

OCTOBER 2025

TELEHEALTH WAIVERS EXPIRED OCT. 1, 2025

Overview

Key Medicare telehealth waiver flexibilities expired on Oct. 1 because Congress did not pass either a continuing resolution or full year appropriation bills funding federal agencies for the coming fiscal year. See [IHA's Sept. 30 memo](#) on the government shutdown.

Key Telehealth Changes That Took Place on Oct. 1, 2025

The following Medicare telehealth services expired Sept. 30 because Congress did 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 reverted back to restrictions that required 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.** As of 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 that would be impacted by a shutdown. The Centers for Medicare & Medicaid Services (CMS) [issued guidance](#) instructing all Medicare Administrative Contractors to implement a temporary claims hold following the expiration of telehealth waiver flexibilities on Oct. 1. Providers who choose to perform telehealth services that are not payable following waiver expiration may want to evaluate providing beneficiaries with an [Advance Beneficiary Notice of Noncoverage](#). 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 following 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. The [National Consortium of Telehealth Resource Centers](#) has prepared provider resources on **contingency planning and a communications checklist** to help staff and patients navigate these changes.

Contact

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