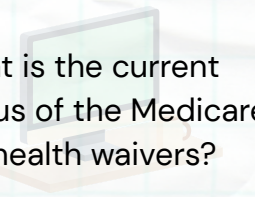
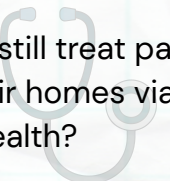


# Telehealth Medicare Policy Updates: FAQs

Question	Answer
 <p>What is the current status of the Medicare telehealth waivers?</p>	<p>Through the enactment of <a href="#">H.R. 7148</a> (Consolidated Appropriations Act, 2026), key Medicare telehealth flexibilities have been formally extended through <b>December 31, 2027</b> (1):</p> <ul style="list-style-type: none"><li>◦ Waiver of location requirements (both geographic and type of site)</li><li>◦ Expanded list of eligible telehealth providers</li><li>◦ Continued eligibility of FQHCs and RHCs and telehealth providers</li><li>◦ Delay of prior in-person visit requirements for mental health services delivered via telecommunications technology for FQHCs and RHCs</li><li>◦ Continued allowance of audio-only telehealth services</li><li>◦ Continued use of telehealth to conduct face-to-face encounters for hospice recertification</li></ul> <p>This legislation was signed into law on February 3, 2026, and retroactively covers the brief lapse period that occurred after January 30, 2026 (2).</p>
 <p>Can I still treat patients in their homes via telehealth?</p>	<p><b>Yes.</b> The waiver of location requirements, including both geographic restrictions and the type of site (allowing the patient's home to serve as an originating site), is extended through <b>December 31, 2027</b> (1).</p> <ul style="list-style-type: none"><li>• Medicare beneficiaries can receive telehealth services anywhere (not just rural areas or medical facilities) in the United States and territories through December 31, 2027. CMS is continuing to align payment policies for outpatient therapy services, diabetes self-management training, and medical nutrition therapy services furnished remotely by hospital staff to beneficiaries (2).</li><li>• Starting January 1, 2028, except for behavioral health services, beneficiaries will generally need to be in a medical facility and in a rural area to receive Medicare telehealth services, if there are no other extensions or changes in law (2).</li></ul>

# Telehealth Medicare Policy Updates: FAQs

Question	Answer
Do I still need an in-person visit before initiating mental health services via telehealth on Medicare?	<p><b>No.</b> The statutory requirement for an in-person visit within six months prior to starting tele-mental health (and every 12 months thereafter) remains <b>waived through December 31, 2027</b> (1).</p> <ul style="list-style-type: none"><li>• This general waiver authority also applies to mental health services delivered by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) (3).</li></ul>
Can FQHCs and RHCs still be eligible distant site providers for behavioral/mental telehealth after December 31, 2027 on Medicare?	<p><b>Yes.</b> FQHCs and RHCs can <b>permanently</b> serve as a Medicare distant site provider for behavioral/mental telehealth services. Medicare patients can permanently receive telehealth services for behavioral/mental health care in their home. There are no geographic restrictions for originating sites for Medicare behavioral/mental telehealth services on a permanent basis. Behavioral/mental telehealth services in Medicare can permanently be delivered using audio-only communication platforms (3).</p>
Are audio-only telehealth visits still reimbursable by Medicare?	<p><b>Yes.</b> The allowance for <b>non-behavioral/mental audio-only</b> telehealth services has been continued through <b>December 31, 2027</b> (4).</p> <ul style="list-style-type: none"><li>• <b>Behavioral/mental telehealth</b> services in Medicare can <b>permanently</b> be delivered using <b>audio-only</b> communication platforms (4).</li><li>• Interactive telecommunications system may also permanently include two-way, real-time audio-only communication technology for any telehealth service furnished to a patient in their home if the distant site physician or practitioner is technically capable of using an interactive communications system, but the patient is not capable of, or does not consent to, the use of video technology (4).</li></ul>

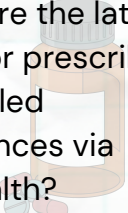
# Telehealth Medicare Policy Updates: FAQs

Question	Answer
Was Hawai'i 80% audio-only mental/behavioral telehealth reimbursement policy extended through December 31, 2027?	<b>Yes.</b> The 80% reimbursement for audio-only services for the purposes of "diagnosis, evaluation, and treatment of a mental health disorder" was codified into law in 2023 with Act 107 was originally effective through December 31, 2025. However, Act 217, signed in June 2025, extended the sunset date to December 31, 2027 (5,6).
What new codes or services have been added to the Medicare Telehealth Services List?	Medicare has eliminated the "provisional" vs. "permanent" distinction; all services added going forward are considered <b>permanent</b> (7). <ul style="list-style-type: none"><li>• New codes added include (7):<ul style="list-style-type: none"><li>◦ Multiple-family group psychotherapy (CPT code 90849)</li><li>◦ Group behavioral counseling for obesity (HCPCS code G0473)</li><li>◦ Certain infectious disease add-on services (HCPCS code G0545)</li><li>◦ Auditory integrated sound processors (CPT codes 92622 and 92623)</li></ul></li></ul>

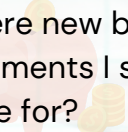
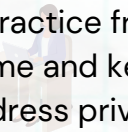
## State & Specialized Care Updates

Question	Answer
Can I use telehealth for hospice recertification?	<b>Yes.</b> The use of telehealth to conduct the required face-to-face encounters for hospice recertification is extended through <b>December 31, 2027</b> (1).

# DEA & Controlled Substances FAQs

Question	Answer
<p>What are the latest rules for prescribing controlled substances via telehealth?</p> 	<p>The DEA has extended the telehealth prescribing waiver for controlled substances through <b>December 31, 2026</b>, allowing prescribing without a prior in-person visit or meeting one of the statutory exceptions (such as having a DEA registered provider physically with the patient during the visit in which the medication is prescribed) (1).</p> <ul style="list-style-type: none"><li>• This "clean extension" allows clinicians to prescribe Schedule II-V controlled substances without a prior in-person visit, provided all other state and federal requirements are met (8).</li><li>• <b>However, the Hawaii Controlled Substance Act requires an in-person visit prior to prescribing controlled substances to first establish a physician-patient relationship. Even with federal DEA telehealth flexibilities, Hawaii's more stringent state requirements still apply (9).</b></li></ul>

## Compliance & Administrative Updates

Question	Answer
<p>Are there new billing requirements I should prepare for?</p> 	<p><b>Yes.</b> By <b>2027</b>, CMS will require new billing modifiers to identify telehealth services delivered through third-party virtual platforms or when billed "incident to" another professional service (1).</p>
<p>Can I practice from my home and keep my address private?</p> 	<p>Policies have been finalized allowing teaching and supervising physicians to provide services from home, with options to suppress home address information in the PECOS system for privacy (1).</p>

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8	Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications. Federal Register. December 31, 2025. Accessed February 13, 2026. <a href="https://www.federalregister.gov/documents/2025/12/31/2025-24123/fourth-temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled">https://www.federalregister.gov/documents/2025/12/31/2025-24123/fourth-temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled</a>
9	§329-126. <a href="https://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0329/HRS_0329-0126.htm">https://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0329/HRS_0329-0126.htm</a>