PATIENT CARE SERVICES provided by telehealth delivery models can aid communities traditionally underserved—those in remote or rural areas with few health services and staff—because it overcomes distance and time barriers between healthcare providers and patients. The use of telehealth technologies began mainly in rural communities and within federal health programs. Telehealth is now being used in various medical specialties and subspecialties across care settings. Given the broad proliferation of computer and smartphone technology in the everyday lives of the general population, telehealth has expanded rapidly in health care delivery to patients.

ABC recognizes the use of telehealth as a method by which some elements of O&P care may be delivered and how that may enhance patient–provider collaborations, improve health outcomes and increase access to care when appropriately used as a component of a patient’s care.

Episodic, direct-to-patient telehealth O&P services may be used when necessary to meet the patient’s ongoing needs. Telehealth services must be secure and compliant with federal and state security and privacy regulations.

While the use of telehealth may be appropriate in certain circumstances, the potential benefits of telehealth must be measured against the risks and challenges associated with its use, including the absence of the physical evaluation and variation in state licensing regulations.

A valid patient–healthcare provider relationship must be established for a professionally responsible telehealth service to take place. Facilities and O&P care providers must not compromise their ethical obligation to deliver in-person, clinically appropriate care for the sake of new technology adoption and/or for the sole purpose of saving costs.

Practicing according to standards and guidelines published in the ABC Code of Professional Responsibility, Scope of Practice and Facility Accreditation Standards ensures the safe and effective delivery of O&P services. The standards of care and practice required for any in-person encounter must also be followed for any encounter via telehealth.

Due to the hands-on nature of O&P care, providers must recognize that elements of the services they provide cannot be accomplished virtually.
Can I offer telehealth services to a new patient?

ABC’s Statement on Telehealth in Orthotics & Prosthetics states, “A valid patient-healthcare provider relationship must be established for a professionally responsible telehealth service to take place.”

Therefore, ABC credential holders cannot solicit new patients through telehealth means. ABC and Medicare have rules concerning solicitation of patients. Section 4.3 of the ABC Code of Professional Responsibility is titled Solicitation. The DMEPOS Supplier Standards also has a prohibition on Direct Supervision. That language can be found here, [https://www.cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersenroll/downloads/dmepossupplierstandards.pdf](https://www.cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersenroll/downloads/dmepossupplierstandards.pdf). There are some exceptions for initial assessments to determine if a patient is a candidate for care. (See FAQ below)

If a referral source requests that we perform a telehealth visit to assess a new patient to determine if they are a candidate for O&P treatment, is this allowed?

Yes, this type of consultation is allowed. If an appropriate healthcare prescriber has initiated the consultation, then this can occur via telehealth.

Are O&P telehealth visits limited to follow-up or check-in type appointments?

In most cases, yes. Provision of O&P care typically requires physically interacting with the patient to complete a comprehensive evaluation (i.e. checking muscle strength, range of motion, assessing protective sensation, etc.) and to assure that the final device provided as a result of the O&P treatment fits and functions appropriately. These elements usually do not lend themselves to telehealth visits.

What kind of technology must be utilized for an O&P telehealth visit?

Telehealth services must be secure and compliant with federal and state security and privacy regulations. This means that practices must utilize technology that adequately safeguards patients’ protected health information. During the COVID-19 Public Health Emergency, Medicare has relaxed some of these rules. As soon as the emergency is cancelled, ABC expects that Medicare will likely go back to the requirements that were in place prior to the COVID-19 pandemic. Here is a good resource from Medicare about telehealth: [https://www.telehealth.hhs.gov/](https://www.telehealth.hhs.gov/)

If an existing patient requests a telehealth visit to order replacement supplies associated with an orthosis or prosthesis that has previously been provided, is this permitted?

Yes. Keep in mind that the practice standards required for in-person encounters must also be followed for any telehealth encounter. This includes documentation describing the patient’s needs, having on file a valid prescription, proof of delivery, proof of patient education and warranty information.

Can I have a new patient measure themselves during a telehealth visit and then ship them a prefabricated orthosis?

In most cases, no. ABC does not believe this type of care delivery model would result in the most optimal outcome for the patient. ABC credential holders possess the knowledge and skills needed to not only assess the patient to determine what type of intervention is needed, they also are
responsible for accurately providing the item that was prescribed. Most patients are unfamiliar with orthotic fitting protocols and likely would not always recognize if the device was not fitting or functioning appropriately. This does not relate to off-the-shelf-type devices.

**Can I perform a telehealth visit and then send an existing patient a replacement item if their condition has not changed?**

Depending on the specific situation, yes, this may be possible. For example, if the device does not require expertise in assuring it fits the patient correctly and functions appropriately, then telehealth may be a viable alternative. However, if the item is a more complex device requiring that the credentialed person determine that it matches the patient’s anatomy and functions properly, this could not be accomplished via telehealth.

**If I complete a telehealth fitting appointment, would this comply with ABC’s standards?**

As stated above, all of the ABC practice standards are still in place for a telehealth visit. The practice must demonstrate compliance with all of the Facility Accreditation standards (e.g. documentation describing how the fit and function of the device was assessed and proof that the patient was given wearing instructions and warranty information, etc.). All the ABC Scope of Practice and Code of Professional Responsibility requirements also remain applicable to any telehealth visits. Again, the complexity of the item and the patient’s clinical situation would factor into whether it would be appropriate to complete the final fitting and delivery of an item via telehealth.

**Does the patient have to sign a consent form in order to do a telehealth visit?**

While Medicare does not require that an informed consent be obtained from a patient prior to a telehealth-delivered service, a majority of states either require informed consent be obtained within their Medicaid program or in their statute or rules regulating healthcare professionals. Check your state’s specific requirements.

**Does a telehealth visit comply with Medicare’s requirements for the physician visit to establish medical necessity for diabetic shoes?**

Initially the DME MAC’s stated that physician telehealth visits for the purpose of establishing the need for therapeutic shoes would not be compliant. In April 2020, CMS released an interim rule that temporarily waives some existing National Coverage Determinations and Local Coverage Determinations requirements. In May 2020, a DME MAC educational article confirmed that a telehealth physician visit to determine the medical necessity for diabetic shoes would be compliant during the emergency. This relaxing of the face-to-face requirement will likely be put back in place when the emergency is ended.

**Is there a way to bill for a telehealth visit?**

ABC is not aware of any current mechanism that allows O&P professionals to bill a third-party payer for a telehealth visit. There are on-going efforts to encourage CMS to recognize O&P professionals and the critical part they play in providing care. This includes exploring ways to create the ability to bill for telehealth visits.