

Medicare Telehealth Reimbursement Extension Update (January 27, 2026)

House Passes Medicare Telehealth Extension Through December 2027

The U.S. House of Representatives has passed legislation extending Medicare telehealth reimbursement flexibilities through December 31, 2027. This represents the longest extension period proposed since temporary telehealth waivers were first implemented during the COVID-19 public health emergency.

Current Authorization Status

The existing Medicare telehealth flexibilities expire January 31, 2026. Final extension requires Senate approval, which remains pending as part of broader federal appropriations negotiations.

Services Covered Under the Extension

The legislation maintains the current telehealth framework, including:

- Geographic and originating site restrictions removed
- Expanded distant site provider eligibility
- Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) participation
- Mental health and behavioral health services via telehealth
- Audio-only telehealth visit coverage
- Hospice telehealth services
- Hospital-at-Home program flexibilities

Policy Timeline and Context

January 31, 2026 Deadline

Current flexibilities expire without Congressional action by this date.

Previous Extensions

Congress has extended Medicare telehealth flexibilities multiple times since 2020. A similar situation occurred in October-November 2025, when a brief lapse was resolved retroactively. In that instance, services delivered during the gap were covered once legislation passed.

Legislative Momentum

The House extension vote demonstrates continued bipartisan support for telehealth coverage. The two-year duration represents a shift from previous short-term extensions, typically lasting three to six months.

Operational Considerations

CMS Guidance

The Centers for Medicare & Medicaid Services (CMS) has historically provided clarification to healthcare providers during authorization gaps, typically indicating low enforcement risk for services delivered in good faith during brief lapses.



Retroactive Coverage Precedent

Based on 2025 precedent, services provided during any potential gap would likely receive retroactive authorization if the extension passes, as occurred during the October-November 2025 lapse.

What TeleSpecialists Is Monitoring

We track several information sources to stay informed on telehealth policy developments:

- Congressional legislative calendars and floor action
- CMS regulatory guidance and provider updates
- Healthcare industry association communications
- State Medicaid policy changes that may follow federal action

Our current operational stance assumes continuity of existing flexibilities while maintaining appropriate documentation protocols.

Frequently Asked Questions

Do Medicare telehealth waivers expire January 31, 2026?

Yes, current flexibilities expire January 31 without Congressional action. The House has passed an extension through 2027, but the Senate has not yet acted. The timing depends on broader federal funding negotiations.

What happens if there is a gap in authorization?

Based on the October-November 2025 experience, a brief gap would likely be resolved retroactively. CMS typically provides guidance indicating that services delivered in good faith during short authorization lapses will be covered once legislation passes.

What services would be affected?

All telehealth services currently covered under temporary flexibilities would revert to pre-pandemic restrictions, which limit coverage based on geographic location, originating site requirements, and provider type restrictions.

How long might a potential gap last?

The October-November 2025 gap lasted approximately three weeks. Senate consideration timing depends on resolution of broader appropriations matters currently under negotiation.

Information Updates

This page reflects developments as of January 27, 2026. TeleSpecialists updates this information center as Congressional action and CMS guidance become available.

For questions about how policy developments may affect specific service arrangements, contact your TeleSpecialists representative or consult with your facility's billing and compliance team.

About This Information Center

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TeleSpecialists maintains this resource to provide factual updates on Medicare telehealth reimbursement policy. Information is sourced from Congressional legislative text, CMS regulatory guidance, and healthcare industry association communications.