



2026 final rule changes to telehealth

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Content Source(s):

- [federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other](https://www.federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other)
 - [cms.gov/medicare/coverage/telehealth/list-services](https://www.cms.gov/medicare/coverage/telehealth/list-services)
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In the CY 2026 Medicare Physician Fee Schedule (MPFS) final rule, the Centers for Medicare and Medicaid Services (CMS) finalized a revision to the process for reviewing requests for additions to the Medicare Telehealth Services List. Since the COVID-19 public health emergency, the telehealth landscape has been constantly evolving to ensure ongoing care for patients, even when they cannot make it to a clinic or facility to see a provider.

In the CY 2024 Final Rule, CMS announced a five-step process for making changes to the telehealth list. It included:

- Step 1:** Determine if the service is payable under the physician fee schedule.
- Step 2:** Determine if the service is subject to provisions of section 1834(m) of the Act.
- Step 3:** Review elements of the service according to the HCPCS code description and determine if they can be furnished using an interactive telecommunications systems as defined in 410.78(a)(3).
- Step 4:** Determine if the service elements of the requested service map to elements of a service on the list that has a permanent status described in previous final rulemaking.
- Step 5:** Determine if there is a clinical benefit comparable to the benefit of the in-person service when the patient receives the service furnished by a provider located at a distant site through an interactive telecommunications system.

Beginning in 2026, the 5-step process will be revised to remove steps 4 and 5. In addition, telehealth services will no longer be designated as permanent or provisional. All services on the list will be included on a permanent basis, although services can be removed based on internal review or feedback from interested parties. Frequency limits for telehealth will be eliminated for subsequent inpatient and nursing facility visits, as well as for critical care consultation services. Providers should rely on their professional judgment to decide whether a telehealth service from the approved list or an in-person visit is most appropriate for each patient.

CMS received several requests to add services to the telehealth approved list for 2026. Finalized CPT® and HCPCS code additions for 2026 include:

- 90849** Multiple-family group psychotherapy
- 92622** Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
- 92623** Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)
- G0473** Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes
- G0545** Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigation, analysis, testing, and complex antimicrobial therapy counseling and treatment (add-on code, list separately in addition to hospital inpatient or observation evaluation and management visit, initial, same day discharge, subsequent, or discharge)

The CY 2026 Final Rule also includes changes to supervision requirements related to telehealth. Services that require direct supervision, meaning the “immediate availability” of a supervising practitioner, can be furnished with the virtual presence of the supervising practitioner through audio-video real-time communications technology. This excludes services that have a 10- or 90-day global surgery period. For teaching physicians, CMS will permit virtual presence for the key portion of the service only when the encounter is a three-way telehealth visit involving the teaching physician, resident, and patient in separate locations.

For the current CMS list of telehealth services, see [cms.gov/medicare/coverage/telehealth/list-services](https://www.cms.gov/medicare/coverage/telehealth/list-services).

*Specialties: All Specialties, Allergy/Immunology, Anesthesia, Behavioral Health, Cardiac Surgery, Cardiology, Cardiothoracic, Cardiovascular surgery, Chargemaster, Chiropractic, Clinical Social Worker, Clinical Trials, Colorectal Surgery, Critical Care, Dental, Dermatology, DME, Emergency Department, Emergency Medicine, Endocrinology, ENT, E/M, Family Practice, Gastroenterology, Gastrointestinal Surgery, General Practice, General Surgery, Genitourinary Surgery, Geriatric Medicine, Gynecology, Hand Surgery, Head and Neck Surgery, Hematology, Hepatology, Home Health, Hospice, Hospitalist, Infectious Disease, Infusions, Inpatient Rehab, Internal Medicine, Interventional Radiology, Laboratory, Long Term Care, Medical Device, Medical Toxicology, Minor Surgery, Musculoskeletal, Nephrology, Nervous System, Neurology, Neurosurgery, OB/GYN, Obstetrics, Occupational Therapy, Oncology, Ophthalmology, Oral Maxillofacial Surgery (OMS), Orthopedics, Orthopedic surgery, Otolaryngology, Pain Management, Part A, Part B, Pathology, Pediatric Medicine, Pharmacy, Physical Therapy, Plastic and Reconstructive Surgery, Podiatry, Primary Care, Psychiatry, Psychologist, Pulmonary, Radiation Oncology, Radiology, Rehabilitation Medicine, Respiratory, Rheumatology, Social Work, Skilled Nursing, Speech Language Pathology, Sports Medicine, Surgical Oncology, Surgical Specialties, Transplant Cardiology, Transplants, Thoracic Surgery, Trauma, Urology, Wound Care, Vascular Surgery



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