



2025 FEDERAL SHUTDOWN: FQHCs' CMS Telehealth Reimbursement

FQHCs are facing uncertainty about whether Medicare Fee-for-Service will pay for medical telehealth visits during the government shutdown due to a CMS rule protecting telehealth that expired on 10/1/25. Any corrective action or adjustment requires Congressional action (of whom remains gridlocked in shutdown negotiations). It is unclear whether the exemption that was included in the original rule (that extended telehealth for FQHCs through December 2025) will be honored.

Confusion has been a key theme over the last month, as CMS, associations and national experts have attempted to interpret the limited information available on potential medical exemptions and known behavioral health services provided via telehealth. Collated below are OPCA's collected insights from our partners as well as recommended actions from our Federal consultant; ***please note, the information provided below is meant to assist your CHC in making a determination about how to conduct telehealth visits and assess your own risk tolerance if claims were to remain unpaid after the federal government reopens.***

Recommended actions for FQHCs:

1. Encourage patients to schedule in-person medical visits or delay non-urgent appointments until after the shutdown ends.
2. When telehealth is essential for a patient's access to time-sensitive care, provide appointments and continue submitting claims to CMS for medical telehealth visits. These appointments may be paid retroactively once the shutdown ends, though there's no guarantee.

Exceptions and Additional Complexities to Telehealth Reimbursement

Behavioral Health Telehealth Remains Reimbursable During the Shutdown. The shutdown has not affected general behavioral health telehealth services. FQHCs may continue providing these services.

Psychiatric Medication Management During the Shutdown. This service is technically a medical service, so these appointments face the same restrictions as medical telehealth, with one exception:

- **CPT Code 90792 (Psychiatric Diagnostic Evaluation with Medical Services) is the one psychiatric telehealth service currently covered under CMS.** This may allow FQHCs to provide reimbursable telehealth services when a psychiatrist and/or psychiatric nurse practitioners provide the care. However, this is not a time-saving solution, as a medication management appointment usually takes approximately 45 minutes of a provider's time for full assessment and documentation. Furthermore, providers should be aware that a medication management appointment generally can only be billed once per year (unless medical necessity or 6-month care gap).

CPT Code 90792 is not a broad solution to ensuring reimbursable psychiatric telehealth appointments, but it may help providers prioritize these services where appropriate for patients during the government shutdown.

Will CMS Eventually Pay?

Several factors suggest eventual payment is possible:

- CMS is currently holding all telehealth claims (not denying them)
- Congress frequently makes retroactive policy changes after shutdowns
- Both the Biden and Trump administrations supported this telehealth coverage
- Congress is receiving pressure from affected Medicare patients
- CMS pays less for telehealth than in-person visits; therefore CMS has a financial interest in continuing to support telehealth options at FQHCs



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Key Takeaways for Oregon FQHCs

The safest approach for ensuring your FQHCs' services during the government shutdown are reimbursable is to prioritize in-person care, delay non-urgent telehealth visits when possible, and continue to submit all the remaining essential telehealth claims for potential retroactive payment. Additionally, telehealth appointments for behavioral health at FQHCs can continue without changes, and a single psychiatric telehealth appointment type is still reimbursable during the shutdown.

Collected insights from CMS, NACHC, Powers Law and Colleen Meiman:

Colleen Meiman, via email on 10/21/25: She recommended [this article](#) summarizing the confusion and correction around telehealth.

“ I have reviewed the concerns raised late last week by other organizations about whether FQHCs will be reimbursed by Medicare for medical services provided via “telehealth” starting on October 1. The bottom line is that I remain convinced that these services will be covered, with the semantic caveat that they are considered (in CMS-speak) “telecommunication technology services” as opposed to “telehealth services.” This semantic distinction (which enabled CMS to get around some statutory restrictions) makes no practical difference in terms of patient experience, billing, etc., but might be worth noting in CHCs' internal P&Ps.

Powers Law's Natalie Dobek via email on 10/21/25:

“ Today CMS released an update lifting the claims hold previously in place. Based on our communications with at least one MAC, they were not aware of this change and still holding claims--highlighting the confusion around this topic.

MACs have been instructed to lift the claims hold and process claims with dates of service of October 1, 2025 and later, including FQHC and telehealth claims that CMS “can confirm are definitively for behavioral and mental health services.” CMS has directed all MACs to continue to temporarily hold claims for other telehealth services (i.e., those that CMS cannot confirm are definitively for behavioral and mental health services).

If we hear back from CMS as to what constitutes “definitively for behavioral and mental health services”, we will provide an update. Until then, health centers should monitor CMS guidance [here](#) and [here](#). (Emphasis added)

[NACHC's Shutdown FAQ, updated on 10/17/25:](#)

“ While CMS has advised that CHCs can still bill G2025 for these non-behavioral health telehealth services, on October 15th, CMS directed the Medicare Administrative Contractors (MACs) to hold telehealth claims impacted by the expiring telehealth provisions. CMS believes this delay will ensure that Medicare payments are accurate and consistent with statutory requirements, especially if Congress were to act and provide retrospective coverage for telehealth. (Emphasis added)

[CMS's Telehealth FAQ, updated on 10/15/25:](#)

“ After September 30, 2025, except for behavioral health services, beneficiaries will generally need to be in a medical facility and in a rural area to receive Medicare telehealth services.