

Expiration of Medicare Telehealth Flexibilities: What Physicians Need to Know

Due to the ongoing government shutdown, it remains unclear if or when Congress will act to reinstate key Medicare telehealth flexibilities, which expire on September 30, 2025. Beginning October 1, longstanding restrictions return, including limits on where patients can be located, which clinicians can bill, and what technology can be used. Most home-based telehealth visits will no longer be reimbursed, geographic and originating site limitations are back in effect, and coverage for audio-only services is significantly reduced.

These changes will remain in place until Congress passes legislation to reverse the shutdown and specifically reinstate the telehealth flexibilities. While there is hope that any reinstatement will be retroactive to October 1, that outcome is not guaranteed. The table below summarizes the most important changes and how they differ from the pandemic-era policies.

Medicare Telehealth Policies: What Changes on October 1, 2025

| Policy | Before September 30, 2025 | Starting October 1, 2025 |
|--|--|--|
| Originating site / geographic restrictions | Patients could receive telehealth anywhere, including 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 six 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 |

What Practices Can Do Now

With the expiration of these flexibilities, practices should take immediate steps to adapt:

Decide on your telehealth strategy:

- 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 October 15th)
- Immediately cancel affected telehealth visits

Review patient coverage: For dual-eligible patients, verify whether your state’s Medicaid 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.