

Publications

October 1, 2025 • Updates

Telehealth in Limbo: Government Shutdown Cuts Off Medicare Flexibilities

Key Takeaways

- Medicare telehealth flexibilities put in place as a result of the COVID-19 Public Health Emergency (PHE) expired on September 30, 2025, reverting telehealth policy to pre-pandemic coverage criteria.
- CMS directed Medicare Administrative Contractors (MACs) to hold claims for 10 days, presumably to allow Congress time to pass legislation extending PHE related telehealth coverage flexibilities.
- Until Congress acts, Medicare telehealth claims are at risk and may be denied under current, more restrictive coverage criteria.

What Telehealth Claims are at Risk for Non-Coverage?

As of Oct. 1, 2025, all Medicare telehealth services will need to meet statutory coverage criteria that existed prior to the PHE. For most providers, this means that Medicare telehealth services must be furnished as follows:

- **Originating Site Geographic Limitations:** Patients must be located in a rural area, including Health Professional Shortage Areas (HPSA), outside of a Metropolitan Statistical Area (MSA) or in a telehealth demonstration project area.
- **Originating Site Limitations:** Most telehealth services will have to be provided at a designated originating site, like a physician office or hospital. Patient homes will no longer qualify as a telehealth site, unless an exception applies (e.g., end-stage renal disease, mobile stroke units and behavioral health).
- **Provider Distant Site Locations:** Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHCs) will no longer qualify as a distant site location for telehealth services.
- **Eligible Provider Limitations:** Physical therapists, occupational therapists, speech language pathologists and audiologists will no longer be eligible to furnish Medicare-covered telehealth services.
- **Mental Health:** Certain mental health services furnished via telehealth will require an in-person visit within six months of initiating telehealth and annually thereafter.

Related People

- Bragg E. Hemme
- Ryan B. Thurber

Related Capabilities

- Health Care
- Telehealth

Action Items for Providers:

With key Medicare telehealth flexibilities now expired and legislative action still pending, here are five proactive steps health care providers can take to minimize disruptions:

1. **Review and adjust telehealth and billing practices.** Assess telehealth services to ensure compliance with pre-pandemic Medicare statutes, including reviewing eligible providers, covered services, geographic limitations and originating site requirements.
2. **Consider issuing patients an “Advanced Beneficiary Notice” (ABN) prior to the next telehealth visit.** If Medicare denies claims due to non-compliance with the statutory requirements after the 10-day hold, the ABN will allow providers to seek compensation from patients directly.
3. **Plan for claims delays and potential denials.** With CMS directing a 10-day claims hold and uncertainty around legislative inaction, providers should anticipate delays in reimbursement and have processes in place to monitor, track and follow-up on affected claims.
4. **Monitor congressional action for flexibility extensions.** Stay updated on congressional actions regarding the extension or permanent establishment of telehealth flexibilities. Extension of telehealth flexibilities is unlikely until Congress agrees on terms for funding the government.
5. **Evaluate in-person visit options.** Evaluate possible options for in-person visits where statutory requirements cannot be met.

Contact a member of Polsinelli’s telehealth team to learn more about how these changes may impact your operations.