CMS Calendar Year (CY) 2027 Medicare Physician Fee Schedule Proposed Rule Fact Sheet
Last Updated: 7/20/26

The Centers for Medicare and Medicaid Services (CMS) published the calendar year (CY) 2027 Medicare Physician Fee Schedule Proposed Rule on July 14, 2026, with comments due on September 14, 2026. CMS published a fact sheet on the proposed rule.

Key Provisions of the Proposed Rule

Proposed Changes to the Quality Payment Program MIPS Promoting Interoperability Performance Category

- Beginning with the CY 2027 performance period/2029 MIPS payment year, CMS proposes to:
    - Modify the definition of Certified Electronic Health Record Technology (CEHRT) to align with the applicable Office of the National Coordinator for Health Information Technology's (ONC) proposals contained within the Health Data, Technology, and Interoperability: Office of the Assistant Secretary for Technology Policy (ASTP)/ONC Deregulatory Actions to Unleash Prosperity (HTI-5) proposed rule;
    - Update the Electronic Prior Authorization measure description, and change the measure from required to optional for CY 2027; and
    - Remove the Security Risk Analysis measure.
- Beginning with the CY 2028 performance period/2030 MIPS payment year, CMS proposes to:
    - Update the Electronic Prior Authorization measure description to account for additional requirements pertaining to the measure, and change the measure to being required; and
    - Add a new required Electronic Prior Authorization for Prescription Drugs measure under the Health Information Exchange objective.

Requests for Information

- **Current Procedural Terminology (CPT) Request for Information:** CMS seeks public comment on several areas regarding the influence of the CPT® coding system and the process on physician payment policy as part of HHS' priority to Make America Healthy Again.
- **Redesigning Primary Care to Make America Healthy Again**: CMS is seeking comments on how to re-imagine and improve the relative valuation of primary care services, with an interest in understanding how that re-imagination might occur within the current construct of office/outpatient (O/O) evaluation and management (E/M) services, as well as via alternatives to fee-for-service payment, including through outcomes-based payment and/or the expansion of prospective primary care payment.
- **Request for Information on Duplicate Laboratory Testing, Imaging, and Result Sharing and Interoperability:** CMS seeks input on potential actions to address interoperability and duplicate testing concerns related to the sharing or imaging data and lab testing results.