



MEDICARE COVERAGE IS CHANGING IN 2026:

What Seniors and Providers Must Know

Medicare is **making major coverage changes starting January 31, 2026**, most notably in how telehealth services will be covered. These policy shifts will affect millions of beneficiaries, providers, and care managers. Below is a concise breakdown of the changes, what they mean, and how to prepare.

A PRACTICAL GUIDE TO MEDICARE 2026 CHANGES



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Medicare Telehealth Coverage Will Change Drastically

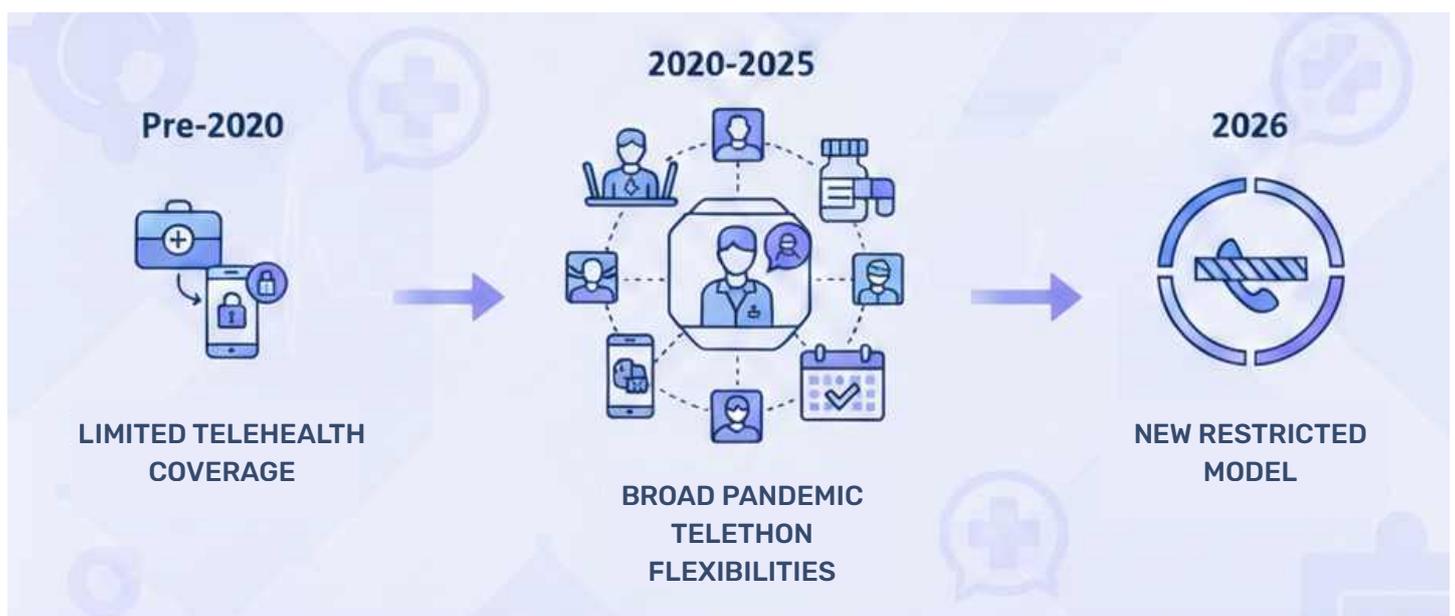
Effective January 31, 2026, Medicare will no longer cover most telehealth visits from home as it has during the pandemic. Telehealth will generally only be reimbursed if:

- **The patient is physically located in a medical facility at the time of service, and**
- **It's in a rural area, OR**
- **The visit is behavioral health care. (The Motley Fool)**

Exceptions include:

- **Behavioral health telehealth from home**
- **ESRD-related home dialysis evaluation**
- **Acute stroke symptom evaluation even from mobile units (The Motley Fool)**

This is a sharp rollback from pandemic-era flexibilities that allowed broad home telehealth coverage, and will require major process changes for providers and patients. (telehealth.hhs.gov)

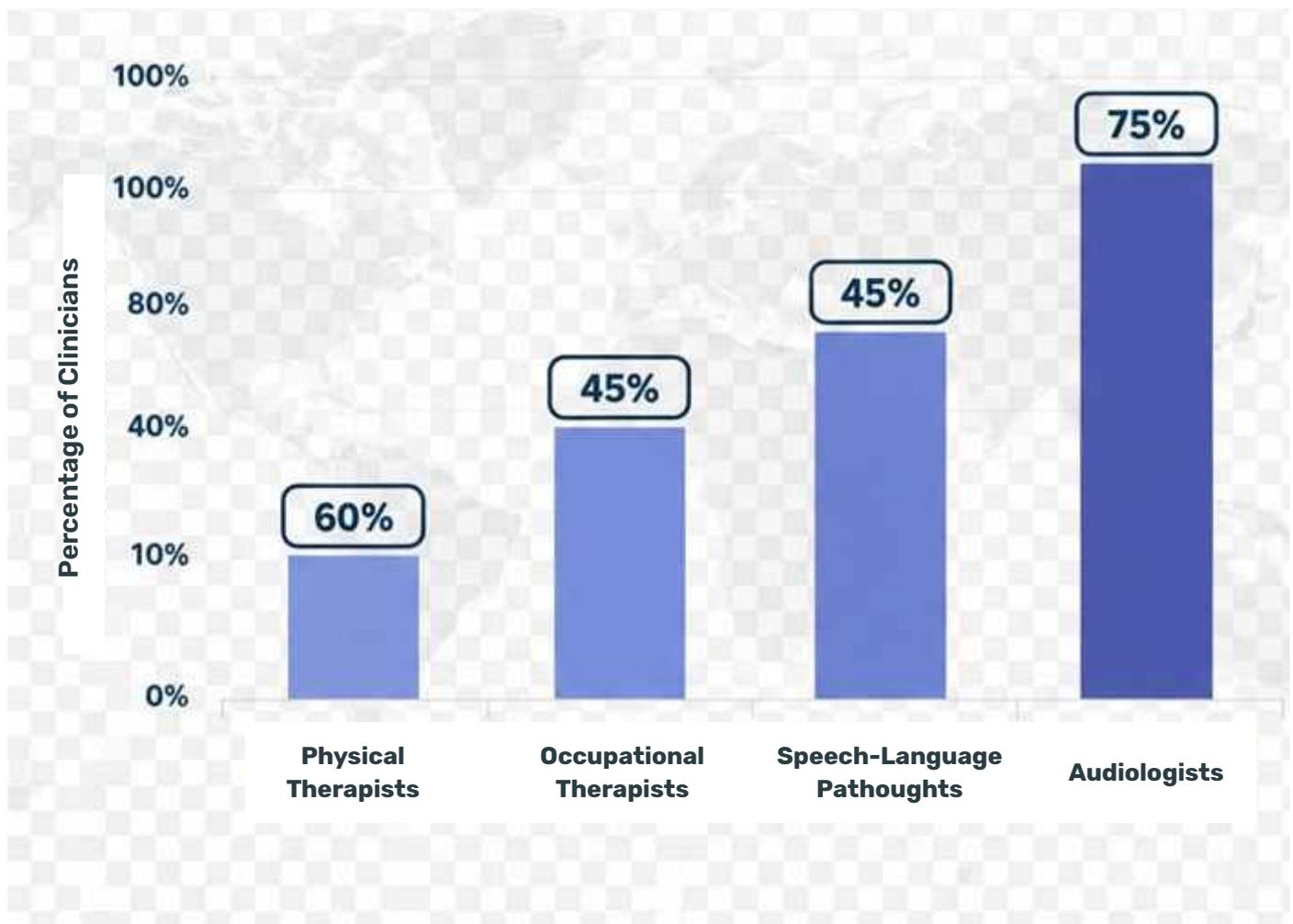


Telehealth Clinical Providers Impacted

Starting January 31, 2026, Medicare will no longer pay for telehealth services furnished remotely by these clinicians.

- Physical Therapists
- Occupational Therapists
- Speech-Language Pathologists
- Audiologists ([cms.gov](https://www.cms.gov))

Likewise, hospitals cannot bill Medicare for telehealth delivered from hospital staff to patients at home. ([cms.gov](https://www.cms.gov))



Part B Costs and Premiums Increase in 2026

Medicare Part B premiums and deductibles will rise in 2026:

- ✦ **Standard monthly Part B premium: \$202.90 (up from \$185.00 in 2025)**
- ✦ **Part B annual deductible: \$283 (up from \$257) ([cms.gov](https://www.cms.gov))**

This affects all beneficiaries whose plans include outpatient and physician services, so budgeting and counseling should reflect these increases.



Telehealth Policy Not All Lost: Behavioral Health Still Covered

While many telehealth services are being restricted, CMS has permanent allowances for behavioral/mental health telehealth services - including at-home visits - with no geographic restrictions. (telehealth.hhs.gov)

	
COVERED TELEHEALTH (BEHAVIORAL HEALTH)	NOT COVERED (MOST HOME TELEHEALTH)
	
<ul style="list-style-type: none">• At-home visits• No geographic restrictions• Individual & Group Therapy	<ul style="list-style-type: none">• Physical Therapy• Occupational Therapy• Speech-Language Pathology• Audiology
Source: telehealth.hhs.gov	Source: cms.gov

Broader Coverage Landscape Still Evolving in 2026

These telehealth changes are just one part of a larger 2026 Medicare landscape that also includes:

- New Part D out-of-pocket maximums – \$2,100 for covered drugs in 2026. (humana.com)
- Additional pilot programs for Part B prior authorization in select states. ([GoodRx](https://goodrx.com))
- Medicare Advantage plan tightening and possible coverage carve-outs. ([The Motley Fool](https://www.themotleyfool.com))

What This Means for Patients & Providers

For Patients:

- Expect less home telehealth coverage for routine care.
- Prepare for higher Part B premiums and deductibles.
- Behavioral health care via telehealth remains available.

For Providers & Practice Managers:

- Update workflows for telehealth scheduling and reimbursement.
- Train front office staff on originating site and rural criteria.
- Adjust financial counseling scripts for patients anticipating Part B cost increases.

Key Takeaways

📌 **2026 marks one of the most significant Medicare coverage changes in years, especially for telehealth benefits.**

📌 **Home telehealth coverage will be substantially limited starting January 31.**

📌 **Behavioral health telehealth will still be payable.**

📌 **Premiums and deductibles continue trending upward.**

Contact Information

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