CY 2027 MEDICARE PHYSICIAN FEE SCHEDULE PROPOSED RULE COMMUNITY GUIDE BY NATIONAL BOARD FOR HEALTH & WELLNESS COACHING (NBHWC)

SHARING YOUR EXPERIENCE WITH CMS ON HEALTH & WELLNESS COACHING

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. The proposal addresses Medicare payment for CPT codes 0591T–0593T and includes provisions related to service valuation, practitioner supervision, coach qualifications, telehealth delivery, and the potential development of dedicated HCPCS G-codes.

Public Comment Deadline	**SEPT. 14, 2026** CMS-1848-P

CMS is considering national Medicare payment and conditions of payment for Health & Wellness Coaching (HWC) services. NBHWC has finalized its formal comment to CMS and expects to submit it before the public-comment deadline.

Our purpose in sharing this guide is not to tell anyone what to say. We are sharing the major issues NBHWC is addressing and encouraging coaches and other stakeholders who wish to participate to share their own experience, perspective, and evidence with CMS.

What CMS is considering

- **National Medicare payment:** for the existing HWC service codes.
- **How HWC should be valued:** including whether proposed payment adequately reflects the time and resources required.
- **Who is qualified to furnish HWC:** including nationally recognized professional standards and certification.
- **How HWC should be supervised:** within Medicare care-delivery arrangements.
- **How HWC should be delivered:** including telehealth and community-based arrangements.
- **Whether Medicare-specific coding is appropriate:** as the service moves toward a durable national payment pathway.

What NBHWC is emphasizing

NBHWC's public comment is finalized. We share here the major principles guiding our submission:

- Meaningful national access to a clearly defined HWC service for Medicare beneficiaries.
- Payment that reasonably reflects the time, intensity, and resources required to furnish individual and group coaching.
- Preservation of rigorous, nationally recognized, individual competency-based standards for professionals furnishing HWC.
- A supervision framework that protects beneficiaries while allowing practical longitudinal and telehealth delivery.
- Continued fidelity to the patient-centered, goal-directed, behavior-change nature of HWC.
- A durable Medicare pathway that supports responsible implementation across appropriate healthcare and community settings.
- Implementation with accountability: documentation, care-team communication, appropriate reassessment, workforce preparation, and attention to access and quality.

SHARING YOUR EXPERIENCE WITH CMS ON HEALTH & WELLNESS COACHING

What the proposal means for NBC-HWCs

An important point for the NBHWC community: every NBC-HWC has met NBHWC's nationally standardized education, training, skills-assessment, and examination requirements. Under CMS's proposed HWC framework, the NBC-HWC credential is a recognized professional qualification pathway for furnishing the CPT-defined HWC service within eligible Medicare care arrangements.

That does not mean an NBC-HWC becomes an independent Medicare billing practitioner. Medicare payment would still depend on the applicable billing practitioner, supervision, medical-necessity, documentation, and other program requirements. But the proposed framework recognizes that an NBC-HWC is professionally prepared to furnish HWC within healthcare settings without requiring an additional healthcare license or degree solely to demonstrate HWC competency.

How to make your own comment useful to CMS

CMS benefits most from comments that add real-world information—not from identical messages. If you choose to comment, focus on what you know firsthand and explain why it matters.

1. Identify your perspective	Briefly state whether you are an NBC-HWC, clinician, educator, employer, health-system leader, community partner, patient/beneficiary, researcher, or another stakeholder.
2. Describe your experience	Share a concrete example of delivering, referring to, receiving, implementing, or studying HWC. Explain the setting and population without disclosing private information.
3. Explain the practical issue	Describe what helps or hinders access, quality, implementation, workforce deployment, telehealth, care-team integration, or sustainability.
4. Connect experience to the proposal	Explain which aspect of CMS's proposal your experience informs—for example payment adequacy, qualifications, supervision, delivery model, or implementation.
5. Offer your own recommendation	State what you think CMS should consider and why. Use your own words. If you have data, publications, utilization experience, or implementation results, cite them.

Questions that may help you develop your own comment

- What has HWC made possible for patients, beneficiaries, clinicians, or organizations in your setting?
- What barriers currently prevent qualified coaches from being integrated into healthcare delivery?
- What would make Medicare HWC practical—or impractical—to implement in real-world care?
- What qualifications or competency safeguards should Medicare expect from professionals furnishing HWC?
- How would the level of supervision affect access, safety, workflow, or telehealth delivery?
- What have you observed about the time and resources required to deliver meaningful individual or group HWC?
- Where does HWC complement—not replace—clinical care, lifestyle medicine, chronic care management, or other services?
- What outcomes should Medicare expect organizations to document or evaluate as HWC is implemented?

SHARING YOUR EXPERIENCE WITH CMS ON HEALTH & WELLNESS COACHING

A few important guardrails

- **Speak for yourself.** Do not imply that you are submitting a comment on behalf of NBHWC unless you are specifically authorized to do so.
- **Do not copy NBHWC's submission.** We encourage original comments grounded in your own experience. NBHWC's full technical submission contains detailed policy and valuation analysis that is not reproduced in this guide.
- **Avoid unsupported claims.** Distinguish personal experience from published evidence. Avoid promising cost savings, clinical outcomes, or safety conclusions that your experience or evidence cannot support.
- **Be precise about Medicare status.** The proposal creates a pathway for qualified HWC professionals to furnish services within Medicare arrangements; it does not automatically make coaches independent Medicare billers.
- **Protect privacy.** Do not include identifiable patient or client information.

Professional qualification

CMS's proposal references three national credentialing bodies as pathways for qualified HWC professionals. NBHWC supports CMS's recognition of rigorous national, individual competency-based certification. NBHWC's role is to advocate for the standards represented by the NBC-HWC credential; we are not speaking on behalf of the other credentialing organizations.

How to submit

1. Go to the official Regulations.gov comment page: https://www.federalregister.gov/documents/2026/07/16/2026-14327/medicare-and-medicaid-programs-cy-2027-payment-policies-under-the-physician-fee-schedule-and-other
2. Add a comment and/or attach a file
3. Select a category under - 'What is your comment about?'
    a. This is asking to identify stakeholder perspective or role. As appropriate, selections might include 'Other Healthcare Professional - HC075' or 'Other Health Care Provider - HPA70'
4. Complete the remainder of the form
5. Submit

Deadline: September 14, 2026