DISCLAIMER NOTICE: This information is intended as generalized coding guidance and should not be misinterpreted as medical, health, legal or financial advice. Furthermore, it is the responsibility of the provider to code services as they are documented in the permanent medical record following federal and state regulations, as well as carrier specific guidelines. Any information given should not be modified in any way, sold for profit or shared without the express permission of UPA. While all information given is thoroughly researched and believed to be correct, recipients of this email accept responsibility for their own coding and documentation

## REVENUE CYCLE MANAGEMENT A UPA Billing Office Newsletter

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## Telehealth for Traditional Medicare

On November 12, 2025, President Trump signed into law the Continuing Appropriations Act, 2026, H.R. 5371 to end the government shutdown and extend certain telehealth flexibilities that had previously expired on October 1, 2025. With this bill, the government will be funded through January 30, 2026.

This means that many telehealth flexibilities such as "home" as the originating site for the telehealth service, will again be covered with no geographic restrictions for telehealth visits. Audio-only services for non-behavioral health visits will also be reinstated. This coverage is anticipated to be retroactive to October 1, 2025; however, the bill does not specifically state the effective date of these coverage flexibilities.

In addition to the flexibilities extended with H.R. 5371, with the 2026 MPFS Final Rule, CMS will permanently allow virtual direct supervision for telehealth services furnished in hospital inpatient, nursing facilities, and critical care settings. Supervising physicians will be allowed to be immediately available via audio-video technology for all services that require direct supervision outside of a global period.



## 2026 Medicare Physician Fee Schedule Updates

The Medicare Physician Fee Schedule (MPFS) Final Rule for CY 2026 is now available. CMS finalized the proposed changes to the MPFS on October 31, 2025, and these fee schedule updates will be applied with dates of service beginning January 1, 2026. Highlights of the changes are listed below. Please see the full details from CMS in the link provided.

For 2026, conversion factor rates for practitioners will be based on whether the provider is a qualifying participant in an alternative payment model (APM) and those that do not qualify for this APM model. The conversion factor for APM participants is increasing by 0.75% and for non-qualified APM the conversion factor is increasing 0.25%. Along with some additional statutorily required increases, this brings the total adjusted conversion factor rate for 2026 to \$33.57 for APM providers and \$32.35 for non-qualified APM. There are additional adjustments being made to Relative Value Unit (RVU) calculations for efficiency adjustments. CMS is finalizing a proposal to use the Medicare Economic Index (MEI) productivity adjustment percentage to correct overinflated time assumptions. See the full details of the final rule for additional information on upcoming RVU calculation changes.

## Resources:

- Calendar Year (CY) 2026 Medicare Physician Fee Schedule Final Rule (CMS-1832-F) CMS
- Senate Passes CR Extending Medicare Telehealth Flexibilities | Telehealth.org





