

NOVEMBER 2025

TELEHEALTH WAIVERS RENEWED THROUGH JAN. 30, 2026

Overview

Key Medicare telehealth waiver flexibilities expired on Oct. 1, 2025 because Congress did not pass either a continuing resolution or full year appropriation bills funding federal agencies for the coming fiscal year. See [IHA's Sept. 30 memo](#) on the government shutdown. On Nov. 12, 2025, President Trump signed a Continuing Resolution (CR, [HR 5371](#)) that funds the federal government following a 43-day government shutdown, the longest in history. The CR restores temporary Medicare provisions retroactive to Oct. 1, 2025 until Jan. 30, 2026, including telehealth waivers—clearing the path for CMS to release held telehealth claims. The telehealth changes listed below will expire again at the end of January if government funding is not extended.

Key Telehealth Changes That Took Place on Oct. 1, 2025

The following Medicare telehealth services expired Sept. 30, 2025 because Congress did not pass a funding bill:

- **Coverage for telehealth visits delivered to Medicare beneficiaries in their homes.** For originating site requirements, current physical and geographic location flexibilities reverted to restrictions that required a patient to be physically present in a qualifying medical facility within a rural area for most services, except:
 - Monthly end-stage renal disease visits for home dialysis;
 - Acute stroke services, wherever a patient is located (e.g., mobile stroke clinics); and
 - Mental health services, if all in-person visit requirements are met, and separately, treatment for a substance use disorder (SUD) and any co-occurring mental health conditions.
- **Audio-only telehealth coverage for non-behavioral health services.** Note, audio-only will still be permitted when a patient is in-home and the distant site provider can use live video, but the patient cannot or will not use video technology.
- **Telehealth provider eligibility for specialists that serve vulnerable patient populations,** including occupational therapists, physical therapists, speech-language pathologists, and audiologists.
- **Permission to continue to use tele-behavioral health without an in-person visit requirement.** As of Oct. 1, 2025 new patients receiving mental/behavioral health services must have an in-person visit within six months of initiating telehealth services, and must have an in-person visit once every 12 months following initiation of tele-behavioral health services, subject to the following exceptions:
 - Patients located in a rural area and an eligible originating site as defined by permanent law;

- Patients and providers may agree to waive if risks and burdens of travel outweigh benefits of in-person encounter; and
- Patients receiving treatment for a SUD or co-occurring mental health condition are exempt from both geographic and in-person requirements.

Billing Updates

On Nov. 20, 2025 CMS [updated an FAQ](#) to state the agency will continue to pay telehealth claims in the same way they had been paid before Oct. 1, 2025. Telehealth flexibilities will apply retroactively as if there hadn't been a temporary lapse in the application of the telehealth flexibilities through Jan. 30, 2026.

CMS also added information on how to suppress street address details so practitioners can continue to use their currently enrolled practice location instead of their home address on Medicare enrollment and billing forms when they provide telehealth services from their home. Specifically, physicians and practitioners can either mark the address as a “Home office for administrative/telehealth use only” location in the Provider Enrollment, Chain, and Ownership System (PECOS), which will suppress street address details, or email the Quality Payment Program (QPP) Service Center to suppress the street address and/or phone number. Virtual-only telehealth practitioners will still need to enroll their home address as a practice location, but they will have the option to suppress their street address details.

On Nov. 7, 2025, CMS identified telehealth claims that may have been incorrectly denied over the last month due to systems and coding limitations. The agency is encouraging clinicians to resubmit claims that should be permissible to pay under current law, submitted between Oct. 1 and Nov. 10, 2025 and **returned** with the messages “CARC 16” and “RARC M77,” specifically from:

- Applicable Medicare Shared Savings Program ACOs, who may receive payment for covered telehealth services to certain Medicare beneficiaries without geographic restrictions, including in the beneficiary's home, per section 1899(l) of the Social Security Act as added by the Bipartisan Budget Act of 2018 (Pub. L. 115-123); and/or
- Behavioral and mental health services, which may not include a diagnosis code in the range previously identified by CMS as covered during the shutdown—often to further protect the privacy of the patient.

Medicaid Telehealth Coverage

For Medicaid telehealth coverage, the Illinois Dept. of Healthcare and Family Services issued a [Provider Notice](#) on May 9, 2023 that confirms the Department's continuation of telehealth flexibilities beyond the end of the COVID-19 public health emergency, authorized under [89 Ill. Adm. Code 140.403\(e\)](#). Effective Jan. 1, 2024, Medicaid coverage for community-based mental health and substance use treatment became permanent, with reimbursement required to be at parity with in-person care ([305 ILCS 5/5-50](#)).

Resources

For more information, see the U.S. Dept. of Health and Human Services' telehealth [waiver summary](#) and AHA's July 2025 [fact sheet](#) on telehealth waivers. AHA members can also log-in to view AHA's Sept. 28, 2025 [summary](#) on programs that would be impacted by a shutdown. The Centers for Medicare & Medicaid Services (CMS) [issued guidance](#) instructing all Medicare Administrative Contractors to implement a temporary claims hold following the expiration of telehealth waiver flexibilities on Oct. 1.

Providers who choose to perform telehealth services that are not payable following waiver expiration may want to evaluate providing beneficiaries with an [Advance Beneficiary Notice of Noncoverage](#).

Guidance on the ability to bill retroactively to Sept. 30, 2025 for Medicare telehealth services will be provided if Congress passes a funding bill reinstating waivers following the Oct. 1, 2025 expiration. The law must explicitly permit providers to bill retroactively for these services. Providers are potentially at financial risk for Medicare telehealth services provided during the holdover period. The [National Consortium of Telehealth Resource Centers](#) has prepared provider resources on **contingency planning and a communications checklist** to help staff and patients navigate these changes.

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