Background re: Medicare Physician Fee Schedule and Engagement Opportunity for CY 2026

Each year, the Centers for Medicare & Medicaid Services (CMS) under the U.S Department of Health and Human Services (HHS) issues a public notice of the upcoming calendar year's payment schedules for physicians and other medical professionals under the Medicare program. The 2024 and 2025 Physician Fee Schedule Final Rules advanced significant policy changes for Medicare payments under the PFS and other Medicare Part B payment policy issues which included adding and expanding coding and payment changes for services to support caregiver training and to address health-related social needs (HRSNs or upstream drivers of health) for Medicare beneficiaries.

Caregiver training services (CTS) are reimbursable if provided by physicians or non-physician practitioners (NPPs). The National Alliance for Caregiving and the Act on Raise Campaign have submitted comments in response the 2024 addition of CTS and other billable services to address upstream drivers of health and again in 2025 to address barriers to implementation and CTS expansion opportunities.

We are again developing a response for proposed 2026 changes outlined in the draft PFS. While the CY 2026 proposed rule includes some minor policy updates and clarifications to Caregiver Training Service (CTS), Community Health Integration (CHI), and other important reimbursement opportunities that advocates will want to weigh in on, the draft includes a **critically important opportunity to inform expanded payment policies for addressing upstream drivers of health through traditional Medicare**.

Specifically, CMS recognizes that **programs funded through the Administration for Community Living (ACL) have**: "*demonstrated impact in effectively treating chronic disease, preventing disease, and helping older adults and people with disabilities to adopt healthy behaviors, improve their health status, reduce disability and injury, and reduce their use of hospital services and emergency room visits…address older adult falls, mental health, physical activity, and more…" CMS also calls out that, "Fifty-six State units on aging that work with over 600 area agencies on aging (AAAs) and their networks of service providers receive formula grants from ACL to administer [these evidence-based] programs, but the need exceeds available federal funding.*"

The PFS RFI asks advocates and commenters to provide input about "*existing or new Physician Fee Schedule codes and payment, or Innovation Center Models, that* ***could better support practitioner provision of successful interventions through partnerships between health care entities, AAAs, community care hubs, and other local aging and disability organizations?***"

This request provides advocates for caregivers, older adults, and people with disabilities an unprecedented opportunity to directly inform future payment structures and/or innovation models that could provide significant additional funding to key community-based programs that support the health and well-being of caregivers and their care recipients. While we are unlikely to see major policy changes and payment innovations included in the final 2026 Medicare PFS, we expect the input provided in response to this RFI will be used to inform policies in 2027 and beyond.

As we prepare NAC and AOR comments and develop template materials for advocates, we encourage your input on these, and other key issues outlined in the proposed rule. **The deadline for comments is Friday, September 12, 2025, at 5 PM EST.**

Other Resources

Federal Register – Proposed Rule Text 2025-13271 (90 FR 32352) (July 16, 2025)
https://www.federalregister.gov/documents/2025/07/16/2025-13271/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other

CMS Overview of the CY 2026 MPFS (July 14, 2025)
https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-pfs-proposed-rule-cms-1832-p

Prior Year Comments

NAC Overview of Comments on the CY2025 MPFS
https://www.caregiving.org/wp-content/uploads/2024/11/MFS_2025_NAC-Update-1.pdf

CCC Comments on the CY2025 MPFS
https://www.caregiving.org/wp-content/uploads/2024/09/2024-Sep-9_Cancer-Caregiving_CY-2025-MPFS_FINAL-with-Signatures.pdf

For the CY2026 MPFS, the main issues identified for AOR to consider commenting on are as follows:

Proposed Update / RFI	Details and Potential Implications	AOR Position for Consideration
Part 1—CTS-specific updates: There were not a lot of CTS specific updates proposed in the PFS. However, there are some issues we believe are worth comment		
1. Add CTS to list of permanent telehealth services	The proposed rule would make all current provisional telehealth services, including CTS, permanent services. (https://www.federalregister.gov/d/2025-13271/p-387)	Support permanent inclusion—especially during implementation period as evidence-base is established.
2. Align CTS billing requirements for therapists to align with all other reporting protocols.	This is not a change that is proposed in the rule, but we are working with AOTA to ensure that PTs, OTs, etc., are able to bill for CTS in the same way that they can for all other therapeutic services. Currently CTS is an outlier that is causing significant barriers to implementation among provider groups.	Continue to work with AOTA to align language in AOR request and subsequent template language
3. Delete SDOH Risk Assessment code (HCPCS code G0136)	Eliminates the opportunity to bill for SDOH risk assessment process to determine if CTS is a necessary component of a patient's successful treatment plan. CMS justifies this proposal because, "we have come to believe that the resource costs described by HCPCS code G0136 are already accounted for in existing codes, including but not limited to E/M visits." (https://www.federalregister.gov/d/2025-13271/p-818)	TBD—while this seems to be a concerning change, it may actually expand opportunities to bill for CTS and other services that address "upstream drivers of health" and remove perceived burden to CTS implementation
Part 2—Other critical issues affecting caregivers: This section includes an outline of the RFI and other changes/clarifications that may be of interest to caregiver advocates.		
1. Prevention and Management of Chronic Disease—Request for Information (https://www.federalregister.gov/d/2025-13271/p-776)	This RFI is not specific to CTS. However, it is a vital opportunity weigh in on strategies to help "better understand how we could enhance our support management for prevention and management of chronic disease." (https://www.federalregister.gov/d/2025-13271/p-783).	
• Are there certain existing or new Physician Fee Schedule codes and payment, or Innovation Center Models, that could better support practitioner provision of successful interventions through partnerships between health care entities, AAAs, community care hubs, and other local aging and disability organizations? If so, please provide specific examples. (https://www.federalregister.gov/d/2025-13271/p-792)		Advocates should elevate this significant call-out to ACL programs and services. **AOR will want to focus specifically on opportunities to support caregivers.**
• CMS is asking for input about how the agency could better support:	• CMS is looking for instances and evidence demonstrating:	
- **prevention and management, including self-management, of chronic disease?**	- Time and resources to perform the services are not adequately captured by the current PFS code set?	

Proposed Update / RFI	Details and Potential Implications	AOR Position for Consideration
- services that **address the root causes** of disease, chronic disease management, or prevention	- If so, please provide specific examples	
- services being performed to **address social isolation and loneliness**	- If so, what evidence has supported these services, and what do these services entail? - What services have been delivered by Medicare providers or community-based organizations, including area agencies on aging and other local aging and disability organizations? - What has been the impact?	
- services being performed that **improve physical activity**	- How should CMS consider provider assessment of physical activity, exercise prescription, supervised exercise programs, and referral, given the accelerating use of wearable devices and advances in remote monitoring technology	
- Should CMS consider creating separate coding and payment for **intensive lifestyle interventions**	- How should these interventions be prioritized - What evidence has supported these services, and what do the services entail? - How would additional coding and payment be substantively different from coding and payment for Intensive Behavioral Therapy?	
• **Other issues addressed in the RFI include:** - *Medically Tailored Meals* as incident-to billing - *FDA-cleared digital therapeutics* that treat or manage the symptoms of chronic diseases an incident-to service - *Technical solutions that would enhance the uptake of the annual wellness visit (AWV)*, or the improving accessibility, impact, and usefulness of the AWV - *Motivational Interviewing* via Health Coaching Codes		Think about how caregivers can be supported.
2. Updating term SDOH to Upstream Drivers of Health	CMS proposes to replace the term "social determinants of health (SDOH)" with the term "upstream driver(s)". "We have determined that the term "upstream driver(s)" is more comprehensive and includes a variety of factors that can impact the health of Medicare beneficiaries. The term "upstream driver(s)" encompasses a wider range of root causes of the	Again, while this seems counterintuitive and concerning, it could potentially open up opportunities for addressing a broader category of SDOH for caregivers and care recipients

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	problems that practitioners are addressing through CHI services. This type of whole-person care can better address the upstream drivers that affect patient behaviors (such as smoking, poor nutrition, low physical activity, substance misuse, etc.) or potential dietary, behavioral, medical, and environmental drivers to lessen the impacts of the problem(s) addressed in the initiating visit." (https://www.federalregister.gov/d/2025-13271/p-820)	
3. Additional qualifying visit for Community Health Integration	CMS proposes to allow psychiatric diagnostic evaluation and Health Behavior Assessment Intervention (HBAI) as additional qualifying visits for CHI services - This would clarify that CSWs, MHT, and MFTs can provide CHI services (although they cannot bill for them as incident-to providers) (https://www.federalregister.gov/d/2025-13271/p-817)	Support additional pathways for Medicare beneficiaries and families to receive support to address unmet upstream drivers of health.