

Medicare Telehealth Information

Effective Feb. 3, 2026

On Feb. 3, 2026, President Trump signed a federal funding bill that extends key telehealth provisions initially implemented during the COVID-19 pandemic through December 31, 2027. These provisions apply retroactively to January 30, 2026. The legislation includes extensions to the Medicare telehealth flexibilities, which include:

1. The expanded definition of originating sites.
2. The expanded list of types of clinicians able to provide telehealth care.
3. The inclusion of telehealth services provided by federally qualified and rural health centers.
4. The waiving of specific in-person requirements for types of mental healthcare.
5. The allowance of audio-only modalities.

Frequently asked questions

Telehealth audio only risk adjustment

Q: The Centers for Medicare & Medicaid Services (CMS) will pay for certain Medicare services conducted by telephone. Are these audio-only services acceptable for Medicare risk adjustment (MRA) purposes?

A: No. Based on CMS' April 10, 2020, health plan management system (HPMS) memo and updates made on Jan. 15, 2021, and May 4, 2022, for services to qualify for risk adjustment they must be performed using interactive audio telecommunication **simultaneously with video telecommunication** to permit real-time interactive communication.

Billing audio only visits

Q: How should physician and healthcare professionals bill services that CMS has covered when provided as audio only?

A: CarePlus requests that providers bill audio-only services using Current Procedural Terminology (CPT®) codes 99202-99215 and the modifier "93" to identify services as being audio only and therefore, not eligible for MA risk adjustment. Billing the CPT® code with the modifier "93" will clearly indicate that the service was provided as audio-only. If providers have previously submitted audio-only visits without this configuration, CarePlus requests providers to correct those instances by submitting a corrected claim, so they are appropriately identified as audio-only services via modifier "93." Note: When a diagnosis code must be removed from a previously submitted MA claim, an additional process should be followed. Please send an inquiry to the MRADeleteRequests@CarePlus.com mailbox for more information on the diagnosis code deletion process.

Billing audio and video visits

Q: How should physician and healthcare professionals bill services CMS has covered when provided as real-time interactive audio and video?

A: For synchronous telemedicine services rendered via real-time interactive audio and video telecommunication systems for 2026 dates of service, the claim should reflect the telehealth place of service (POS). There are two code options to indicate the POS when a service provided via telehealth is submitted: 1) POS 02 for telehealth services provided other than in patient's home, or 2) new POS 10 for telehealth services provided in patient's home (which is a location other than a hospital or other facility where the patient receives care in a private residence). Note: synchronous telemedicine services rendered via real-time interactive audio and video telecommunication systems should not include modifier "93".

Telehealth documentation requirements

Q: Are there additional documentation requirements associated with telehealth services?

A: As a best practice, CarePlus recommends documenting in the medical record whether a visit was conducted via interactive audio telecommunication simultaneously with video telecommunication or through other virtual mechanisms, such as audio only.

Key telehealth risk adjustment information

CMS recognizes diagnoses for risk adjustment purposes under the following conditions: The visit must be an allowable inpatient, outpatient or professional service **and** the visit must be a face-to-face encounter. In its May 4, 2022, HPMS memo, CMS clarified that telehealth services provided using an **interactive audio telecommunication simultaneously with video telecommunication** to permit real-time interactive communication satisfies the face-to-face requirement for purposes of risk adjustment data eligibility.

	Medicare-covered services	Qualifies for MRA	Physician location	Submission place of service (POS)	Common CPT® and HCPCS ¹ codes
Telehealth (interactive audio telecommunication simultaneously with video telecommunication)	X	X	Home/office/facility	02, 10** Use CPT telehealth modifier 95 with any POS	99202 – 99215 (office or outpatient visit) G0425 – G0427 (telehealth consultations, emergency department or initial inpatient)
Telephonic visit (audio only)	X		Home/office/facility	02, 10** Use CPT telehealth modifier 93 with any POS	99202 – 99215
Virtual check-in (5-to-20-minute visit)	X	X*	Home/office/facility	Any POS	G2010, G2012, 98016
E-visit (use of patient portal)	X		Home/office/facility	Any POS	99421, 99422, 99423

* CPT® code 98016 qualifies for risk adjustment encounter data system (EDS) submission and should be used for virtual check-in visits that use interactive audio telecommunication simultaneously with video telecommunication. CarePlus maintains that any service rendered that is audio only does not meet the face-to-face requirement for risk adjustment. Therefore, if an audio-only visit is conducted, use the evaluation and management (E/M) codes, as appropriate, as well as telehealth modifier “93” to indicate an audio only visit.

** For a service provided via telehealth, there are two code options to indicate the place of service (POS): 1) POS 02 for telehealth services provided other than in patient’s home, or 2) new POS 10 for telehealth services provided in patient’s home (which is a location other than a hospital or other facility where the patient receives care in a private residence).

¹HCPCS - Healthcare Common Procedure Coding System

Telehealth reference guide

To make working with us simpler, we have developed the reference guide below, which lists direct links to helpful telehealth information. CarePlus provides these links for informational purposes only. Given the ever-changing telehealth requirements CarePlus does not guarantee the reliability or accuracy of information on the sites.

Telehealth reference guide	
Centers for Medicare & Medicaid Services (CMS) guidance	<p>Medicare telemedicine policy updates Telehealth policy updates Telehealth.HHS.gov https://telehealth.hhs.gov/providers/telehealth-policy/telehealth-policy-updates#extensions-of-telehealth-access-options</p> <p>Medicare Learning Network Booklet on Telehealth Services MLN901705 - Telehealth & Remote Patient Monitoring https://www.cms.gov/files/document/mln901705-telehealth-remote-monitoring.pdf</p>
Annual Wellness Visit	<p>https://www.ruralhealthinfo.org/care-management/annual-wellness-visits Annual Wellness Visits can be conducted via telehealth (simultaneous real-time video and audio only)</p>
Practitioner assessment form (PAF)	<p>CarePlus will accept PAFs completed during a visit using real-time interactive audio and video telecommunications system</p>
Active member summary	<p>CarePlus will accept Member Summary with clinical inference completed during a visit using real-time interactive audio and video telecommunications system</p>
2026 Medicare Physician Fee Schedule	<p>https://www.cms.gov/medicare/payment/fee-schedules/physician</p>
CMS List of Telehealth Services	<p>https://www.cms.gov/medicare/coverage/telehealth/list-services</p>
American Academy of Professional Coders (AAPC) website	<p>https://www.aapc.com/resources/telemedicine</p>