

Telehealth Compliance Checklist

A practice-level readiness sheet. Telehealth is the only documentation in medicine with a statutory expiry date, and the current one is 31 December 2027.

Practice / site	_____ · reviewed by _____ · date _____
Review cadence	Telehealth policy changes frequently. Suggested review: quarterly , and again before 1 January 2028

A Every Telehealth Note Should Contain

Tick per audit sample

ELEMENT	PRESENT	NOTES
Patient's physical location at the time of service		
Clinician's location and state licensure		
Modality: audio-video or audio-only		
Consent to telehealth, and identity verified		
Anyone else present, either side		
Limitations of the remote examination		
Correct POS: 02 away from home, 10 at home		
Payer-appropriate modifier applied		

B What Changes on 1 January 2028

Confirm which of these affects your practice

Geography	Through 31 Dec 2027 patients may be anywhere in the US. From 1 Jan 2028, except behavioral health, they must generally be in a medical facility in a rural area . Affects us Y / N
Practitioner types	From 1 Jan 2028 physical therapists, occupational therapists, speech-language pathologists and audiologists can no longer furnish Medicare telehealth. Affects us Y / N
Audio-only	Through 31 Dec 2027 permitted in the home. From 1 Jan 2028 limited to behavioral health , and only where the clinician is capable of audio-video and the patient is not capable of it or does not consent. Affects us Y / N
Behavioral health in-person rule	In-person visit within 6 months before the first mental health telehealth service, effective after 31 Dec 2027, then every 12 months. Patients established on or before that date are exempt from the first requirement. Affects us Y / N
RHC and FQHC	Through 31 Dec 2027 non-behavioral health services via telecommunications may be billed with G2025 . Affects us Y / N

C Attestation

Reviewed by	Name and role _____ · signature _____ · date _____ · next review due _____
-------------	--

Two changes that already took effect on 1 January 2026, and are easy to miss because they loosened rather than tightened. Telehealth **frequency limits** on subsequent inpatient and nursing facility visits and critical care consultations were **permanently removed**. And **virtual direct supervision** is now permitted, meaning the supervising clinician's required presence may be met through real-time audio-video, excluding audio-only, for services without a 010 or 090 global surgery indicator. Teaching physicians may also have a virtual presence in all teaching settings for Medicare telehealth services, during the key portion of the service.

A template still means you write the note. Sully's AI Scribe captures the visit and writes it into your EHR, the AI Coder submits the coded claim, and the AI Receptionist books the follow-up, on one integration across Epic, Cerner, Meditech, and Athenahealth.

sully.ai