

# CMS Clarifies MA Plans Can Offer Add-On Telehealth Services Despite Medicare Lapse

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CMS Friday (Nov. 7) gave Medicare Advantage (MA) plans the green light to offer telehealth services amidst the shutdown using temporary enforcement discretion despite the lapse of original Medicare waivers. The agency intends to apply the enforcement discretion through Dec. 31, 2025, or until Congress acts to continue the Medicare telehealth waivers.

“MA organizations may continue to offer the benefits that expired with the Medicare legislative telehealth payment provisions passed under the Full-Year Continuing Appropriations and Extensions Act, 2025, as additional telehealth benefits under 42 CFR § 422.135, so long as they are provided uniformly to all similarly situated enrollees,” CMS wrote.

MA plans are required to cover the same services that are approved under Medicare, according to Jeff Davis, a regulatory expert with McDermott+, but can still add services on top of what Medicare covers, like telehealth. But the shutdown was still confusing for MA plans to navigate in terms of coverage, he added.

“CMS is saying, even if you were confused, you can offer it as an additional benefit,” Davis said, “We're going to exercise some discretion and allow you to do that.”

This creates a discrepancy between MA and fee-for-service plans.

“Medicare Advantage has that ability to provide these additional services right now and get covered and paid for,” Davis said. “But fee-for-service, if they don't meet the legal requirements they can't be billed for at this point in time.”

The new guidance comes after CMS early last month told MA plans they could temporarily hold onto telehealth claims as could Medicare FFS telehealth providers, as long as all prompt payment requirements were met. -- *Cara Smith*([csmith@iwpnews.com](mailto:csmith@iwpnews.com))