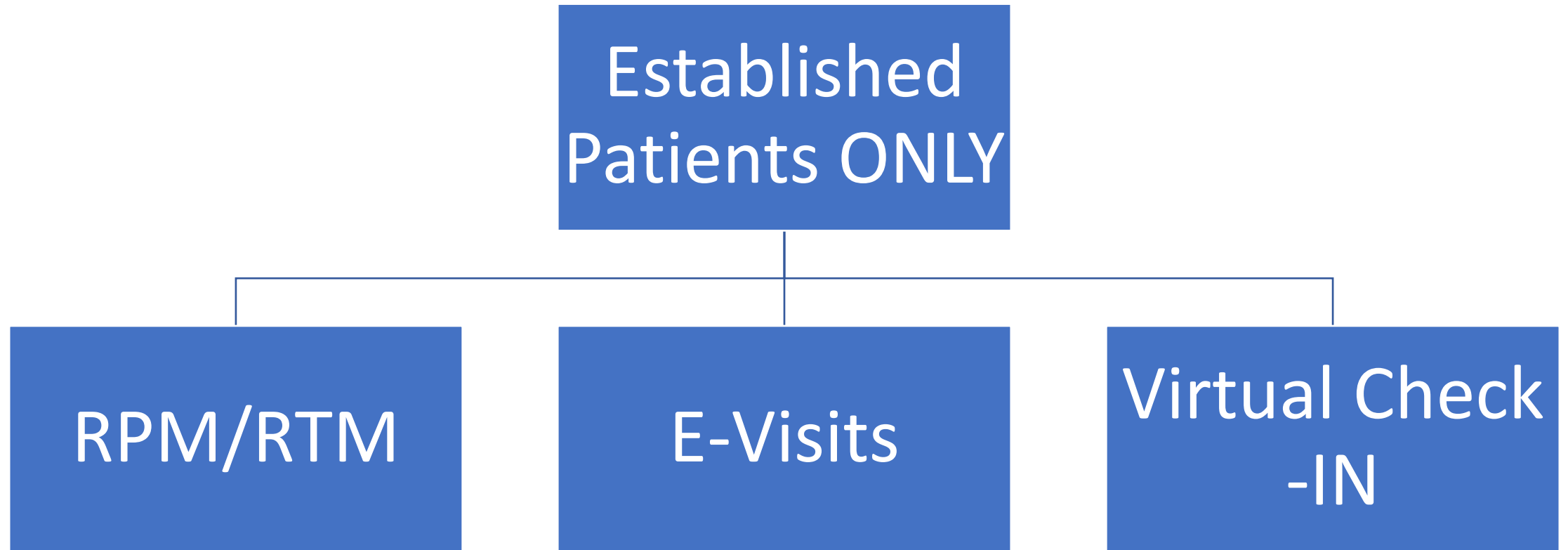
DO IT BY MAY 11, 2023: STARK LAW

STARK LAW: The Physician Self-Referral Law, commonly referred to as the Stark law, **prohibits physicians from referring patients** to receive "designated health services" payable by Medicare or Medicaid from **entities with which the physician or an immediate family member has a financial relationship**, unless an exception applies.

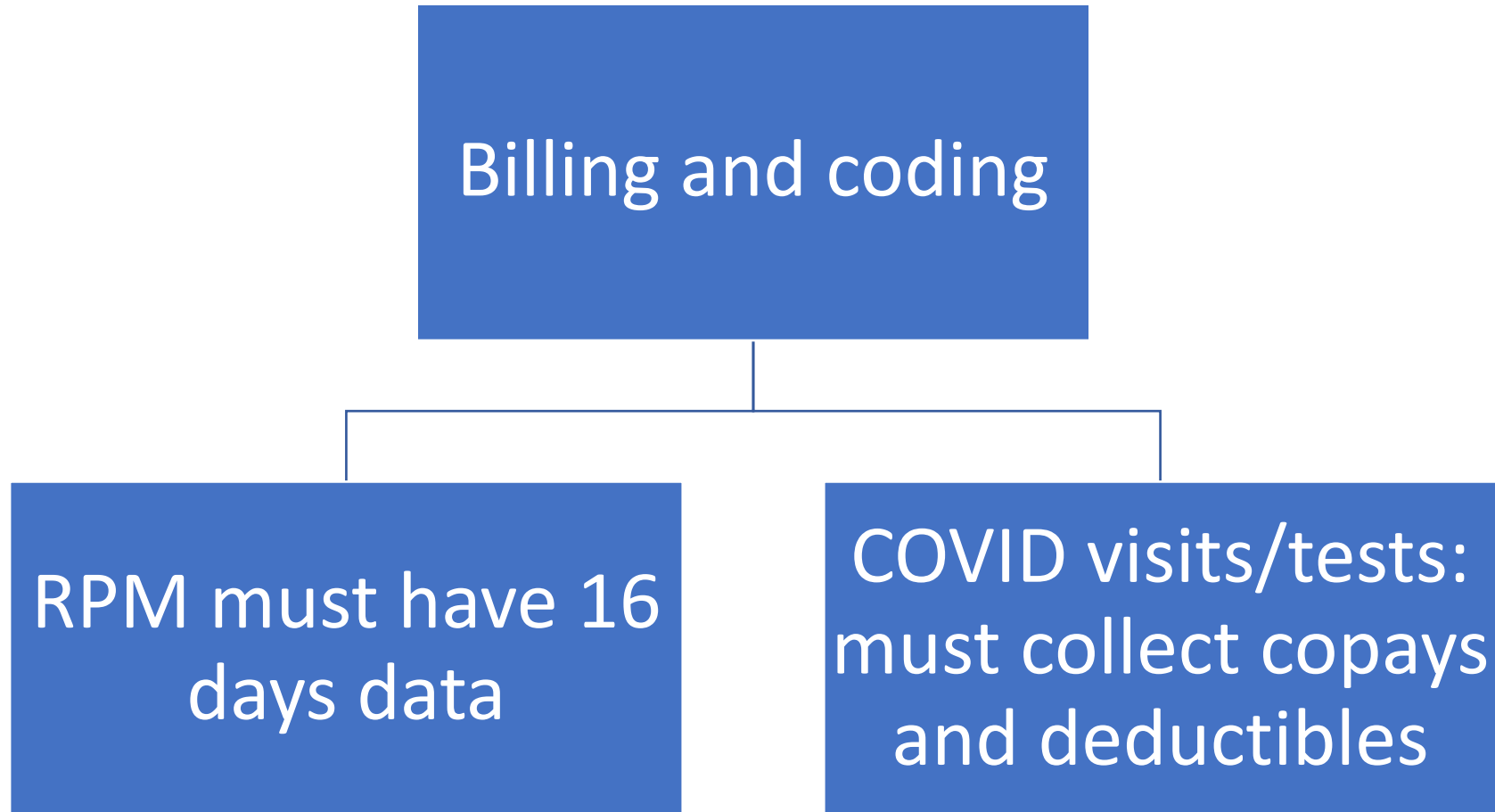
STARK LAW



DO IT BY MAY 11, 2023: END OF Public Health Emergency



DO IT BY MAY 11, 2023!





DO IT BY MAY 11, 2023!

How to Avoid Jail Time!



DEA:
Prescribing
of
Controlled
Substances

**REMINDER: PROVIDERS MUST
COMPLY WITH BOTH FEDERAL
AND STATE RULE, WHICHEVER
IS MORE RESTRICTIVE**

ON MAY 11, 2023: DEA Federal
Prescribing laws revert to **pre-
PHE** with some changes in
PROPOSED RULES

Pre-PHE Telehealth Controlled RX

Pre-PHE RULES: Controlled substances may only be prescribed with an in-person examination

Exceptions affecting family physicians still apply but are **narrow:**

- Patient located in a doctor's office or hospital registered with the DEA to be allowed to prescribe controlled substance via telehealth
- Provider employed by Indian Health Services
- VA Employed Provider: with medical emergency and with certain requirements
- During a PHE

Telehealth Prescribing DEA Modality Rules

Modality: If prescribing a controlled substance during a telemedicine visit, it must be interactive **audio-visual** with following **exceptions for audio only (aligning with CMS rules):**

1. Patient has mental health disorder for which controlled substance is required
2. Patient location home or equivalent
3. Provider capable of audio-visual visits
4. Patient unable to carry out audio-visual visit

Update: DEA and Controlled Substances RX

REMEMBER: ITS ALL ABOUT THE IN-PERSON EXAM



If you have performed a **medical evaluation in-person**, this federal controlled substance telehealth prescribing law **does not restrict prescribing!**

Update:
Proposed
DEA
Changes...

As of May 11, 2023: **Designed to bridge the PHE waivers to Post PHE law**

PROPOSED RULE:

No RX via telemedicine WITHOUT AN IN-PERSON MEDICAL EVALUATION for any

- **Schedule II controlled substance OR**
- **III-V narcotic**
- **Exception Buprenorphine for OUD**

Update: Proposed DEA Changes...

“Telemedicine Prescription” **without in-person exam** in the following circumstances:

1. RX for **non-narcotic Schedule III-V and Buprenorphine for OUD for 30 days**. Must be followed by in-person exam before next RX
2. RX by a DEA Provider if REFERRED from another DEA Provider who has performed an in-person exam
3. RX by a DEA Provider if an audio-visual Telemedicine encounter occurs with another DEA provider performing the physical exam

***Multiple DEA, prescription and documentation requirements**

From the Provider Perspective

Proposed Telemedicine Rules Summary

Relationship between prescribing medical practitioner and patient	Prescribing a non-controlled medication	Prescribing Schedule III, IV, or V non-narcotic controlled medications	Prescribing buprenorphine as medication for opioid use disorder	Prescribing Schedule II and/or narcotic controlled medications
Prior in-person medical evaluation by prescribing medical practitioner	Permitted	Permitted	Permitted	Permitted
Referral under the proposed rules from medical practitioner who conducted prior in-person medical evaluation	Permitted	Permitted	Permitted	Permitted
Telehealth visit without: <ul style="list-style-type: none"> • Prior in-person medical evaluation by prescribing medical practitioner; or • Referral from a medical practitioner who conducted prior in-person medical evaluation 	Permitted	<ul style="list-style-type: none"> • Up to 30-day initial prescription • In-person visit required for additional prescription 	<ul style="list-style-type: none"> • Up to 30-day initial prescription • In-person visit required for additional prescription 	Not permitted

- *Telemedicine prescriptions must be otherwise consistent with applicable state and federal laws.*

From the Patient Perspective



From the Patient Perspective

Is my prescription a controlled medication?

NO, IT'S A NON-CONTROLLED MEDICATION

Many common prescriptions are **non-controlled medications** and will **not** be impacted by these rules, including:

- Acne creams
- Blood pressure medications
- Antibiotics
- Cholesterol medications
- Birth control
- Insulin

YES, IT'S A CONTROLLED MEDICATION

Controlled medications are classified into one of five schedules based on medical use and potential for abuse or dependency. Examples of common controlled medications include:

SCHEDULE II	<ul style="list-style-type: none">○ Adderall○ Oxycodone○ Ritalin○ Vicodin
SCHEDULE III	<ul style="list-style-type: none">○ Anabolic Steroids○ Buprenorphine
SCHEDULE IV	<ul style="list-style-type: none">○ Ambien○ Tramadol○ Valium○ Xanax
SCHEDULE V	<ul style="list-style-type: none">○ Lomotil○ Lyrica

For a complete list of controlled medications visit: https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf

DRUG ENFORCEMENT ADMINISTRATION

Federal DEA:
180 Day
Exception:
Ends Nov 7,
2023

EXCEPTION:

If patient received **initial Controlled Substance via telehealth** for the **first time without an in-person medical exam** DURING the PHE March 1, 2020 to May 11, 2023, there is a **grace period of 180 days** after May 11, 2023 (**ends Nov 7, 2023**) to allow time to arrange in person exam with prescriber or locate a new prescriber.

Update: DEA and Controlled Substances RX

REMEMBER: ITS ALL ABOUT THE IN-PERSON EXAM



If you have performed a **medical evaluation in-person** on your patient, this federal controlled substance law does not apply



WV STATE LAW

WV STATE Controlled Substance Telehealth Prescribing Rules: Physician

- Suggest prescribers review law due to complexity

IN-PERSON VISIT REQUIREMENTS:

- **Providers who solely use telehealth cannot prescribe Schedule II to patients in WV** (Exception buprenorphine for OUD)
- An **IN-PERSON VISIT within the last 12 months** is required for **all controlled substance prescriptions via telehealth**. Patients with chronic pain using a **Schedule II prescription must be seen every 90 days**. Can be by prescriber in same group, same specialty.
- **Exceptions:** Rx for mental health, OUD, palliative care, hospice care, terminal diagnosis do not apply
- **Telehealth Exception for Schedule II:** in minors or those >18 yrs age enrolled in Primary or Secondary school with **established relationship** with provider for certain diagnoses can be prescribed **using audio visual telehealth** encounter

WV Telehealth Prescribing Restrictions

30-3-13a(g)(5)

A physician or health care provider may not prescribe any drug with the intent of causing an abortion. The term “abortion” has the same meaning ascribed to it in §16-2F-2 of this code.

Follow ongoing lawsuit:

[GenBioPro Inc v. Sorala and Morrisey](#)

EASY SOLUTION

SCHEDULE IN-PERSON VISITS for ALL PATIENTS ON CONTROLLED SUBSTANCES BEFORE NOVEMBER 7, 2023

SCHEDULE IN-PERSON VISITS FOR ALL PATIENTS ON SCHEDULE II for chronic non-malignant pain every 3 months starting May 11, 2023

Putting it all together: Case Scenario One

You have been treating a patient since childhood for ADHD, with last in-person visit in Aug 2022. That child is now a young adult attending WVU as an undergrad. Patient needs a methylphenidate refill and is requesting a telehealth appointment to do so. What do you tell your patient?

Federal Law: YES Schedule II controlled substances can be prescribed via telehealth by a provider who has a DEA license and has performed a physical exam on the patient.

Modality: AV if possible

State Law: YES WV state law gives exception to the Schedule II 90 day in-person rule for minors and those >18 yrs of age attending secondary school for Dx of neurological disorders including ADHD. Use Audio Visual

Putting it all together: Case Scenario Two

*Your patient has not been to your office **since April 2022** but has had regular telehealth appointments every 3 months since that time for chronic disease management. It is after May 11, 2023. Patient is now requesting a telehealth apt to renew gabapentin for peripheral neuropathy which was started in August 2022 during the PHE. What do you tell your patient?*

Federal Law: YES If you have performed a physical exam on this patient in the past, controlled substance can be prescribed by telehealth so long as AV modality is used unless patient is unable

State Law: NO Patient must be seen in person by you or or group once in the last 12 months in order to perform a telehealth visit or prescribe controlled substances via telehealth

Putting it all together: Case Scenario Three

*Your patient has chronic non-malignant pain and you have examined that patient in office **within the last 12 months**. Your treatment is Tylenol and PRN NSAIDS as well as other modalities. This is not working adequately. You would like to add **tramadol (Schedule IV narcotic)** during a telehealth visit. Is this possible?*

Federal Law: YES RX for Schedule II and or narcotics III-V are allowed via telehealth (AV preferred) if provider has performed a prior medical evaluation of patient

State Law: YES This is allowed as last in-person visit was within 12 months. Quantity limitation 90 days with R:1. Insurance may apply more quantity limits.

Putting it all together: Case Scenario Four

It is after May 11, 2023: Same patient with chronic non-malignant pain states that the tramadol is "not cutting it doc" and is adamant that "something stronger" be given via telehealth. Is hydrocodone (Schedule II narcotic) a choice here?

Federal Law: YES You have performed a previous medical evaluation and therefore YES using the AV modality unless patient unable

State Law: YES Technically, you could start this hydrocodone with quantity limitation of 7 days with and AV visit. A refill of 30 days with R:2 would be allowed if you scheduled another AV visit and a referral to a pain specialist. Further refills would require 90 day in-person exam specific for the diagnosis for refills of Schedule II for chronic pain.

Putting it all together: Case Scenario Five

Same patient: You decide you do not want to prescribe hydrocodone for non-malignant pain as a rule. Patient understands this and agrees to referral to chronic pain specialist. On the day of long awaited apt (after May 11, 2023), there is a power outage at the WV pain clinic and the physician wants to meet with the patient over telehealth. Could the first hydrocodone prescription be issued by this DEA physician via telehealth?

Federal Law: Yes This is possible since the referring DEA provider has performed a medical evaluation in person.

State Law: NO “Prescribers who solely use telehealth cannot prescribe Schedule II to patients in WV” (exception buprenorphine in OUD). Provider must see the patient in-person within 12 months and then every 90 days for Schedule II RX for chronic non-malignant pain.

Federal Telehealth Timeline

KEY:

TH=Telehealth

MH=Mental Health

OTP=Opioid RX Program

OT=Occupational Therapy

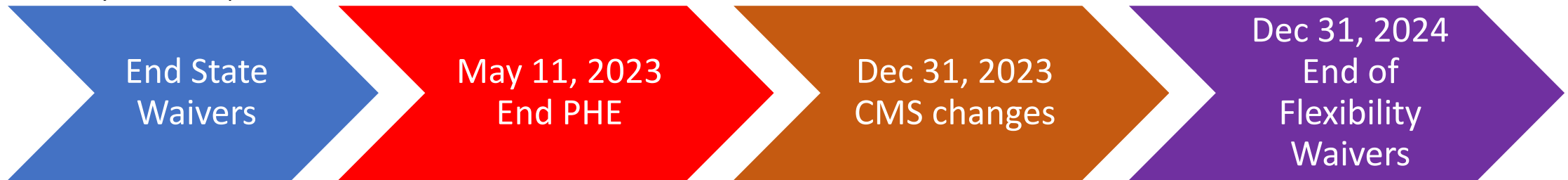
AD=Audiologist

PT=Physical Therapist

- Virtual Check in, E visits, remote eval, RPM: **EST patients only**
- RPM: need full 16 d of data

- End of virtual supervision*
- CMS Credentialing: Telehealth providers must report address

- End of geographic waiver
- Start of 6/12 mth MH appt rule
- End of Audio only extension for non-MH TM



Must be licensed in the state where patient is located

EXCEPTIONS:

* Except if residency program is located outside MSA

- DEA Rules revert to pre-PHE
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- End of Audio Only 99441-99443
- End of CMS pay at non-facility rate???
- End of 6.2% from national for state to extend Medicaid coverage for uninsured

- End of all CMS providers eligibility for TH i.e., OT, PT, SP, AD
- End of FQHC/RHC as non mental health TH providers
- End of non-F to F Home Health recertification requirement (90d)

PREPARE FOR
December
31, 2023!
CMS

- End of VIRTUAL SUPERVISION of residents except for residencies in non-MSA geographic locations
- CMS Credentialing: CMS will require listing of all locations where providers perform telehealth visits including your home

PREPARE FOR DEC 31, 2023: CMS

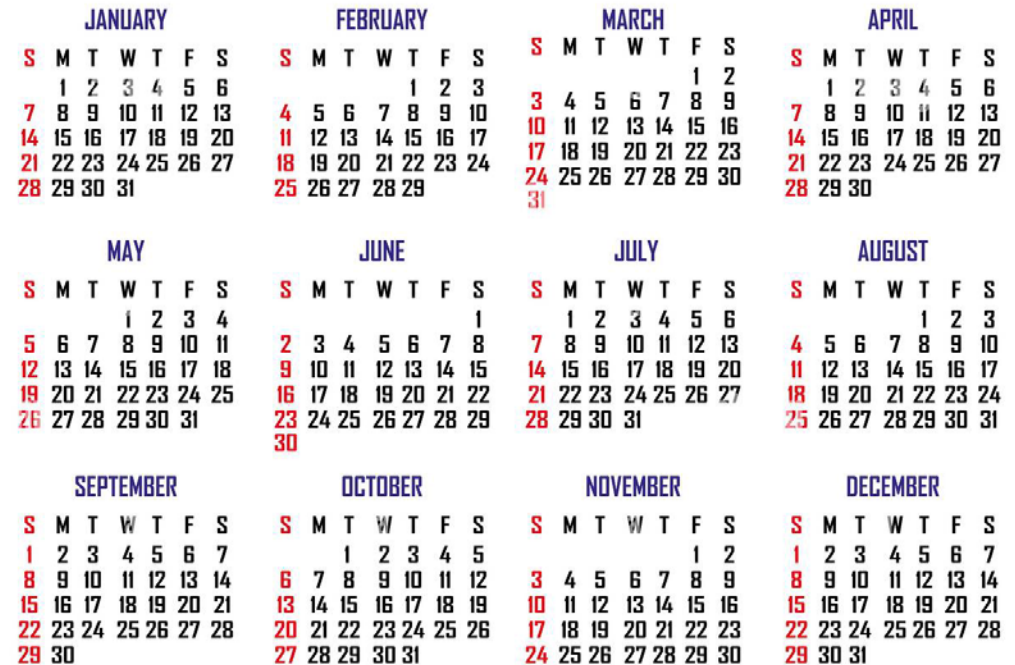
CODING/BILLING and REIMBURSEMENT:

- END OF AUDIO only 99441-99443. CMS plans to remove these codes from the CY2023 PFS
- Possible end of CMS payment at non-facility rates
- End of the 6.2% reimbursement from federal to state to extend Medicaid coverage for uninsured
- For excellent reference: [List of CMS Telehealth Service for Calendar Year 2023](#)

What happens
at the end of
2024?

IT'S
SPECULATION
at THIS POINT

2024



alamy

Image ID: 2DDPHXA
www.alamy.com

CMS Waivers: Traditional Medicare

Waivers Extended to **Dec 31, 2024**

- Medicare patients can access Telehealth from anywhere in USA, not just HPSA and non-MSA
- Medicare patients can access telehealth services from their homes
- Some Medicare telehealth services can be delivered by audio only in certain circumstances

If Congress does not intervene, as of **Jan 1, 2025...**

- **Geographic Rule:** Reverts back CMS telehealth services only for patients in HPSA or non-MSA areas
- **Originating Site:** Medicare patients will only be able to access from health facility originating site
- **Modality:** Audio only modality may end for anything except mental health and nutritional therapy

Current Permanent Telehealth Jan 1, 2025

- Medicare will continue to reimburse for Telehealth if patient is in a geographic HPSA or non-MSA area AND in an eligible originating site (in most cases not the patient home)
- Medicare will reimburse for mental health telehealth without geographic limitation including audio only in some cases, provided there was an in-person visit with that provider within 6 months of initial visit and a every 12 months thereafter (with certain exceptions). Starts Jan 1, 2025
- Medicare will reimburse for mental health services to FQHC and RHC via telecommunication services including audio only in some cases. CMS did this by redefining “mental health visit” and does not see this as telehealth.



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Update: Liability

General Rule:

Check for liability coverage for before engaging any of the following:

1. Telemedicine visits
2. Services for patients located in another state
3. Remote patient monitoring
4. Video conferencing platforms
5. Secure text messaging
6. Use of digital devices and cybersecurity



Nancy A. Lohuis, M.D., FAAFP, CAMC Ambulatory Informatics

Update CMS Coding and Billing: Modifiers and Place of Service

1. Modifiers:

- 95 to indicate Telemedicine Visit
- 93 to indicate audio-only modality used

2. POS (Place of Service):

- 02 Anywhere but the patient's home
- 10 Patient's home

FQHC RHC Telehealth UPDATE

FOR excellent resource: [Updated FQHC RHC Policy Manual](#)

1. G2025 Telehealth visit distant site codes allowed until Dec 31, 2024
2. CMS changed definition of “Mental Health Visit” to allow for FQHC and RHC audio visual with 95 modifier and audio only visits with 93 modifier services permanently.
3. The start date for 6month/12 month in-person requirement for “Mental Health Visits” have been pushed back to Jan 1, 2025.

Update: Medical Nutritional Therapy

- **Medicare:** Registered Dietitians continue to be and always have been eligible telehealth providers.
- CMS allows **AUDIO ONLY** for all medical nutritional therapy codes
- **Medicaid:** WV AFP is advocating to add Registered Dietitians as permanent WV Medicaid eligible telehealth providers
- Ongoing CDC Grant Project to obtain data on patient outcomes with Team-based care

Update: Remote Physiologic and Therapeutic Monitoring

- Remote Therapeutic Monitoring (mostly for psychologists and physical therapists) is now permanently billable for CMS
- Both RPM and RTM fall under “general supervision” where it is not necessary for provider to be physically present to bill for services.
- After May 11, 2023: ESTABLISHED PATIENTS ONLY



SUMMARY

Nancy A. Lehuis, M.D., FAFAP, CAMC Ambulatory Informatics

Federal Telehealth Timeline

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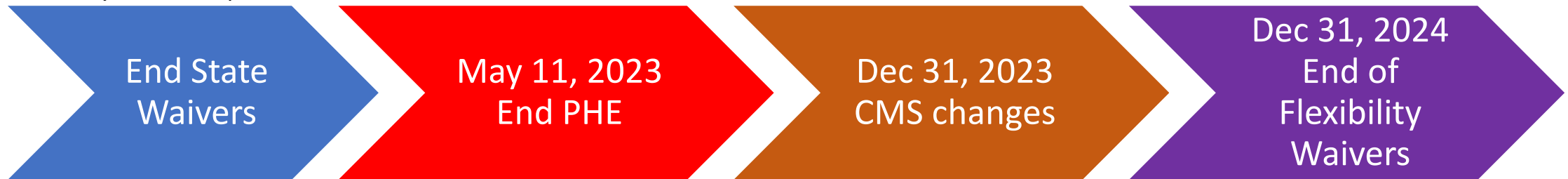
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- **DEA Rules revert to pre-PHE**
- **HIPAA reverts to Pre-PHE**
- CMS Copays and deductibles for COVID Dx must be collected

- End of CMS Temp Cat 3 Telehealth Codes
- End of Audio Only 99441-99443
- End of CMS pay at non-facility rate???
- End of 6.2% from national for state to extend Medicaid coverage for uninsured

- End of all CMS providers eligibility for TH i.e., OT, PT, SP, AD
- End of FQHC/RHC as non mental health TH providers
- End of non-F to F Home Health recertification requirement (90d)

RESOURCES

Center for Connected Health Policy: <https://www.cchpca.org/>

Telehealth Integration and optimization Toolkit: [AMA Steps Forward](#)

Center for Connected Health Policy: [CCHP: Medicare Telehealth Policies Post PHE](#)

CMS: COVID-19 Policy: [Physicians and Clinicians](#)

CMS: COVID-19 Policy: [CMS FQHC RHC COVID](#)

DEA Proposed Rule Telehealth Prescribing:
[https://www.dea.gov/sites/default/files/2023-03/Telehealth Practitioner Narrative 312023.pdf](https://www.dea.gov/sites/default/files/2023-03/Telehealth_Practitioner_Narrative_312023.pdf)

RESOURCES

Comprehensive Primary Care Guide for Telehealth in WV

<https://wvafp.org/comprehensive-primary-care-guide-for-telehealth-in-west-virginia/>

THANK YOU:
TO LEARN MORE, VISIT
"Comprehensive Primary Care Guide for Telehealth in
WV"



