

Publications

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Telehealth and Hospital-at-Home Rules Reinstated After October Lapse; DEA Signals Extension of Telemedicine Prescribing Flexibilities

Key Takeaways

- **Congress restores Medicare telehealth and Hospital-at-Home flexibilities through Jan. 30, 2026:** The extension, signed into law Nov. 12, reverses the lapse in coverage that began Oct. 1 and ensures continued access to virtual and home-based care.
- **CMS is expected to issue reprocessing guidance for affected October–November claims:** Following the expiration, CMS directed MACs to hold and later selectively release telehealth claims dated Oct. 1 and after; providers should prepare for claims reprocessing once CMS issues updated guidance.
- **DEA signals a one-year extension of telemedicine prescribing flexibilities, but policy uncertainty continues:** A forthcoming rule is expected to continue in-person exam waivers for prescribing controlled substances via telehealth. Stakeholders should monitor for final DEA guidance and prepare for longer-term policy shifts.

On Nov. 12, 2025, President Trump signed a short-term federal spending bill that restores key Medicare telehealth and Acute Hospital Care at Home (Hospital-at-Home) flexibilities through Jan. 30, 2026. The extension applies retroactively to Oct. 1, helping to minimize the significant operational and reimbursement disruptions that occurred when the flexibilities expired on Sept. 30, 2025. While the move offers immediate relief, it is only temporary and sets up the same operational uncertainty as the next deadline approaches.

Congress Reinstates Expired Telehealth and Hospital-at-Home Flexibilities

For more than four years, providers have relied on a broad suite of Medicare telehealth and Hospital-at-Home waivers originally established during the COVID-19 Public Health Emergency (PHE) and extended repeatedly by Congress. These flexibilities supported expanded patient access and enabled providers to furnish care, often from the patient's home, outside the limits of long-standing statutory restrictions. The authority for many of these waivers expired on Sept. 30, 2025 and on Oct. 1, Medicare policy reverted to pre-

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pandemic statutory requirements.

The short-term spending bill reinstates the full set of telehealth and Hospital at Home flexibilities, including:

- Waived geographic and originating-site limitations for telehealth visits, including continuing to allow patients to receive telehealth visits at home;
- Expanded eligibility for audio-only services;
- Waived in-person visit prerequisites for certain behavioral and mental health services; and
- Continued Hospital-at-Home waiver.

CMS to Issue Guidance on Reprocessing Medicare Telehealth Claims

Following the Sept. 30 expiration, CMS issued a temporary claims hold affecting certain Medicare fee-for-service telehealth and Hospital-at-Home claims submitted with dates of service on or after Oct. 1. Shortly thereafter, CMS advised Medicare Administrative Contractors (MACs) to resume processing only those telehealth claims that did not depend on the expired waivers, primarily behavioral and mental health services, which have separate statutory authority. Claims for telehealth services that required flexibilities and Hospital-at-Home claims generally remained on hold.

As a result of the extension of the flexibilities, providers should expect CMS to issue additional operational guidance, including instructions for reprocessing previously held claims, updating place-of-service reporting and confirming documentation expectations during the retroactive period.

DEA to Extend Remote Prescribing Flexibilities for Controlled Substances

During the same period, the Drug Enforcement Administration (DEA) signaled that it will again extend the temporary telemedicine prescribing flexibilities that allow DEA-registered clinicians to prescribe Schedules II–V controlled substances via telehealth without an initial in-person examination. These flexibilities, first implemented during the PHE and extended repeatedly over the past several years, are currently set to expire on Dec. 31, 2025.

The DEA posted notice of a forthcoming rule titled the “Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications” on Nov. 11. While the agency has not yet released the text of the rule, industry sources indicate that the extension is expected to be a clean, one-year continuation of the existing framework. If finalized as anticipated, this would allow telehealth prescribers to continue operating under the status quo well into 2026 while DEA and the Department of Health and Human Services (HHS) work toward a long-awaited permanent regulatory structure.

What Health Care Providers Should Do Now

With the flexibilities reinstated, providers should consider immediate operational steps, including:

- Reviewing October–November 2025 claims to ensure accurate coding, modifier use, and documentation under the reinstated flexibilities.
- Preparing for claims reprocessing in accordance with CMS guidance.
- Reassessing telehealth workflows, including home-based services, audio-only encounters, and Hospital-at-Home operations.

- Evaluating whether Advance Beneficiary Notices (ABNs) were used or may need to be addressed for services furnished during the expiration period.
- Communicating with patients whose coverage, visit type, or out-of-pocket expectations may have shifted due to the temporary expiration and reinstatement.

Next Expiration Deadline: Jan. 30, 2026 for Medicare Telehealth Waivers

Although the extension provides crucial near-term relief, it is not a permanent solution. Absent further congressional action, the telehealth and Hospital-at-Home flexibilities will again expire on Jan. 30, 2026, requiring Medicare to revert once again to pre-pandemic rules.

Given the extensive reliance on these flexibilities across the healthcare industry, the January deadline is likely to trigger renewed operational uncertainty, potential claims holds and additional disruptions in care delivery. Several bipartisan bills remain under consideration to make key telehealth flexibilities permanent; however, no long-term legislation has yet emerged.

It also remains unclear how DEA Administrator Terry Cole or HHS Secretary Robert F. Kennedy Jr. intend to approach long-term telemedicine prescribing. Stakeholders report mixed signals within broader health-policy circles regarding controlled-substance prescribing trends, with differing views expressed toward categories such as ADHD medications, cannabis, hormone therapies and emerging psychedelic-based treatments. Against this backdrop, a temporary extension would provide a critical operational bridge while agencies continue to evaluate how best to balance patient access, diversion control and evolving clinical practice models.

Our team continues to closely monitor legislative and CMS developments and stands ready to assist with claims strategy, compliance reviews, operational updates, and client communications.