# CMS CY 2027 PROPOSED RULE

## Health & Wellness Coaching

## FREQUENTLY ASKED QUESTIONS

On July 14, 2026, the Centers for Medicare & Medicaid Services (CMS) issued the CY 2027 Medicare Physician Fee Schedule Proposed Rule, which includes proposed national payment and conditions of payment for health and well-being coaching services.

### What does this mean for NBC-HWCs?

If finalized, it would establish a national Medicare payment pathway for defined HWC services and formally integrate appropriately credentialed coaches into Medicare delivery under practitioner oversight. That is a major step toward healthcare integration, but it would not automatically make every NBC-HWC an independent Medicare billing practitioner.

### What HWC services are included in the CMS proposal?

CMS is addressing the three existing Category III HWC codes:

a. 0591T: initial individual HWC assessment/intervention, ⩾60 minutes
b. 0592T: individual follow-up HWC, ⩾30 minutes
c. 0593T: group HWC, ⩾30 minutes.

### What conditions or populations would be eligible?

The proposal is directed to Medicare beneficiaries receiving medically appropriate HWC services. It is not framed in our comment as being restricted to one disease such as diabetes or obesity. Final operational requirements, including diagnoses and medical-necessity documentation, will depend on CMS's final policy and implementation guidance.

### What are the major limitations?

The biggest are that this remains proposed policy; HWC would operate within Medicare supervision and billing rules; appropriate credentialing would be required; and several operational issues still need clarification.

### Can an independent/private-practice NBC-HWC participate? Can a coach bill Medicare directly?

The proposal does not create NBC-HWCs as independent Medicare billing practitioners. The contemplated model is that appropriately credentialed coaches furnish HWC as auxiliary personnel under a billing practitioner's supervision. An independent coach may potentially work through arrangements with healthcare practices, health systems, or community-based organizations, but the final arrangement would still need to satisfy Medicare supervision, billing, and auxiliary-personnel requirements.

### Is supervision required?

Yes. NBHWC is specifically asking CMS to clarify that general supervision, rather than direct supervision, applies. General supervision means the billing practitioner provides overall direction and control but does not have to be physically present during the coaching session. CMS also specifically contemplates appropriately qualified coaches employed by community-based organizations working under the general supervision of the billing practitioner, provided applicable training and certification requirements are met.

### How will this impact coaches employed by healthcare organizations?

This is likely the most straightforward implementation model because the coach can be incorporated into an existing clinical team, billing structure, care plan, documentation system, and practitioner-supervision arrangement.

### How will this impact independent contractors?

The contractor status by itself does not determine Medicare eligibility. The arrangement would still have to satisfy CMS requirements governing auxiliary personnel, supervision, billing, and the entity furnishing the service.

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### Is the NBC-HWC credential required and sufficient?

CMS specifically identifies NBHWC, NCHEC, or AHNCC credentialing pathways. NBHWC is advocating strongly for nationally recognized, individual competency-based certification rather than broad alternatives that do not assess HWC competency.

### Does Medicarre reimbursement expand the HWC Scope of Practice?

No. Payment does not change professional scope. Coaches still must work within HWC scope, recognize clinical red flags, and refer concerns outside that scope to appropriate healthcare professionals.

### Will a physician/provider referral or order be required?

The proposal places HWC within a practitioner-supervised Medicare framework. The precise referral/order mechanics should be clarified in final CMS implementation guidance.

### How does a HWC fit into the care plan?

Ideally, the coach helps translate healthcare goals into patient-selected, sustainable behavior change while communicating relevant progress, barriers, or referral needs back to the care team.

### How should healthcare organizations prepare?

Do not redesign operations yet. Organizations can begin identifying potential credentialed workforce, supervision models, documentation workflows, coding infrastructure, telehealth capability, and pathways for care-team communication.

### Does this automatically apply to Medicare Advantage or Medicaid?

No. This proposal concerns Original Medicare physician-fee-schedule policy. Medicare Advantage and state Medicaid programs operate under different payment structures. National Medicare recognition could become an important precedent for Medicare Advantage, Medicaid, employers, and commercial payers, but it would not automatically compel them to adopt identical payment or benefit policies.

### Could an NBC-HWC living outside the U.S. coach a U.S. Medicare beneficiary and receive Medicare payment?

No, not under the ordinary Medicare pathway contemplated here. Medicare generally does not pay for routine services furnished by a practitioner located outside the United States. The limited statutory exceptions for care outside the U.S. do not apply to routine HWC telehealth.

### What happens if CMS finalizes the proposal?

Finalization would be the beginning of implementation, not the end of the work. Priorities would then include CMS implementation guidance, education on billing and compliance, organizational adoption, evidence, utilization, and responsible-use monitoring, refinement of valuation, durable G-code development, engagement with other payers, and continued work toward a stable long-term coding pathway.

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### What is the purpose of this advocacy initiative?

NBHWC's advocacy work is designed to engage the health and wellness coaching community in shaping the future of HWC.

Our specific aims include:

- Advocating for clear guidance with favorable coding, reimbursement levels, and coverage for HWC services.
- Promoting meaningful access for all Americans to evidence-based HWC services for individuals with chronic, lifestyle-related, or social risk-driven health concerns.
- Supporting the recognition and integration of National Board Certified Health & Wellness Coaches (NBC-HWCs) into public health and clinical systems.

### How does NBHWC approach advocacy?

NBHWC does not endorse political candidates or engage in partisan activities. We pursue the goals of advancing the profession and improving the health of the patients we serve by serving as a resource to policymakers, sharing evidence-based recommendations and literature, describing the role and importance of credentialing, and recommending policies that will promote the interests of all individuals who are at risk for chronic disease.

Our engagement is issue-based and advocacy-focused, aligned with NBHWC's commitment to:

- **Advance** - Advance the health and wellness coaching profession by establishing and maintaining standards of equitable, evidence-informed education, training, certification, and maintenance of certification that result in quality professional practice.
- **Facilitate** - Facilitate the integration of health and wellness coaches into the healthcare team to foster a whole-person approach to care.
- **Support** - Support research initiatives to elevate the field of health and wellness coaching.
- **Promote** - Promote access for individuals across diverse communities to work with (NBC-HWC) as well as for professionals to complete quality coach training, certification and continuing education

### How does this benefit the pulic and our community?

When there is clarity with respect to favorable coding, reimbursement, and coverage of HWC services, then patients benefit from greater access to services that improve clinical outcomes, and the health system benefits from greater efficiency in mitigating and preventing chronic disease:

- More people can access evidence-based behavior change support through HWC
- Healthcare teams gain valuable allies to support whole-person health goals
- The public gains access to services that are shown to improve chronic disease management, mental well-being, and health equity outcomes
  - NBHWC Compendium: https://www.liebertpub.com/doi/10.1089/jicm.2024.0672

### How are these efforts aligned with NBHWC's mission?

We advocate within the framework of the NBHWC Code of Ethics and Scope of Practice, ensuring that coaches remain within their behavior-change role, that client autonomy and safety are prioritized, and that our efforts uphold high-quality, credentialed standards of practice. For additional information, please see the following links on the NBHWC website:

- Code of Ethics
- Scope of Practice