



Telehealth Recommendations

- Maintain the current waiver flexibilities for at least 6 months after the public health emergency (PHE) is lifted to allow continued use of telehealth until permanent changes can be determined.
- Permanently remove geographic restrictions
- Permanently remove originating site restrictions.
- Allow audio only telehealth visits when the patient does not have access to audio-visual telehealth. Place priority on ensuring all people have the internet access needed for audio-visual communication, especially those in rural and underserved areas.
 - Clarify that, if only a portion of the visit is conducted with audio-video due to poor connectivity, the provider should report the code that in the judgement of the provider best describes the encounter.
- Continue to allow telehealth use for 2 of 3 monthly home dialysis visits within a consecutive three-month period.
- Allow telehealth visits for in-center dialysis patient visits but require one face-to-face visit per month. Audio only visits should not be counted toward the number of MCP visits.
- Allow the use of telehealth visits for acute kidney injury (AKI) patients on outpatient dialysis but not more than four times per month, while requiring that there be at least one in-person visit within the month when telehealth visits are billed.
- Require that telehealth services for non-dialysis chronic kidney disease patients be provided in the context of a scheduled visit. The participation in such a visit indicates implicit consent to receive the care via telehealth.
- Require that the provider performing a telehealth visit be able to offer an in-person visit if necessary.
- Allow telehealth to be used for initial and subsequent visits.