CLIMBING BACK UP THE TELEHEALTH CLIFF: CONGRESS EXTENDS MEDICARE FLEXIBILITIES THROUGH 30 JANUARY 2026

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US Policy and Regulatory Alert

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The *Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026* (H.R. 5371) (CR) was signed into law on 12 November 2025, thereby ending the federal-government shutdown that started 1 October 2025. Of particular significance to healthcare providers, the legislation includes a short-term extension of the Medicare telehealth flexibilities that had been in place since the COVID-19 public-health emergency, but lapsed during the period of the shutdown.

EXTENDED TELEHEALTH FLEXIBILITIES

Division F, Title II of the CR includes Section 6208, which extends certain Medicare telehealth flexibilities through 30 January 2026. Although the telehealth provisions in the CR do not contain an express-retroactive effective date, the Centers for Medicare & Medicaid Services (CMS) has confirmed the extension applies retroactively as part of its issuance of updated telehealth FAQs. The FAQs are dated 14 November 2025, but were released on 20 November 2025, and at the time of this publication, the URL includes a reference to 26 November 2025, suggesting that they have been updated since the initial release.

UPDATED TELEHEALTH FAQ ON PRACTITIONER HOME ADDRESSES

CMS's updated FAQ also clarifies enrollment requirements for practitioners who furnish telehealth services from home. In FAQ 15, CMS confirms that distant-site practitioners may deliver telehealth services from their home, and in many cases are not required to report their home address on their Medicare enrollment application. Practitioners who provide telehealth services from home but maintain a separate physical-practice location do not need to enroll their home address; they may continue to enroll and bill using their physical-practice location as if the encounter were furnished in person.

CMS explains that virtual-only telehealth practitioners, whose sole practice location is their home, must report their home address as a practice location. CMS instructs these practitioners to designate the home address as a “home office for administrative/telehealth use only” on their enrollment application, which will allow CMS to suppress the street address from the provider's profile page on the CMS Care Compare website. Practitioners may also contact the Quality Payment Program service center to request suppression of additional identifying information, including the address and photo number, from the page.

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The issuance of this FAQ through guidance is consistent with CMS's statement in the Calendar Year (CY) 2026 Medicare Physician Fee Schedule Final Rule (CMS-1832-F) (Final Rule), where CMS noted that "in the future any updates to this policy will be issued via subregulatory guidance." CMS also noted in the Final Rule "that a separate Medicare enrollment is required for each State in which the practitioner furnishes and intends to bill for covered Medicare services."

CMS GUIDANCE ON PROCESSING TELEHEALTH CLAIMS

Following expiration of the flexibilities on 1 October 2025, CMS instructed Medicare Administrative Contractors to return certain telehealth claims pending congressional action. CMS has issued guidance explaining how those claims should be handled in light of the CR's retroactive extension of telehealth flexibilities. CMS notes that the claims are now payable, provided they otherwise meet all Medicare coverage and billing requirements, and practitioners may resubmit them. CMS also confirms that practitioners may submit any other telehealth claims they had held in anticipation of possible legislative action.

CMS further encourages practitioners to identify beneficiaries who were charged out of pocket for telehealth services furnished during the lapse period, but that are now retroactively payable. In these cases, CMS instructs practitioners to refund any overpayments to beneficiaries and instead submit the applicable claims to Medicare.

KEY CONSIDERATIONS FOR PROVIDERS

- Certain Medicare telehealth flexibilities have been retroactively restored through 30 January 2026.
- CMS issued updated FAQs on telehealth, including addressing when practitioners' home addresses must be listed and how they may be suppressed from CMS's public-facing websites.
- Medicare telehealth claims returned during the lapse with CARC 16 or RARC M77 are now payable and may be submitted if they meet applicable Medicare requirements.
- Providers should identify beneficiaries billed during the lapse, submit the claims to Medicare, and refund any overpayments to beneficiaries.

Our Healthcare and FDA practice group routinely assists health systems, hospitals, and other providers with legal advice on enrollment, digital health, and reimbursement matters. Contact the authors of this article or another one of our healthcare and FDA practice group lawyers for assistance with any of these important issues.

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