

# Publications

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## What was Old will be New Again: Medicare Reverts to Pre-Pandemic Telehealth Guidelines Oct. 1, 2025

### Key Takeaways

- Unless Congress acts, Medicare telehealth flexibilities put in place since the COVID-19 pandemic will expire Sept. 30, 2025. Many services and settings that are reimbursable today will no longer qualify for Medicare reimbursement.
- CMS has proposed new rules for 2026, but providers must prepare now to comply with more restrictive standards. Delaying preparation could mean lost revenue and compliance exposure.
- Providers should review their operations now and plan accordingly.

The widespread use of telehealth has become routine — but many of the flexibilities that enabled it are temporary. Without Congressional action, the Medicare telehealth waivers and flexibilities that health care providers rely on will end **Sept. 30, 2025**. Health care providers should be prepared for these significant changes.

During the COVID-19 pandemic, waivers were implemented to facilitate fast adoption and Medicare coverage for telehealth services in medical and behavioral health. Some waivers related to regulatory requirements, which Centers for Medicare and Medicaid (CMS) control, while others waived statutory requirements, that only Congress could change.

Although CMS has proposed certain changes to the regulatory requirements under its purview, key statutory flexibilities expire on Sept. 30, 2025. Congress will have to act to keep them — and the likelihood of a last-minute extension or permanent adoption before then seems increasingly unlikely.

If and until Congress acts, any telehealth services furnished after Oct. 1, 2025 must comply with the Medicare coverage guidelines then in effect — meaning providers who delay in preparing for the end of the statutory waivers risk losing telehealth revenue. Importantly, state Medicaid agencies and commercial payors are not required to follow Medicare statutes and rules. Providers will need to track those payor requirements separately and be prepared to operate under differing payor guidelines for the time being.

### Related People

- Bragg E. Hemme

### Related Capabilities

- Health Care
- Behavioral Health
- Telehealth

## Key Changes Effective Oct. 1, 2025:

Below is a summary of the upcoming changes impacting both medical and behavioral health providers:

Policy	Changes Effective Oct. 1	Applies to Medical Services	Applies to Behavioral Services
<b>Geographic Limitations for Patient Location</b>	Originating site requirements will return and require that patients live in a rural area, including Health Professional Shortage Areas (HPSA), outside of a Metropolitan Statistical Area (MSA) or in a telehealth demonstration project.	X	
<b>Site Limitations for Patient Location</b>	Most telehealth services will have to be provided at a designated originating site, like physician offices and hospitals. Patient homes will no longer qualify as a telehealth site, with some exceptions for end-stage renal disease patients, mobile stroke units and behavioral health.	X	
<b>Provider “Distant Site” Locations</b>	Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHCs) will no longer qualify as a distant site location for telehealth services. FQHCs and RHCs can continue providing behavioral health visits via telehealth and be reimbursed at the PPS/AIR rate.	X	
<b>In-Person Visits</b>	Telehealth providers will need an in-person visit with patients within six months of the initiating visit and annually thereafter.		X
<b>Eligible Providers</b>	Most practitioners can continue providing telehealth services <i>except</i> for physical therapy, occupational therapy, speech language pathologists and audiologists.	X	
<b>Audio-Only</b>	Standalone audio-only telehealth services will no longer be covered.	X	

## Action Items for Providers:

Providers should act now to mitigate compliance and revenue risks. Here’s what providers can do to prepare now and stay ahead of the change:

- Review current telehealth use and identify services that may no longer qualify for Medicare reimbursement after Sept. 30, 2025.
- Determine what patients and services will no longer be covered under Medicare under these changes. Plan for needed operational changes to continue effective patient care within the new coverage guidelines.
- Develop plans for transitioning patients back to in-person care or to care from an approved originating site location.
- 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 operations.

