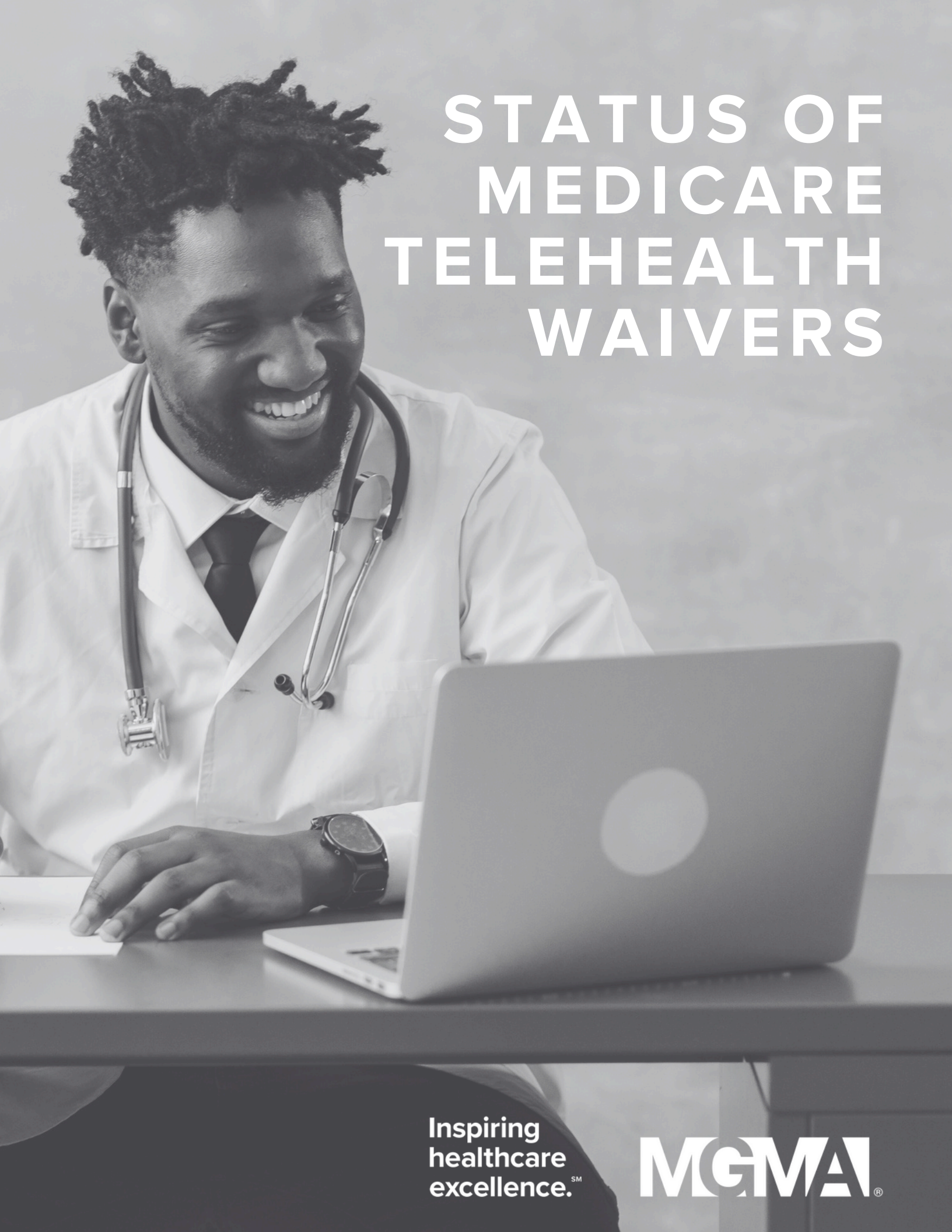




STATUS OF MEDICARE TELEHEALTH WAIVERS

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STATUS OF MEDICARE TELEHEALTH WAIVERS

Department of Health & Human Services (HHS) instituted flexibilities that waived many of the generally applicable rules governing Medicare telehealth services in response to the COVID-19 pandemic. Many of these waivers were in effect through the duration of the COVID-19 public health emergency (PHE).

The Biden administration ended the COVID-19 PHE on May 11, 2023. This decision came after multiple renewals over the previous three years and had ramifications for a variety of telehealth flexibilities afforded by the pandemic. Many of these flexibilities expired on September 30, 2025, due to a lapse in federal funding. Please keep in mind that this resource addresses Medicare payment policy, and that Medicaid and commercial payers may institute their own payment rules. MGMA believes that the flexibilities implemented under the COVID-19 PHE should be reinstated and made permanent to allow practices to continue to provide virtual care to vulnerable patient populations.

TELEHEALTH POLICY	PRE-PHE POLICY	PHE POLICY	DATE POLICY REVERTS TO PRE-PHE
ORIGINATING SITE/GEOGRAPHIC LOCATION	Beneficiaries must receive services at originating site in a rural area (not the home)	Location is waived – patients can be seen anywhere	Sept. 30, 2025
QUALIFYING PROVIDERS	Certain providers are allowed to deliver telehealth services	Provider types extended to PTs, OTs, and SLPs	Sept. 30, 2025
AUDIO-ONLY SERVICES	CMS does not cover audio visits without a visual component	CMS will reimburse for services via phone (E&M visits)	N/A (Per the 2025 Medicare Physician Fee Schedule, services provided in a beneficiary's home under certain conditions will be permanently covered)
FQHCS AND RHCS	FQHCs and RHCs can not qualify as distant site providers	Can qualify as distant site providers	Sept. 30, 2025
PAYMENT PARITY	Telehealth services are reimbursed at typically lower facility rates	Telehealth services billed using Place of Service Code 10 will be reimbursed at the higher non-facility rate	Sept. 30, 2025 **exception: mental health services
CROSS-STATE LICENSURE	Providers must be licensed in state where patient is located	If providers meet four conditions, can treat patients in other states (still must comply with state licensure requirements)	State specific
HIPAA COMPLIANT PLATFORMS	Providers must use HIPAA compliant platforms	Providers can use non-HIPAA compliant platforms so long as not public-facing	Aug. 9, 2023
REQUIREMENTS FOR TELEHEALTH PRESCRIPTIONS	Required in-person evaluation before prescribing controlled substances via telehealth	Waived in-person requirement	Dec. 31, 2025

STATUS OF MEDICARE TELEHEALTH WAIVERS

MEDICARE PHYSICIAN FEE SCHEDULE (PFS) TELEHEALTH UPDATES

The 2025 Medicare PFS made numerous changes to telehealth policy, including implementing the following:

- Permanently covering audio-only services for telehealth services offered to beneficiaries in their homes under certain conditions.
- Extending its current direct supervision policy of allowing the presence and immediate availability of the supervising practitioner through real-time audio and video interactive telecommunications through 2025, while permanently allowing direct supervision through virtual technology for specific lower-risk services.
- Continuing to allow home enrollment flexibilities for distant site practitioners through 2025.
- Extending the suspension of telehealth frequency limitations for subsequent inpatient visits, subsequent nursing facility visits, and critical care consultations through 2025.

CMS has proposed several changes to telehealth policy in the 2026 Medicare PFS; however, the rule is not yet finalized therefore these changes are not in effect. Some of these proposed changes include permanently redefining “direct supervision” to permit virtual oversight for most services, extending FQHC and Rural Health Clinics (RHC) ability to provide telehealth services through December 31, 2026, and eliminating frequency limits for certain inpatient, nursing facility and critical care telehealth services. MGMA will release an analysis of the final 2026 Medicare PFS that CMS is expected to release in November.

PAYMENT PARITY

The 2024 Medicare PFS finalized that CMS will reimburse for telehealth services billed with Place of Service (POS) Code 10 (telehealth provided in patient’s home) at the higher non-facility physician fee schedule rate. Claims billed with POS 2 (telehealth provided other than in patient’s home) will be paid at the facility rate. The majority of services medical groups are allowed to offer to patients at their homes expired on Sept. 30, 2025.

POST-PHE POLICIES: MENTAL HEALTH SERVICES

The Consolidated Appropriations Act, 2021, allowed for continued telehealth flexibilities post-PHE for mental health services. Specifically, practitioners can provide telehealth services to patients in non-rural areas and in their homes for the purposes of diagnosis, evaluation, or treatment of a mental health disorder other than for treatment of a diagnosed substance use disorder (SUD) or co-occurring mental health disorder. However, this is contingent on there being an initial in-person visit within six months of the telehealth service and that there is an in-person visit within 12 months of each mental telehealth service furnished. Multiple pieces of legislation delayed the in-person requirement before a patient receives mental health services via telehealth through September 30, 2025.

CMS will also allow audio-only technology when rendering mental health services if the practitioner has the capacity to furnish two-way, audio/video telehealth services, but is providing the mental health services via audio-only communication technology in instances where the beneficiary is unable to use, does not wish to use, or does not have access to two-way, audio/video technology.

STATUS OF MEDICARE TELEHEALTH WAIVERS

TEMPORARY TELEHEALTH WAIVER EXTENSIONS

Throughout the COVID-19 pandemic, Congress and CMS waived many telehealth requirements, thereby making telehealth more accessible. Congress passed numerous bills to extend these critical telehealth flexibilities through September 30, 2025. These expired flexibilities included:

- The ability to see a patient in their own home regardless of geographic location
- An expanded list of eligible practitioners
- The ability for federally qualified health centers and rural health clinics to be distant site providers
- The delay of the in-person visit requirement before a patient receives mental health visits

The Office of Civil Rights (OCR) provided a 90-day transition period after the PHE ended on May 11 for providers to come into compliance with HIPAA rules for telehealth. This transition period ended on Aug. 9, 2023, and providers are expected to use HIPAA-compliant telehealth platforms.

The Drug Enforcement Agency (DEA) waived in-person evaluation requirements for prescribing controlled substances via telehealth under the Ryan Haight Act during the COVID-19 PHE. After numerous rulemaking proposals, the DEA extended their current telemedicine flexibilities through Dec. 31, 2025. The agency intends to issue a permanent policy for prescribing controlled substances via telehealth through rulemaking this year.

RESOURCES

- MGMA's 2025 telehealth position [paper](#)
- CMS telehealth policy update [page](#)
- CMS [list](#) of telehealth services payable under the Medicare Physician Fee Schedule
- OCR's HIPAA transition period [notice](#)
- MGMA's 2025 Medicare Physician Fee Schedule [analysis](#)
- MGMA's 2025 Medicare Outlook webinar [recording](#)
- MGMA's 2026 Proposed Medicare Physician Fee Schedule [analysis](#)

DISCLAIMER

This MGMA resource is for educational purposes only. It is not intended as legal or consulting advice, or as a substitute for the advice of a legal professional. It is not intended to address all possible legal and other issues that may arise regarding telehealth.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups in which more than 350,000 physicians practice. These groups range from small private practices in rural areas to large regional and national health systems and cover the full spectrum of physician specialties and organizational forms.

MGMA GOVERNMENT AFFAIRS

1717 Pennsylvania Ave., Suite 600, Washington, DC 20006
202.293.3450 | govaff@mgma.org
www.mgma.com/advocacy

 [@MGMA](#) | [#MGMAAdvocacy](#)