

Special Note: Telehealth Coverage Status and Key Exceptions (October 2025)

As of October 1, 2025, most urban and suburban telehealth encounters—including non-stroke emergency consults and routine outpatient video visits—are subject to reinstated Medicare rural and originating-site requirements and therefore may sunset or revert to in-person-only coverage unless further Congressional or CMS action extends these flexibilities.

1. Statutory Exceptions — Services That Remain Covered Nationwide

Certain categories of care remain permanently eligible for telehealth reimbursement regardless of patient geography under existing Medicare law.

These include:

- Acute Stroke Evaluation TeleStroke consults are permanently covered nationwide.
- End-Stage Renal Disease (ESRD) Telehealth permitted for dialysis-related and care-coordination visits.
- Substance Use Disorder (SUD) and Co-Occurring Mental Health Disorders Covered via telehealth, including audio-only when appropriate.
- Behavioral and Mental Health Services Ongoing coverage for psychiatric evaluation, psychotherapy, and medication management.
- Opioid Treatment Program (OTP) Services CMS permanently authorizes telehealth for counseling and medication management within OTPs.
- Rural Emergency Hospital (REH) Services REHs may furnish and bill telehealth services as authorized facility types.
- Cognitive Assessment & Care Plan (CPT 99483) Permanently included on the CMS Medicare Telehealth Services List.

These categories remain geographically unrestricted and may be furnished to patients in any setting, including the home, when medically appropriate.

2. Cognitive Assessment & Care Plan (CPT 99483)

The Medicare Local Coverage Determination A59036 confirms that CPT 99483 is permanently eligible for telehealth reimbursement.

Providers may furnish and bill this service via telehealth or in person from any location, including urban and suburban hospitals or clinics, as long as all required assessment and care-planning elements are completed and documented per LCD and CPT guidelines.

3. Pending Federal Telehealth Legislation ("Legislation Watch")

Multiple bills in the 119th Congress would extend, expand, or permanently codify telehealth flexibilities under Medicare and other federal programs:



- S. 1636 Protecting Rural Telehealth Access Act This Senate bill would amend Medicare law to eliminate geographic requirements for originating sites for telehealth (i.e., the "rural area" constraint) beginning January 1, 2025.
 It also proposes eliminating restrictions on telehealth services furnished in the home.
- H.R. 5081 Telehealth Modernization Act 2025 Introduced in the House, this bill aims to extend telehealth flexibilities under Medicare (including removing geographic restrictions, expanding originating sites) through fiscal year 2027. It includes striking language in current law that limits these flexibilities to "ending September 30, 2025," thereby pushing out or removing the rural/originating site constraints for a longer period.
- H.R. 4206 CONNECT for Health Act of 2025 Related bills are circulating that
 would permanently codify many of the telehealth flexibilities introduced during
 the COVID-19 PHE, including changes to geographic/originating site limits.
 For example, H.R. 4206 (CONNECT for Health Act of 2025) would permanently
 remove geographic restrictions and expand originating sites (including home)
 for telehealth.
- H.R. 1107 VA Telemedicine Controlled Substances Act Authorizes certain VA clinicians to prescribe or dispense controlled substances via telemedicine without an in-person exam for eligible veterans.
- Protecting Veteran Access to Telemedicine Services Act of 2025 Passed by the House to safeguard veterans' telehealth access across VA facilities.
- Other proposals in play:
 - TREATS Act Expands telehealth e-prescribing for addiction therapy and substance-use treatment.
 - Audio-Only Telehealth Access Act of 2025 Broadens authority for audio-only telehealth services.
 - Home-Based Telemental Health Care Act of 2025 Expands access to home-based mental health telehealth for underserved areas.

Congress may also introduce short-term continuing resolution (CR) extensions that temporarily restore telehealth flexibilities until a long-term policy is enacted.

If passed, any of these measures would restore or expand telehealth reimbursement for urban and suburban providers and help stabilize Medicare coverage nationwide.

TeleSpecialists will continue to monitor CMS and Congressional developments closely and will issue updated guidance immediately upon any confirmed legislative or regulatory change.



Medicare Telehealth Coverage Q&A - October 2025 Update

As of October 1, 2025, most urban and suburban telehealth encounters—including non-stroke emergency consults and routine outpatient video visits—are subject to reinstated Medicare rural and originating-site requirements and therefore may sunset or revert to in-person-only coverage unless further Congressional or CMS action extends these flexibilities.

Current Coverage Status (October 14, 2025)

Q: What changed on October 1, 2025?

Most urban and suburban telehealth services now face reinstated Medicare rural and originating-site requirements. Non-stroke emergency consults and routine outpatient video visits may sunset or revert to in-person coverage unless Congress or CMS extends these flexibilities.

Q: Which telehealth services remain covered nationwide?

Seven categories maintain permanent nationwide eligibility, regardless of patient location:

- Acute Stroke (TeleStroke) Emergency stroke consults
- **ESRD Services** Dialysis-related visits and care coordination
- **SUD & Mental Health** Substance use disorder treatment, including audio-only when appropriate
- **Behavioral Health** Psychiatric evaluation, psychotherapy, medication management
- **OTP Services** Counseling and medication management within Opioid Treatment Programs
- **REH Services** Rural Emergency Hospital telehealth encounters
- Cognitive Assessment (CPT 99483) Care planning services

Q: Can I bill these services for patients at home?

Yes. These seven categories have no geographic restrictions and may be furnished to patients in any setting, including the home.

Q: Is CPT 99483 permanently covered via telehealth?

Yes. Medicare Local Coverage Determination A59036 confirms permanent telehealth eligibility for CPT 99483.

Q: Are there location restrictions for CPT 99483?

No. You may furnish and bill this service via telehealth from any location—urban, suburban, or rural—including patient homes, as long as assessment and careplanning requirements are documented per LCD and CPT guidelines.



Q: What bills could restore broader telehealth coverage?

Multiple bills in the 119th Congress aim to expand or permanently codify telehealth flexibilities:

Senate:

• **S. 1636 – Protecting Rural Telehealth Access Act** – Eliminates geographic and home-setting restrictions starting January 1, 2025

House:

- **H.R. 5081 Telehealth Modernization Act 2025** Extends Medicare telehealth flexibilities through FY 2027
- **H.R. 4206 CONNECT for Health Act of 2025** Permanently removes geographic restrictions and expands originating sites
- **H.R. 1107 VA Telemedicine Controlled Substances Act** Authorizes controlled substance prescribing via telemedicine for veterans

Additional Proposals:

- **TREATS Act** Expands e-prescribing for addiction therapy
- Audio-Only Telehealth Access Act of 2025 Broadens audio-only service authority
- Home-Based Telemental Health Care Act of 2025 Expands home-based mental health access

Q: When will we know if these bills pass?

Congress may introduce short-term continuing resolutions (CR) to temporarily restore flexibilities while long-term policy is debated. TeleSpecialists monitors CMS and Congressional developments and will issue immediate updates upon confirmed changes.

TeleSpecialists will continue to monitor CMS and Congressional developments closely and will issue updated guidance immediately upon any confirmed legislative or regulatory change.