

For case-specific questions, always verify guidelines directly with your Medicare Administrative Contractor (MAC) prior to claim submission.

C3's REACH ACO has been approved for the ACO REACH Telehealth Benefit Enhancement (BE). This resource explains how this waiver impacts your team and how to put the BE to work.

Key Telehealth Policy Reminders

- ✓ **Behavioral Health:** Permanent distant site eligibility via audio-only or video; no geographic or originating site restrictions
- ✓ **Non-Behavioral Telehealth Flexibilities:** Extended through December 31, 2027 (G2025 billing, distant site eligibility, audio-only is permitted when video is not feasible)
- ✓ **Mental Health In-Person Requirement:** Delayed until January 01, 2028
- ✓ **Modifier Rules:** Modifier FQ is required for audio-only behavioral health claims; confirm with your MAC regarding Modifier 93 requirements for non-behavioral audio-only claims

Helpful Resources

CMS – Official Policy & Billing

- [CMS Telehealth FAQ \(02/2026\): Q&A on current Medicare telehealth policy](#)
- [CMS Telehealth Coverage Page: Billing guidance, eligible providers, and links to latest resources](#)
- [CMS FQHC Center: Medicare payment and policy information hub](#)
- [CMS CY 2026 Medicare Telehealth Services List: All services now permanent; 250+ billable codes](#)

HHS Telehealth.gov – Policy Summaries

- [HHS Telehealth Payment Policies: FQHC distant site rules, waivers, and audio-only permissions](#)
- [HHS Telehealth Policy Updates: Legislative and regulatory changes including CY 2026 PFS](#)

NACHC & CCHP – FQHC-Specific

- [NACHC Reimbursement Tips: Telehealth \(03/2026\) G2025 extended through 2027, modifier FQ, 2026 PFS billing reference](#)
- [NACHC CY 2026 FQHC Medicare Updates: PPS rate, G2025 extension through 2027, mental health requirements](#)
- [CCHP FQHC Telehealth Policy Hub](#)

ACO REACH Telehealth Benefit Enhancement (BE)

As ACO participants in C3's REACH ACO, your health center's providers are eligible to furnish expanded telehealth services to prospectively assigned Medicare beneficiaries.

What is the BE and why does it matter?

The BE is a CMS-authorized waiver under [ACO REACH](#) that expands telehealth access beyond standard Medicare FFS rules. It enables your providers to deliver more care virtually: to beneficiaries in their homes, outside rural areas, and via asynchronous technology, in support of the model's care goals. It applies only to providers participating in REACH and only for assigned beneficiaries.

What the BE adds beyond standard FFS

Background: Before COVID-19, Medicare FFS telehealth was limited to rural areas and approved facility sites. COVID-19 era waivers suspended those restrictions; Congress has since extended the key flexibilities through December 31, 2027, via the [Consolidated Appropriations Act, 2026](#). The BE adds capabilities that Standard FFS still does not provide.

Standard Medicare FFS telehealth rules apply to all providers, but the REACH Telehealth BE gives your team three material advantages:

	Standard FFS	With REACH Telehealth BE
Geographic restriction	Suspended through 2027 for non-behavioral health	No restriction; any location
Originating site	Home permitted through 2027 for non-behavioral health	No restriction; any location
Async (store-and-forward)	Not covered	Covered: teledermatology & teleophthalmology (G9868–G9870)

HCPCS codes covered under the BE

Bill these through your health center's TIN. **BE codes are additional tracking tools, not total code replacements.** G2025 continues to apply for standard, non-ACO telehealth claims.

- G9481–G9485: synchronous telehealth E/M visits (new patient)
- G9486–G9489: synchronous telehealth E/M visits (established patient)
- G0438, G0439: Annual Wellness Visits via telehealth
- **G9868–G9870: asynchronous (non-live telehealth) store-and-forward for dermatology and ophthalmology**

Billing and Modality Requirements:

- **POS Rules:** POS 10 for home-based visits (higher non-facility rate); POS 02 for all other telehealth locations
- **Modifiers:** Append Modifier FQ for audio-only behavioral health claims; confirm with your MAC whether Modifier 93 is required
- **Documentation:** Log modality, patient location, state-compliant consent, and the rationale if audio-only was used instead of video

Note: The ACO REACH Telehealth BE ends December 31, 2026 with the model. [Monitor CMS guidance on LEAD model participation.](#)