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CMS Makes Telehealth Enrollment Flexibilities Permanent: What Providers Need to Know

Key Updates

- **Providers who furnish telehealth services from their homes and have a separate physical practice location associated with a Medicare Part B-enrolled group practice** do not have to report their home addresses on their Medicare enrollment applications. Instead, they can enroll and bill from their physical practice location as if the service were provided in person.
- **Providers who furnish telehealth services exclusively on a virtual basis** must report their home addresses as Medicare practice locations if their homes are their only physical practice locations.
- **Providers are not required to enroll in Medicare in each state where their telehealth patients reside**, but they must separately comply with state-specific licensure requirements applicable to the provision of telehealth services.

Why It Matters

- **The permanent policy reduces privacy, safety and administrative concerns** tied to enrolling home addresses as remote practice locations, giving practitioners and group practices greater certainty when using remote clinicians to furnish patient care.

Next Steps

- **Providers should review their remote practitioner arrangements** to determine which services qualify for the permanent telehealth enrollment flexibility and where existing enrollment, licensure or claims-submission practices may need to be updated.

On Aug. 20, 2026, the Centers for Medicare & Medicaid Services (CMS) issued a Medicare Learning Network Connects Newsletter indicating that certain telehealth enrollment flexibilities originally put into place during the COVID-19 public health emergency are now permanent.[1] These flexibilities allowed practitioners to render telehealth services from their homes without being required to report their home addresses on enrollment and claim forms, while continuing to bill from their enrolled

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location. The goal was to address concerns about practitioner privacy, safety and the administrative burden associated with enrolling practitioners' home addresses as remote practice locations. By making these flexibilities permanent, CMS provides greater certainty for practitioners and group practices that rely on remote clinicians to furnish patient care.

What Is Medicare "Telehealth" for Enrollment Purposes?

The permanent flexibility applies specifically to Medicare telehealth services. CMS describes telehealth as the use of two-way telecommunications technology to furnish covered health care services that ordinarily would be furnished in person, such as office visits, psychotherapy and consultations. By contrast, services that are not ordinarily furnished in person — including care management, remote monitoring and remote interpretation of diagnostic tests — are not considered Medicare telehealth services for purposes of this policy.

That distinction is particularly important for organizations using remote radiologists and other practitioners who perform services that fall outside Medicare's definition of telehealth. As discussed below, those services remain subject to different enrollment and billing requirements.

Practitioners Providing Telehealth From Home Generally Do Not Need to Enroll Their Home Address

Under the permanent policy, a practitioner who furnishes telehealth services from home but has another physical practice location associated with a Part B group practice does not need to report their home address as a Medicare practice location. Instead, the practitioner may enroll and bill from the physical practice location as though the telehealth service had been furnished there in person.

The same principle applies when a remote practitioner reassigns Medicare billing rights to a Part B group practice with a physical location in the same state. For example, CMS's guidance describes a practitioner furnishing telehealth from a Maryland home and reassigning benefits to a Maryland group practice. The practitioner does not list the home location on the reassignment application, and the group lists its physical practice locations on its CMS-855B. Claims are then processed as though the practitioner furnished the services in person at the group's physical Maryland location.

Importantly, the policy also accommodates interstate telehealth arrangements. CMS provides an example in which a practitioner furnishing telehealth from a home in Maryland reassigns to a group with a physical practice location in Florida. The practitioner submits the reassignment to the Florida MAC and identifies the arrangement as involving telehealth, while the group lists its Florida physical practice locations without adding the practitioner's Maryland home. The Florida MAC processes the claims as though the services were furnished at the group's Florida practice location.

Virtual-Only Practitioners and Groups Are Treated Differently

The permanent telehealth policy does not eliminate the need for a physical practice location altogether. If a practitioner furnishes telehealth services virtually and the practitioner's only physical practice location is the practitioner's home, the home address must be reported as a Medicare practice location.

Similarly, if a practitioner reassigns benefits to a virtual-only group that has no physical practice location, the group must report the practitioner's home address as its practice location. CMS's guidance provides an example of a virtual-only group in which the practitioner's Maryland home is listed on the group's CMS-855B because the group has

no other physical practice location. In that situation, the Maryland MAC processes the claims based on the practitioner's Maryland home location.

CMS has, however, provided a mechanism to address the privacy concerns associated with reporting home addresses. Providers may designate the location as a "Business Office for Administrative/Telehealth Use Only" or "Home Office for Administrative/Telehealth Use Only." Using the appropriate designation prevents the home address from being published on Medicare's Care Compare website. CMS also instructs practitioners to update their practice-location type through PECOS or the applicable CMS-855 enrollment application if necessary. Providers may also contact QPP@cms.hhs.gov to have their home address suppressed while an enrollment application is being processed.

Practitioners Do Not Enroll Based on the Patient's Location

CMS also clarifies that practitioners are not required to enroll in Medicare in each state where their telehealth patients are located. This enrollment rule should not, however, be confused with state professional licensure requirements. CMS continues to defer to state law regarding telehealth licensure, and practitioners and their organizations remain responsible for determining whether additional licensure requirements apply based on where patients are located.

CMS further confirms that providers may continue using the interjurisdictional reassignment policy in Chapter 10 of the Medicare Program Integrity Manual and do not need to convert existing enrollments merely to conform them to the new permanent telehealth policy.

Do Not Assume Telehealth Flexibility Applies to Teleradiology and Other Remote Services

Organizations should be careful not to apply the new telehealth enrollment rules to all services performed remotely. CMS specifically distinguishes teleradiology from Medicare telehealth. Teleradiology involves the electronic transmission of radiological images to a remote radiologist for interpretation and reporting. Because remote interpretation is not a service ordinarily furnished in person, CMS treats it as a remote service rather than Medicare telehealth. Accordingly, teleradiologists cannot use the telehealth enrollment flexibility described above.

A teleradiologist must enroll in Medicare in the state where the radiologist actually performs the interpretation and must report the location from which the services are performed — including a home address when the radiologist routinely interprets studies from home. A different physical office cannot be substituted merely because it is an enrolled location. Thus, organizations with both telehealth practitioners and remote diagnostic professionals should not assume that a single enrollment approach works for both populations.

What Providers Should Do

CMS's permanent policy removes a significant Medicare enrollment obstacle for many telehealth arrangements. Organizations with remote practitioners should nevertheless review their enrollment structures to determine which services qualify as Medicare telehealth and whether their current practice-location information is accurate. Providers should:

- **Identify which remote services qualify as Medicare telehealth.** Telehealth enrollment flexibility does not extend to every service capable of being performed

remotely.

- **Review arrangements with practitioners working from home.** When a telehealth practitioner is associated with an enrolled physical practice location, the practitioner's home generally does not need to be added as a practice location.
- **Pay particular attention to virtual-only arrangements.** When the home is the only physical practice location, it must be reported to Medicare.
- **Use the appropriate home office designation**. When a home address must be enrolled, the appropriate administrative/telehealth location designation can prevent the address from appearing on Care Compare.
- **Evaluate interstate arrangements.** Medicare enrollment generally does not follow the patient's location, but organizations must separately evaluate applicable state licensure requirements.
- **Review remote radiology and other non-telehealth services separately.** These services may remain subject to location-specific enrollment and claims-submission requirements even though they are furnished remotely.

For organizations that expanded their remote workforce during and after the COVID-19 public health emergency, CMS's permanent policy provides welcome certainty and preserves much of the enrollment flexibility that facilitated the growth of telehealth. At the same time, the distinction between Medicare telehealth and other remotely furnished services remains critical. Providers should review their remote practitioner arrangements, enrollment records, reassignment structures and claims-submission practices to ensure they are taking advantage of the permanent flexibility where available while continuing to comply with state-specific licensure requirements.

To discuss how these permanent enrollment changes may affect your business, please contact Mary Tobin, Adrienne Testa, Joshua McCann or Kathy Schaeffer, a member of the Licensure, Enrollment & Certification team or your preferred Polsinelli attorney.

[1] MLN Connects Newsletter, *Understanding Telehealth & Teleradiology Enrollment*, Aug. 20, 2026, available at https://www.cms.gov/files/document/understanding-telehealth-enrollment.pdf.