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Insights

Government Shutdown and Reversion of Medicare Telehealth Coverage

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In response to the October 1, 2025 shutdown of the federal government, the Centers for Medicare & Medicaid Services ("CMS") issued an MLN Connects Special Edition email providing an Update on Medicare Operations: Telehealth, Claims Processing, and Medicare Administrative Contractors Status During the Shutdown. The email establishes two important changes to claims for Medicare and coverage of Medicare telehealth services.

First, CMS directs all Medicare Administrative Contractors ("MACs") to temporarily hold claims up to 10 business days, to ensure Medicare payments are accurate and to avoid reprocessing large volumes of claims once Congress acts on the shutdown. Providers can continue to submit claims for payment, but the MACs will not issue payment until the hold is lifted.

Second, CMS specifies that absent Congressional action, beginning October 1, 2025, many of the statutory limitations that were in effect for Medicare telehealth services, prior to the COVID-19 public health emergency, will take effect again. However, behavioral and mental health services are excluded from such reversion. CMS recognizes the impact the reversion in telehealth policy will have on beneficiaries ongoing eligibility and encourages practitioners continuing to provide telehealth on and after October 1, 2025 to consider using an Advance Beneficiary Notice of Noncoverage (ABN). Note, this reversion does not apply to clinicians in certain Medicare Shared Savings Program Accountable Care Organizations (ACOs) providing covered telehealth services.

For questions about how such changes to Medicare policies or the government shutdown affects your claims or legal rights, please contact Meghan McNab or Brandon W. Shirley.

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