

SEPTEMBER 2025

## TELEHEALTH WAIVERS EXPIRING OCT. 1, 2025

### Overview

Key Medicare telehealth waiver flexibilities will immediately expire on Oct. 1 if Congress does not pass either a continuing resolution or full year appropriation bills to fund federal agencies for the coming fiscal year. See [IHA's Sept. 30 memo](#) on the potential government shutdown.

### Key Telehealth Changes on Oct. 1, 2025

The following Medicare telehealth services expire Sept. 30 if Congress does not pass a funding bill:

- **Coverage for telehealth visits delivered to Medicare beneficiaries in their homes.** For originating site requirements, current physical and geographic location flexibilities revert back to restrictions that require a patient to be physically present in a qualifying medical facility within a rural area for most services, except:
  - Monthly end-stage renal disease visits for home dialysis;
  - Acute stroke services, wherever a patient is located (e.g., mobile stroke clinics); and
  - Mental health services, if all in-person visit requirements are met, and separately, treatment for a substance use disorder (SUD) and any co-occurring mental health conditions.
- **Audio-only telehealth coverage for non-behavioral health services.** Note, audio-only will still be permitted when a patient is in-home and the distant site provider can use live video, but the patient cannot or will not use video technology.
- **Telehealth provider eligibility for specialists that serve vulnerable patient populations,** including occupational therapists, physical therapists, speech-language pathologists, and audiologists.
- **Permission to continue to use tele-behavioral health without an in-person visit requirement.** Beginning Oct. 1, new patients receiving mental/behavioral health services must have an in-person visit within six months of initiating telehealth services, and must have an in-person visit once every 12 months following initiation of tele-behavioral health services, subject to the following exceptions:
  - Patients located in a rural area and an eligible originating site as defined by permanent law;
  - Patients and providers may agree to waive if risks and burdens of travel outweigh benefits of in-person encounter; and
  - Patients receiving treatment for a SUD or co-occurring mental health condition are exempt from both geographic and in-person requirements.

## Medicaid Telehealth Coverage

For Medicaid telehealth coverage, the Illinois Dept. of Healthcare and Family Services issued a [Provider Notice](#) on May 9, 2023 that confirms the department's continuation of telehealth flexibilities beyond the end of the COVID-19 public health emergency, authorized under [89 Ill. Adm. Code 140.403\(e\)](#). Effective Jan. 1, 2024, Medicaid coverage for community-based mental health and substance use treatment became permanent, with reimbursement required to be at parity with in-person care ([305 ILCS 5/5-50](#)).

## Resources

For more information, see the U.S. Dept. of Health and Human Services' telehealth [waiver summary](#), AHA's July 2025 [fact sheet](#) on telehealth waivers, or AHA's Sept. 28, 2025 [summary](#) on programs impacted by a potential shutdown. Guidance on the ability to bill retroactively to Sept. 30, 2025 for Medicare telehealth services will be provided if Congress passes a funding bill reinstating waivers after the Oct. 1, 2025 expiration. The law must explicitly permit providers to bill retroactively for these services. Providers are potentially at financial risk for Medicare telehealth services provided during the holdover period. If the waivers do expire, the [National Consortium of Telehealth Resource Centers](#) has prepared provider resources on **contingency planning and a communications checklist** to help staff and patients navigate potential changes.

## Contact

Lia Daniels, Senior Director, Health Policy & Finance  
630-276-5461 | [ldaniels@team-ihh.org](mailto:ldaniels@team-ihh.org)