

Expiration of Medicare Telehealth Flexibilities: What Physicians Need to Know

Key Points:

- On February 3, 2026, Congress extended expiring Medicare telehealth flexibilities through December 31, 2027.
- CMS has indicated that ‘telehealth flexibilities will apply retroactively as if there hadn’t been a temporary lapse in the application of the telehealth flexibilities’ for telehealth services provided during the government shutdown.¹
- After December 31, 2027, Medicare telehealth flexibilities will expire again, and practitioners should reexamine their telehealth strategy to avoid any unexpected issues regarding payment.

Telehealth flexibilities are back in the news, and whether or not key provisions remain in place is a topic of continued discussion. On September 30, 2025, several Medicare telehealth flexibilities expired, which reintroduced several long-standing restrictions, such as limits on where patients can be located, which clinicians can bill, and what technology can be used to furnish services. However, on November 12, 2025, Congress enacted legislation to extend these flexibilities through January 31, 2026, with retroactive payments authorized for services rendered during the shutdown. On February 3, Congress extended telehealth flexibilities through December 31, 2027; however, without permanent legislation telehealth flexibilities will again expire after December 2027.

A summary of the most important changes and updates can be found below.

Medicare Telehealth Policies: What Changed After Flexibilities Expired

Policy	Before Flexibilities Expired	After Flexibilities Expired
Originating site/ geographic restrictions	Patients could receive telehealth anywhere, including at home; no rural-only requirement.	For most telehealth, patients must be located in an office or medical facility in a rural area. Home-based originating sites are generally restricted, except for behavioral/mental health.
Behavioral/mental health telehealth	Allowed broadly from home with no geographic limits; audio-only permitted; in-person visit rule not enforced.	In-person requirement takes effect; patient must be seen in person within 6 months of first telehealth behavioral health visit and annually thereafter. Some exceptions apply.
Eligible clinician types	A wide range of clinicians (e.g., PT, OT, SLP, audiologists) could bill Medicare for telehealth.	Eligibility narrows; only the clinician types permanently authorized under Medicare telehealth rules may continue.
Audio-only telehealth	Audio-only visits were widely covered, including for behavioral health.	Coverage becomes more limited. Audio-only may still be permitted for behavioral health when the patient cannot use video, but broader use will end.

Options Available to Practices

If telehealth flexibilities expire again, practices can

- continue to offer telehealth without Medicare reimbursement (if clinically appropriate and financially sustainable);
- allow existing appointments to proceed but stop scheduling new telehealth appointments;
- allow existing appointments through a defined transition period, then cancel all future visits after a specific date (e.g., cancel all telehealth appointments after December 31, 2027); or
- immediately cancel affected telehealth visits.

Review patient coverage: For dual-eligible patients, verify whether your state’s Medicaid program will continue covering the services needed via telehealth.

Update patient communications explaining upcoming changes to telehealth offerings: Draft and distribute clear patient messaging that explains changes to telehealth availability, payment, and scheduling.

Adjust operations: Reevaluate scheduling workflows, billing practices, and technology investments to align with the reinstated requirements.

1. U.S. Centers for Medicare & Medicaid Services. Telehealth FAQ. Accessed at www.cms.gov/files/document/telehealth-faq-updated-02-26-2026.pdf on 23 February 2026.