

HLB's Government Relations & Public Policy Special Edition Newsletter

News

09.30.25

The federal government is approaching a critical funding deadline, with current appropriations set to expire at midnight tonight. Absent congressional action, a government shutdown is expected, though the duration remains uncertain.

Read our special edition newsletter for timely insights into the key dynamics and implications for the health care sector [here](#).

Update as of 10/21/25 – CMS Updates Guidance to MACs Regarding Claims Hold

On October 21, CMS instructed all MACs to lift the hold on claims with dates of service on and after October 1, 2025, for certain services impacted by select expired Medicare legislative provisions, including claims paid under the Medicare Physician Fee Schedule and telehealth claims that CMS can confirm are for behavioral and mental health services. CMS continues to direct MACs to temporarily hold claims for non-behavioral/mental health telehealth services and for acute Hospital Care at Home claims.

Update as of 10/15/25

CMS updated its guidance to state that it has instructed all Medicare Administrative Contractors (MACs) to hold claims with dates of service of October 1, 2025, and later for services impacted by the expired Medicare legislative payment provisions passed under the Full-Year Continuing Appropriations and Extensions Act, 2025. In light of the continuing government shutdown, CMS will continue to process and pay held claims in a timely manner with the exception of select claims for services impacted by the expired provisions. To date, no payments have been delayed as statute already requires all claims to be held for a minimum of fourteen days, and this recent hold is consistent with that statutory requirement. Providers may continue to submit claims accordingly. For future updates, providers can check the following [website](#).

Update as of 10/1/2025

CMS released guidance directing MACs to implement a temporary claims hold. This standard practice is typically up to 10 business days and prevents the need for reprocessing large volumes of claims should Congress act after the statutory expiration date. Providers can continue to submit claims during this time, but payment will not be made until the hold is lifted. Additionally, CMS reiterates that absent congressional action, many of the statutory limitations that were in place prior to the COVID-19 PHE will take effect again, and that practitioners may choose to hold claims associated with telehealth services that are not payable by Medicare in the absence of congressional action. CMS [notes](#) that clinicians in applicable Medicare ACOs can provide and receive payment for covered telehealth

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services to certain Medicare beneficiaries without geographic restriction and in the beneficiary's home.

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