

2026 Medicare Physician Fee Schedule

Summary of Telehealth Changes

December 2025

The Centers for Medicare & Medicaid Services (CMS) issued the *Calendar Year 2026 Medicare Physician Fee Schedule Final Rule* (CMS-1832-F) on October 31, 2025 (effective January 1, 2026).¹ The final rule includes broad policies affecting health care providers, including telehealth services. This document is intended to help providers by highlighting telehealth changes that include making permanent more flexibilities implemented in response to the COVID-19 public health emergency. Note, the information does not constitute legal advice and should not be considered a substitute for a thorough review of the final rule and telehealth services offered to ensure alignment with CMS requirements.

2026 Medicare Physician Fee Schedule – Telehealth Policies

#	Category	Change
1	Medicare Telehealth Services List	Simplifies the process for adding services to the Medicare Telehealth Services List by reducing it to three steps and eliminating the distinction between “provisional” and “permanent” services; all services listed will be considered permanent and subject to future review and possible removal; five codes have also been added (90849, G0473, G0545, 92622, 92623)
2	Frequency Limits	Removes telehealth frequency limits for subsequent hospital inpatient visits (99231 – 99233), nursing facility visits (99307 – 99310), and critical care consultations (G0508, G0509)
3	Supervision of Services	Allows physicians to remotely supervise certain services (e.g., incident-to visits or diagnostic tests) via audio-video technology, except for procedures with 10-day or 90-day global periods
4	Definition of Direct Supervision	Permanently expands the definition to include real-time audio-video technology (excludes audio-only)
5	Medicare Diabetes Prevention Program (MDPP)	Extends MDPP in-person waivers and eliminates requirements for online-only suppliers to maintain in-person delivery capabilities through December 31, 2029
6	Remote monitoring	Includes new reimbursable codes for remote therapeutic monitoring (98984, 98985, and 98979) and remote physiological monitoring (99445 and 99470) services for less than 16 days data transmission per 30-day period and less than 20 minutes of interactive communication per month

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7	Digital Mental Health Treatment (DMHT)	Expands reimbursement for DMHT devices that meet FDA criteria (G0552-G0554); clarifies billing practitioner need not be the practitioner who diagnosed the patient; adds reimbursement coding for digital tools used as part of a mental health treatment plan to maintain or encourage a healthy lifestyle
8	Originating Site Facility Fee	Updates the originating site facility fee payment amount for Q3014 to \$31.85
9	Federally Qualified Health centers (FQHCs) and Rural Health Clinics (RHCs)	Delays in-person billing requirements for FQHCs and RHCs at least until January 1, 2026 (CMS to address requirements in future guidance); use of certain codes required to report individual services related to communication technology-based services and remote evaluation (G0071, G2010, G2012, G2250, 98016)

Additional Resources

Final CY 2026 Medicare Physician Fee Schedule, Fact Sheet (November 2025)

Center for Connected Health Policy

www.cchpca.org/2025/11/FINAL-2026-PHYSICIAN-FEE-SCHEDULE-FINAL.pdf.

¹ Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program. 90 FR 49266 (Nov 5, 2025) (to be codified at 42 CFR pts. 405, 410, 414, 524, 425, 427, 428, 495). public-inspection.federalregister.gov/2025-19787.pdf.