

The Centers for Medicare & Medicaid Services (CMS) recently released its [Physician Fee Schedule \(PFS\)](#) and [Outpatient Prospective Payment System \(OPPS\)](#) final rules for Calendar Year (CY) 2026. Each year, CMS issues proposed regulations to make policy and technical changes to the Medicare program for the upcoming calendar year. The Legal Action Center (LAC) submitted [PFS comments](#) and [OPPS comments](#) to CMS supporting several proposals and recommending some additional expansions. The following charts summarize CMS’s proposals relating to substance use disorder (SUD) and mental health (MH) coverage, LAC’s comments, the final rules, and our next steps to continue to improve access to SUD treatment in Medicare.

CMS Proposal – PFS	LAC Comment	CMS Final Rule	Next Steps (if applicable)
<p>Integrating Behavioral Health into Advanced Primary Care Management: CMS proposed to adopt new Advanced Primary Care Management (APCM) add-on codes for general behavioral health integration (BHI) and the psychiatric collaborative care model (CoCM).</p> <p>CMS also solicited feedback on several questions related to APCM and prevention of chronic disease.</p>	<p>LAC supported this proposal, and encouraged CMS to similarly adopt add-on codes for several codes related to office-based counseling and care management for SUD (G2086-G2088) to further improve access to integrated care.</p> <p>LAC recommended CMS remove cost-sharing for these services, as well as for other SUD and MH benefits.</p> <p>LAC also recommended CMS further strengthen coverage of specialty community-based SUD and MH care.</p>	<p>CMS finalized the rule as proposed and did not acknowledge LAC’s other recommendations on this topic.</p>	<p>Continue advocacy to CMS to strengthen coverage of integrated care for SUD as well as community-based SUD programs and services.</p> <p>Continue to advocate to Congress and CMS to remove cost-sharing for SUD and MH benefits.</p>

CMS Proposal – PFS	LAC Comment	CMS Final Rule	Next Steps (if applicable)
<p>Services Addressing Social Determinants of Health: CMS proposed allowing psychiatric diagnostic evaluation and health behavior assessment and intervention (HBAI) services to count as initiating visits for community health integration (CHI) services.</p> <p>CMS also clarified that CHI and principal illness navigation (PIN) services may be delivered by marriage and family therapists (MFTs) and mental health counselors (MHCs).</p> <p>CMS also proposed removing coverage of the Social Determinants of Health Risk Assessment (SDOH RA).</p> <p>CMS also proposed changing the term “social determinants of health” to “upstream drivers” for the code descriptor for CHI services.</p>	<p>LAC supported CMS’s proposal to allow psychiatric diagnostic evaluations and HBAI services to count as initiating visits for CHI and PIN services.</p> <p>LAC supported CMS’s clarification that CHI and PIN services may be delivered by MFTs and MHCs.</p> <p>LAC did not support CMS’s proposal to remove coverage of the SDOH RA, instead recommending CMS enable it to be delivered as a standalone code.</p>	<p>CMS finalized the rule as proposed to allow psychiatric diagnostic evaluations and HBAI services to count as initiating visits for CHI services.</p> <p>CMS finalized its clarification on practitioners who can deliver CHI and PIN.</p> <p>CMS did not finalize its proposal to remove the SDOH RA. However, it amended the code descriptor to read: “administration of a standardized, evidence-based assessment of physical activity and nutrition.” CMS clarified that this is still an add-on code, but it does not need to be performed on the same day as the associated visit.</p> <p>CMS finalized the change in terminology for CHI services.</p>	<p>Continue advocacy to expand access to services that address SDOH, including meaningful coverage of peer support specialists and the full range of services and supports they provide.</p>

CMS Proposal – PFS	LAC Comment	CMS Final Rule	Next Steps (if applicable)
<p>Request for Information on Preventing and Managing Chronic Diseases: CMS included a number of questions on how it could enhance the prevention and management of chronic diseases.</p>	<p>LAC recommended CMS develop a code for “overdose prevention services.”</p>	<p>CMS will take comments into consideration for possible future rulemaking.</p>	<p>Continue advocacy to improve access to the services and supports that older adults and people with disabilities need to reduce the risk of overdose and death.</p>
<p>Updates to Payments for Digital Therapeutics: CMS sought comments on coding and payment policies for digital therapeutic devices, including digital mental health treatment (DMHT). CMS also proposed expanding its current coding and payment policies to more fully reflect the range of FDA-authorized products and the behavioral health conditions they treat.</p>	<p>LAC expressed its ongoing concern over the lack of privacy protections for DMHT and other digital therapeutics and encouraged CMS to require that any such digital tools demonstrate compliance with the requirements of HIPAA and 42 C.F.R. Part 2.</p>	<p>CMS will take comments into consideration for possible future rulemaking.</p>	<p>Continue advocacy for strong privacy protections for digital therapeutic devices, as well as protecting privacy for all SUD and MH treatment.</p>

Outpatient Prospective Payment System (OPPS) Final Rule

CMS Proposal – OPPS	LAC Comment	CMS Final Rule	Next Steps (if applicable)
<p>Reimbursement Methodology for Intensive Outpatient Programs in Community Mental Health Centers: CMS proposed adopting a payment policy in which community mental health centers (CMHCs) receive 40% of the hospital rate for intensive outpatient programs (IOP).</p>	<p>LAC opposed this proposal and encouraged CMS to align payment rates between hospitals and CMHCs for IOP and partial hospitalization programs (PHP).</p>	<p>CMS finalized the rule as proposed.</p>	<p>Continue advocacy for more appropriate and sustainable reimbursement rates for CMHCs and other community-based settings of MH and SUD treatment.</p>