

Publications

September 22, 2025 • Updates

Medicare Coverage for Telehealth Ends Sept. 30: Are Behavioral Health Providers Ready?

Key Takeaways

- Unless extended by Congress, in-person visits will be required for telehealth services to diagnose, evaluate and treat mental health issues under Medicare **beginning Oct. 1, 2025**.
- These rollbacks could fundamentally limit and, in some cases, stop, how behavioral health companies operate.
- Providers must act quickly to put plans in place for this change, from engaging lawmakers to coordinating in-person visits for existing telehealth patients as soon as possible.

As outlined in Polsinelli's recent Medicare Telehealth Policies Update, the telehealth flexibilities that behavioral health care providers have relied upon to expand access and scale care are set to expire at the end of September.

While many tele-behavioral health waivers or flexibilities have been made permanent (unlike medical telehealth), key provisions that permit remote mental health services under Medicare will revert to their far more limited pre-pandemic status unless Congress acts before September 30, 2025. These rollbacks could fundamentally limit and, in some cases, stop, how behavioral health companies operate.

What's Staying: Permanent Behavioral Health Flexibilities

During the COVID-19 pandemic, Congress and Medicare put Medicare waivers in place to enable accelerated, broad adoption of telehealth practices, spurring fast growth within the behavioral health care sector. Certain waivers for behavioral health services have since been made permanent by regulation or statute, including:

- **No Geographic or Originating Site Restrictions:** Behavioral health services can be furnished via telehealth to patients in their homes, regardless of their location.
- **Audio-Only Telehealth Permitted:** Medicare will continue to cover audio-only behavioral telehealth services without requiring video.
- **Broader Coverage of Tele-Behavioral Health in FQHCs and RHCs.** Federally

Related People

- Bragg E. Hemme

Related Capabilities

- Health Care
- Behavioral Health
- Telehealth

Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can permanently serve as Medicare distant site providers for behavioral health services.

Proposed rules pending before the Centers for Medicare and Medicaid Services (CMS) and the Drug Enforcement Agency (DEA) could further expand telehealth access.

If finalized, CMS's proposed 2026 Medicare Physician Fee Schedule rules would permanently allow for the direct supervision of behavioral health services furnished on an "incident to" basis via real-time interactive audio-visual technology. The DEA is also considering rules that would permit prescribing controlled substances for substance use disorder treatments without an in-person visit.

What's Ending: In-Person Visit Requirement Returns Oct. 1, 2025

By statute, Medicare covers telehealth mental health¹ services only if a practitioner first sees a patient in person six months before beginning telehealth sessions, and then annually thereafter.² This provision was waived during the pandemic, and Congress has extended those waivers over time. While many expected Congress to remove this requirement permanently, or at least continue extending the waiver, it has not done so — and time is running out. This means mental health providers relying on telehealth must have a plan to ensure each telehealth patient has an in-person visit beginning Oct. 1, 2025.

What Questions Remain

It's unclear what options beneficiaries have for in-person visits if their mental health provider is not located near them, or what outpatient medical and physical health providers can do to access crisis services via telehealth when they have no local access to behavioral health professionals. And while we expect current telehealth patients to have a six-month grace period to accomplish an in-person visit, CMS has not yet published any guidance.

Absent insight from CMS, the waiver expiration is expected to have a profound impact on mental health providers and their ability to receive Medicare payment for the services they render.

What Providers Can Do Now

With the in-person visit requirement set to return in fall 2025, providers must act quickly to put plans in place for this change. Here's how to prepare now and stay ahead of the change:

- **Reach out to Congressional representatives** to encourage fast action to extend the waiver.
- **Develop plans to bring patients in for in-person visits as soon as possible.** If in-person visits are not practical, develop contingency plans for patients to transition care or to pay for services out-of-pocket due to the lack of Medicare coverage.
- **Adopt a clear communication strategy for staff and patients** so they understand the changes coming. This should also include updating patient consents to reflect the policy and coverage changes.
- **Monitor CMS and Congressional action**, as additional legislation could extend or make permanent the current telehealth flexibilities.

Contact a member of Polsinelli's behavioral health team to learn more about how these changes may impact your care delivery models.

[1] This provision does not include SUD treatment, which will continue to be covered when furnished via telehealth.

[2] 42 U.S.C. § 1395m(m)(7)(B).