



TELEHEALTH MEDICARE POLICIES POST-SEPTEMBER 30, 2025

The following outlines the current active telehealth policies as the Center for Connected Health Policy (CCHP) understands them. These are policies that are in place due to the expiration of the federal Medicare telehealth waivers that have existed since the 2020 pandemic began. Sources that led CCHP to our interpretation are provided. However, CCHP wishes to state that this resource document is for informational and educational purposes only and are not to be considered legal advice nor a guarantee on reimbursement. Due to some information that has been released, there could be other interpretations regarding the policies. If another source that is more recent than the ones cited here contradicts our interpretations, please feel free to forward them to CCHP for review.

PATIENT LOCATION

CURRENT POLICY <i>(post 9/30/25)</i>	EXCEPTIONS/REQUIREMENTS	SOURCE/HISTORY	NOTES
Patient location (originating site) must be in an eligible geographic location (rural location)	Geographic requirement does not apply when treating: • Stroke • End Stage Renal Disease (ESRD) • Substance Use Disorder (SUD) • Provision of mental and behavioral health services if certain requirements are met*	42 USC § 1395(m)(m)(4)(c)	See further elaboration on the mental and behavioral health exceptions in the mental health section below.*
Patient must be in a specific type of site during the time of the telehealth visit: • Physician/Practitioner Office • Critical Access Hospital (CAH) • Rural Health Clinic (RHC)	Site requirement does not apply when treating: • Stroke • End Stage Renal Disease (ESRD) • Substance Use Disorder (SUD)	42 USC § 1395(m)(m)(4)(c)	See further elaboration on the mental and behavioral health exceptions in the mental health section below.*

- Federally Qualified Health Center (FQHC) - Hospital - Hospital-based or CAH-based renal dialysis center - Skilled Nursing Facility - Community Mental Health Center - Renal Dialysis Facility - A Rural Emergency Hospital - A Mobile Stroke Unit (for acute stroke care) - Patient home (in certain cases)	Provision of mental and behavioral health services if certain requirements are met*		
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*Asterisk **above** denotes a reference to mental health services, which have distinct requirements/exceptions and are described further in the Mental Health section below.

ELIGIBLE PROVIDERS

CURRENT POLICY (post 9/30/25)	EXCEPTIONS/REQUIREMENTS	SOURCE/HISTORY	NOTES
Eligible providers are defined as “physician” (42 USC § 1395x(r)) OR “practitioner” (42 USC § 1395u(b)(18)(C)). Notably, this excludes physical therapists, occupational therapists and speech language pathologists and audiologists.	N/A	42 USC § 1395(m)(m)(4)(d) & (e)	Full list of eligible providers: - Physicians - Nurse practitioners (NPs) - Physician assistants (PAs) - Nurse-midwives - Clinical nurse specialists (CNSs) - Certified registered nurse anesthetists - Clinical psychologists (CPs) and clinical social workers (CSWs) - Registered dietitians or nutrition professionals

			• Marriage and Family Therapists and Counselors
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FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) & RURAL HEALTH CLINICS (RHC)*

CURRENT POLICY (post 9/30/25)	EXCEPTIONS/REQUIREMENTS	SOURCE/HISTORY	NOTES
FQHCs and RHCs are not eligible to act as distant site providers who use telehealth to deliver services to Medicare enrollees.	• FQHCs and RHCS may use telecommunications technologies to provide non-behavioral health/mental health services (or medical services) to Medicare enrollees through December 31, 2025.	Source to show FQHCs/RHCs are not on the eligible provider list: 42 USC § 1395(m)(m)(4)(d) & (e) Sources to show FQHCs & RHCs may use telecommunications technologies to provide non-behavioral health/mental health services (or medical services) to Medicare enrollees until December 31, 2025: Final 2025 Physician Fee Schedule. CMS Manual System, Pub 100-02 Medicare Benefit Policy, Transmittal 13133 (March 20, 2025). P. 25 & Medicare Claims Processing Manual, Chapter 9 – Rural Health Clinics/Federally Qualified Health Centers (Issued June 9, 2025), p. 36.	There is debate regarding the ability of FQHCs/RHCs to continue to use telecommunications technologies to provide medical services through December 31, 2025. The interpretation some outside of CCHP have is based on a CMS FAQ dated (according to the file URL and what is dated on CMS' website) 4/9/2025 and states: “Through September 30, 2025, RHCs and FQHCs may continue to bill for non-behavioral health services furnished through interactive telecommunications technology by reporting HCPCS code G205 on the claim.” However, CCHP highlights that the CMS Transmittal that has an implementation date of 4/21/25, as does the FQHC/RHC Processing Manual dated 6/9/25 referenced in the previous column, which states:

			<i>RHCs and FQHCs can continue to provide on a temporary basis, for non-behavioral health visits furnished via telecommunication technology under the methodology that has been in place for these services during and after the COVID-19 PHE through December 31, 2024. Specifically, RHCs and FQHCs can continue to bill for RHC and FQHC services furnished using telecommunication technology by reporting HCPCS code G2025 on the claim, including services furnished using audio-only communications technology through December 31, 2025. For payment for non-behavioral health visits furnished via telecommunication technology in CY 2025, the payment amount is based on the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS. (From the 4/21/25 document)</i> <i>RHCs and FQHCs can temporarily continue offering non-behavioral health visits via telecommunication technology under the existing methodology established during the COVID-19 Public Health Emergency (PHE) until December 31, 2025, or later date if extended. Specifically, they can bill for services delivered through telecommunication technology by using HCPCS code</i>
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			<i>G2025 on claims, which includes services provided through audio-only communications technology until December 31, 2025, or later date if extended. (From the 6/9/25 document).</i> <i>*Since January 1, 2023, RHCs and FQHCs may report and receive payment for mental health visits furnished via telehealth. These services are billed in the same manner as in-person visits, rather than using HCPCS code G2025. See more information below. (From the 6/9/25 document).</i> CONCLUSION: Given that the CMS Transmittal and Processing Manual are dated <u>after</u> the FAQ <u>and</u> are official documents to announce and implement official changes, CCHP believes that Transmittal 13133 and the FQHC/RHC Processing Manual supersede the FAQ (which doesn't necessarily contradict the other documents, but raises questions regarding post-September 30th billing practices).
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Asterisk **above denotes a reference to mental health services, which have distinct requirements/exceptions and are described further in the Mental Health section below.*

MENTAL/BEHAVIORAL HEALTH

CURRENT POLICY	EXCEPTIONS/REQUIREMENTS	SOURCE/HISTORY	NOTES
Medicare will cover mental health services that take place in the home and without having to meet the geographic requirements if the patient is being treated for SUD or a co-occurring mental health condition.	Patient must be treated for SUD or a co-occurring mental health condition.	42 USC § 1395(m)(7)	
Medicare will cover mental health services that take place in the home and without having to meet the geographic requirements if certain conditions are met.	The telehealth provider furnishes an item or service in-person within 6 months prior to the first-time telehealth is being used to treat the Medicare enrollee.	42 USC § 1395(m)(7)(b)	Every 12 months after the start of the telehealth services, the provider must have a follow-up in-person visit with the patient. Certain exceptions apply.
Are relationships formed via telehealth during the waiver period considered established and thus do not require the initial 6 months prior visit?		2023 Physician Fee Schedule (PFS) ,	In the 2023 Physician Fee Schedule (PFS) , CMS notes that for patients already receiving mental/behavioral health services via telehealth during the Public Health Emergency (PHE), and in the 151 day period proceeding it, a new <i>initial</i> in-person visit within six months wasn't required. Instead, those patients would just need to comply with the ongoing annual in-person visit requirement. CMS has not clarified whether that same rule will carry forward for established patients post-September 30, 2025. Therefore, it's unclear whether providers must treat the first post-September 30 visit as a brand-new telehealth start (which would require an in-person visit within the preceding 6 months), or whether those who have been receiving services all along are

			exempt from that “initial” requirement and just need to comply with the annual in-person visit rule.
If the regular provider isn’t available, a colleague in the same specialty within the same group practice can do the in-person visit.		CFR § 410.78(b)(3)(xiv)(C)	
Every 12 months after the start of the telehealth services, the provider must have a follow-up in-person visit with the patient. Certain exceptions apply.	If the provider and patient determine that undue hardship would occur in trying to meet the in-person requirement in the 12-month period, they may forego it if documented in the patient record.	CFR § 410.78(b)(3)(xiv)(B)	As noted above, it is not clear when the countdown to the 12-month requirement starts (October 1, 2025, or earlier, depending on when the relationship was established).
FQHCs & RHCs may use telecommunications technology to provide mental/behavioral health services.	If the service is provided in the home, due to the expiration of the waivers, FQHCs and RHCs must meet the prior in-person visit requirement.	CFR § 405.2463(b)(3); 2025 Physician Fee Schedule; Proposed 2026 Physician Fee Schedule	Although initially CMS had said that they would waive the prior in-person visit requirement to January 1, 2026, in the proposed 2026 PFS the agency said that it would align this policy with the statutory requirement for a prior in-person visit for mental health services that do not meet the location requirements. It is likely the inclusion by Congress in waiving this in-person visit requirement for FQHC/RHCs in the 2022 Consolidated Appropriations Act and subsequent legislation extending the waivers is the reason that CMS is considering aligning this specific regulatory policy applicable to FQHCs/RHCs with other telehealth statutory policies. At this point we do not have 100% confirmation that the in-person requirement for mental health will be required in this period beginning October 1, as technically the 2026 PFS is still in proposed

			status and the 2025 PFS waived the requirement for FQHCs/RHCs through 2025.
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AUDIO-ONLY

CURRENT POLICY	EXCEPTIONS/REQUIREMENTS	SOURCE/HISTORY	NOTES
CMS will pay for services furnished via telecommunications system by an eligible provider.		42 USC § 1395(m)(1)	
An “interactive telecommunications system” is defined as: <i>multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. Interactive telecommunications system may also include two-way, real-time audio-only communication technology for any telehealth service furnished to a patient in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology.</i>	For audio-only to be eligible for coverage, 2 conditions must be met: - Furnished to the patient in their home AND - Provider is technically capable of using live video but the patient is not capable or does not want to use live video.	CFR § 410.78(a)(3)	As noted earlier, only certain services are eligible to take place in the home: - ESRD - SUD - SUD & Co-occurring mental health condition - Mental Health services if certain requirements are met. Therefore, only the foregoing services can be provided via audio-only because one of the conditions for audio-only that must be met is that the patient is at home.

MEDICARE HOSPITAL AT HOME PROGRAM

CURRENT POLICY	EXCEPTIONS/REQUIREMENTS	SOURCE/HISTORY	NOTES
Medicare Hospital at Home program expired on September 30, 2025.		HR 1968 ; Acute Hospital Care at Home (AHCAH) CMS Notice	The program had an expiration date of September 30, 2025. The Centers for Medicare and Medicaid Services (CMS) issued a notice regarding the Acute Hospital Care at Home (AHCAH) initiative, advising all hospitals with active AHCAH waivers to discharge, or return to the hospital, all inpatients on September 30, 2025, due to the lack of Congressional action to extend the program under the telehealth waivers. CMS stopped accepting AHCAH requests for participation on September 1, 2025.

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