

MACs To Hold Telehealth Claims For 10 Days, Retroactive Pay Fight Continues

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CMS directed Medicare Administrative Contractors (MACs) to hold claims for extenders, including telehealth services, for up to 10 business days to ensure payments are accurate and consistent with statutory requirements amid the ongoing government shutdown, according to an agency memo. Even if lawmakers move to reinstate Medicare telehealth flexibilities, lawmakers will have to decide whether payments for telehealth services retroactively apply.

The American Telemedicine Association's lobbying arm on Wednesday sent letters to Congress and President Donald Trump asking that they use whatever tools they have to ensure telehealth flexibilities are retroactively applied should they be restored by Congress.

If Congress decides not to retroactively instate Medicare telehealth flexibilities that expired Wednesday (Oct. 1), then providers whose claims are held during the temporary 10-business-day period will be denied and they will not see reimbursements, multiple lawyers told *Inside Health Policy*.

Congress has retroactively authorized Medicare payments during previous government shutdowns and advocacy groups are calling on Congress to do the same for telehealth services.

The 10-business-day hold prevents the need for MACs to reprocess large volumes of claims should Congress reinstate Medicare telehealth flexibilities, CMS's memo explains. The memo adds that the claims hold should have a minimal impact on providers because providers generally experience a minimum 14-day wait period between when claims are filed and when they see reimbursement.

CMS encourages providers to submit claims during the temporary hold, even though payment will not be released until the hold is lifted and Congress reinstates Medicare telehealth flexibilities.

"Practitioners who choose to perform telehealth services that are not payable by Medicare on or after October 1, 2025, may want to evaluate providing beneficiaries with an Advance Beneficiary Notice of Noncoverage," CMS wrote in the memo. "Practitioners should monitor Congressional action and may choose to hold claims associated with telehealth services that are not payable by Medicare in the absence of Congressional

action. Additionally, Medicare would not be able to pay some kinds of practitioners for telehealth services.”

But even if Congress does reinstate Medicare telehealth flexibilities, lawmakers will have to decide if they retroactively apply.

If they don’t retroactively apply, claims held by MACs will be denied and providers won’t see reimbursements, explained Carrie Nixon, managing partner at Nixon Law Group, and Jacob Harper, a partner at Morgan Lewis.

If lawmakers do retroactively apply the telehealth flexibilities, a few outcomes are possible.

“If the act extending the flexibilities is signed on Oct. 9 and is retroactive, then the MACs wouldn’t need to deny any telehealth claims they’ve received and could process them on day 10 since they had this billing hold in place,” Harper said.

If the retroactive bill is signed Oct. 15, MACs would deny telehealth claims falling outside of the 10-business-day hold period, he said. But in that case, providers could resubmit the denied claims for payment, he added.

CMS’ memo also highlights the Bipartisan Budget Act of 2018 that allows clinicians in applicable Medicare Shared Savings Program Accountable Care Organizations (ACOs) to provide and receive payment for covered telehealth services to certain Medicare beneficiaries without geographic restriction and in the beneficiary’s home.

“There is no special application or approval process for applicable ACOs or their ACO participants or ACO providers/suppliers,” CMS wrote. “Clinicians in applicable ACOs can provide these covered telehealth services and bill Medicare for the telehealth services that are permissible under Medicare rules during CY 2025, irrespective of further Congressional action.” -- *Christian Robles* (crobles@iwpnews.com), *Cara Smith* (csmith@iwpnews.com)