Understanding the CY2027 Medicare Physician Fee Schedule & Implications for Cancer Caregivers

What is the CY2027 Medicare Physician Fee Schedule (MPFS) Proposed Rule?

Each year, the Centers for Medicare & Medicaid Services (CMS) issues a proposed rule updating Medicare payment policy for physicians and other practitioners. On July 14, CMS released the **CY2027 Medicare Physician Fee Schedule Proposed Rule,** which sets 2027 payment rates and policy changes, including several provisions that directly affect cancer caregivers.

The proposed rule addresses coding and payment for Caregiver Training Services (CTS), advance care planning conversations, community-based palliative care, remote monitoring, and Accountable Care Organization (ACO) shared savings, among other issues.

Public comments are due Monday, September 14, 2026, at 11:59 PM ET, and are submitted electronically at Regulations.gov: 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.

Cancer Caregiving Stakeholder Positions and Policy Consensus

Provider associations, patient advocates, and caregiver organizations have taken positions on the proposed rule, including the **American Occupational Therapy Association (AOTA)** and **the Center to Advance Palliative Care (CAPC)**.

In general, these stakeholders show broad consensus on priorities:

- Keep Caregiver Training Services (CTS) distinct from Evaluation/Management (E/M) billing, since the two serve fundamentally different clinical purposes.
- Simplify CTS billing requirements and educate providers on how to use CTS effectively.
- Respond to the RFI on community-based palliative care, highlighting the benefit to cancer caregivers.
- Address the proposed advance care planning (ACP) billing codes and make the case that ACP conversations happen iteratively, across multiple members of a care team.
- Preserve and expand caregiver assessment, education, and support as core elements of care management.

Key CY2027 Provisions Relevant to Cancer Caregivers

Caregiver Training Services (CTS)

CMS is examining whether CTS billing should be simplified and whether CTS resource costs already overlap with E/M visits. To date, Medicare claims data analyzed by the AARP Public Policy Institute and ATI Advisory[1] show that CTS fall into three distinct types of training, provided by different kinds of providers.

[1] Cuozzo J, Choula R, AARP Public Policy Institute, Cromer T, Greer A, ATI Advisory. Exploring Utilization and Advancing Impact of Caregiver Training Services. April 2026. Accessed August 24, 2026. https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/exploring-utilization-and-advancing-impact-of-caregiver-training-services.doi.10.26419-2fppi.00407.001.pdf

CTS Service Category	Typical Providers	Training Location
Functional Performance Training	Rehabilitation therapists (occupational therapists, physical therapists, speech-language pathologists), physicians, nurses	Private practices, patient's home, facilities, remote (telehealth)
Direct Care Strategies	Nurses, physicians	Private practices
Behavior Management	Social workers, psychologists	Private practices, patient's home

Claims data from AARP's Public Policy Institute and ATI Advisory give further insight into how CTS is used:

- 26,173 CTS claims were paid for approximately 9,622 beneficiaries between Q1 2024 and Q2 2025.
- Only 44 beneficiaries received both a Caregiver Health Risk Assessment (CHRA) and CTS in the same year, despite the CHRA being designed to identify caregiver training needs. CMS clarified in the CY2025 rule that the CHRA (CPT Code 96161), which assesses caregiver stress and well-being, can be used to identify caregiving training needs — yet claims data show a different provider base delivers CTS than delivers the CHRA.
- Functional performance training claims (6,340) far outpaced behavior management (381) and direct care strategy (342) claims in Q2 2025, suggesting reimbursement may not be aligned across CTS categories.

Community-Based Palliative Care RFI

CMS is seeking input on eligibility for community-based palliative care. Caregiver-specific approaches include:

- Ensuring palliative care is available to seriously ill beneficiaries regardless of a terminal diagnosis.
- Incentivizing providers to ensure palliative care is appropriate, based on diagnosis, claims data, history of utilization, daily function, caregiver strain, and caregiver knowledge or readiness to provide care.
- Drawing on the Medicare Care Choices Model (MCCM), which benefited family caregivers by offering better symptom management, psychosocial and spiritual support, initiating referrals to community-based resources (such as caregiver education and support), and helping with shared decision-making.
- Ensuring future care management services retain essential elements that include and support family caregivers, including caregiver assessment, patient/caregiver education, and timely follow-up after hospitalization.

Advance Care Planning (ACP) Billing Codes: GACP1, GACP2

CMS proposes two new codes to separately value clinical staff time (e.g., nurses, social workers) spent on ACP conversations with patients, family members, or surrogates. Stakeholders raised concerns that the new codes could undercut existing billing under CPT codes 99497/99498 for teams that currently bill "incident to" a physician.

Telehealth, Remote Monitoring, and ACOs

- Proposed new restrictions on Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) could affect access for cancer patients and caregivers.
- New telehealth-delivered health coaching codes (CPT 0591T, 0592T, 0593T) could benefit both cancer patients and Medicare-beneficiary caregivers.
- CMS is considering the future of ACO Prepaid Shared Savings, which some ACOs currently use to fund caregiver support services.

- A proposed MIPS Value Pathway improvement activity to support structured ACP conversations with patients and caregivers.

Implications for Family Caregivers

Each provision in the CY2027 MPFS carries direct, practical implications for cancer caregivers:

- **Caregiver Training Services:** Simplifying CTS billing means more caregivers can access hands-on training from a provider, rather than learning complex medical tasks through trial and error at discharge.
- **Community-Based Palliative Care:** Expanding access to palliative care reduces unnecessary healthcare utilization, improves quality of life, and supports family caregivers of people living with cancer at home and in the community.
- **Advance Care Planning (GACP1, GACP2):** Reimbursing ACP conversations with patients and families encourages providers to include caregivers directly in end-of-life and goals-of-care discussions, rather than treating those conversations as incidental to the patient visit.
- **ACO Shared Savings:** Continuing to encourage ACOs to offer caregiver support services could give caregivers access to services, such as respite or training, funded through savings the ACO already generates.
- **Telehealth and Remote Monitoring:** Prioritizing telehealth and remote monitoring helps caregivers keep patients safe at home and avoid high-risk medical settings, reducing the burden of travel and in-person visits.
- **MIPS Value Pathways:** A new MIPS activity for ACP conversations would include caregivers in ACP conversations.

National Alliance for Caregiving: Priority Areas for the CY2027 MPFS

1. Simplify CTS billing and educate providers on aligning caregiver training to address risk and patient needs.
2. Preserve CTS as distinct from E/M billing, since CTS serves a different clinical purpose without the patient present.
3. Advocate for flexible palliative care support that is not tied to prognosis and can alleviate caregiver strain.
4. Extend caregiver assessment to oncology and cancer clinic settings.
5. Ensure proposed advance care planning codes GACP1 and GACP2 reflect the iterative nature of ACP conversations and allow for an interdisciplinary team approach.
6. Clarify and encourage ACOs to continue reinvesting shared savings into caregiver support and education.
7. Support the proposed MIPS Value Pathway activity for structured ACP conversations with patients and caregivers.
8. Protect and expand telehealth, health coaching, and RPM/RTM access for people with cancer and their caregivers.

Opportunities to Provide Feedback

The primary way to comment on the CY2027 MPFS Proposed Rule is to submit public comments through Regulations.gov, referencing file code CMS-1848-P, by September 14, 2026, at 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.

Other ways to weigh in:

- Sign on to NAC's Cancer Caregiving Collaborative formal comment letter.
- Share your own caregiving story or experience with CTS, palliative care, or telehealth to strengthen the record.
- Encourage partner organizations to submit aligned comments elevating the family caregiver perspective.