



MGMA has long advocated for expanding coverage and reimbursement of virtual services to increase patient access to care. In response to the COVID-19 pandemic, Congress and the Administration allowed greater flexibility in how telemedicine is delivered to safely treat patients. Due to recent congressional and regulatory activity, many of these flexibilities now remain in effect until March 31, 2025. MGMA believes that the flexibilities implemented under the COVID-19 public health emergency (PHE) should be extended to allow practices to continue providing virtual care to vulnerable patient populations.

CURRENT STATUS OF TELEHEALTH POLICIES GRANTED FLEXIBILITY DURING COVID-19 PHE

	PRE-PHE POLICY	PHE POLICY	DATE POLICY ENDS
Originating site/geographic location	Beneficiaries must receive services at originating site in a rural area (not the home)	Location is waived – patients can be seen anywhere	March 31, 2025
Qualifying providers	Certain providers are allowed to deliver telehealth services	Provider types extended to PTs, OTs, and SLPs	March 31, 2025
Audio-only services	CMS did not cover audio visits without a visual component	CMS will reimburse for services via phone (E&M visits)	N/A (Per the 2025 Medicare Physician Fee Schedule, services provided in a beneficiary’s home under certain conditions will be permanently covered)
FQHCs and RHCs	FQHCs and RHCs could not qualify as distant site providers	Can qualify as distant site providers	March 31, 2025
Cross-state licensure	Providers must be licensed in state where patient is located	If providers meet four conditions, can treat patients in other states (still must comply with state licensure requirements)	State specific
Payment parity	Telehealth services were reimbursed at typically lower, facility rates	Telehealth services billed using Place of Service Code 10 will be reimbursed at the higher non-facility rate	March 31, 2025 (<i>exception: mental health services</i>)
HIPAA compliant platforms	Providers must use HIPAA compliant platforms	Providers could use non-HIPAA compliant platforms so long as not public-facing	Aug. 9, 2023
Requirements for telehealth prescriptions	Required in-person evaluation before prescribing controlled substances via telehealth	Waived in-person requirement	Dec. 31, 2025



CATEGORIES OF DIGITAL MEDICINE

There are other modalities to improve healthcare outside of interactive, live-video conferencing described in the Medicare statute. The Centers for Medicare and Medicaid Services now recognizes new digital health solutions and provides payment for certain services, including virtual check-ins, store and forward technology, and remote patient monitoring. These digital health services are not subject to the same restrictions as traditional Medicare telehealth.

ADVOCACY PRIORITIES

- ➔ **Expand access to telehealth services** under the Medicare program by permanently removing current geographic and originating site restrictions
- ➔ **Cover and reimburse audio-only visits** at a rate that adequately pays for the cost of delivering that care
- ➔ **Appropriately reimburse medical practices** for telehealth services to allow them to provide cost-effective, high-quality care
- ➔ **Support improving coverage of telehealth** by removing administratively burdensome billing requirements, such as collecting patient co-pays for virtual check-ins
- ➔ **Ensure continuity of care** between a practice and its patients through telehealth
- ➔ **Allow practitioners offering telehealth services from their home to continue reporting their work address** on their Medicare enrollment to avoid privacy and security concerns