
**FAQs on HHS-Operated Risk Adjustment Program Code Filtering for 2026 Benefit Year and Beyond:
Telehealth and Other Codes**

March 11, 2026

For the 2026 benefit year and beyond, HHS is replacing the *May 13, 2024, Risk Adjustment Telehealth and Audio-only Services FAQ*,¹ with the below FAQs to clarify how HHS determines eligible services for the filtering criteria HHS uses to extract risk adjustment-eligible diagnoses from claims. HHS continues to accept certain telehealth and audio-only service codes for risk adjustment diagnosis filtering.

Question 1: How does HHS determine claims eligible for abstracting risk adjustment diagnoses?

Response: HHS filters institutional outpatient and professional claims submitted to an issuer's External Data Gathering Environment (EDGE) server using the Center for Medicare's allowable Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) service codes to determine whether they are acceptable sources of diagnoses to be considered for risk adjustment. An acceptable service is any service that involves two-way, real-time interactive communication equivalent to a face-to-face encounter between a patient and a qualified healthcare professional licensed to diagnose on which the healthcare professional can reliably record a diagnosis. Please see the most recent available version of the applicable benefit year's Risk Adjustment: HHS-Developed Risk Adjustment Model Algorithm "Do It Yourself (DIY)" Software² instructions and technical details for more information on diagnosis filtering and the list of CPT/HCPCS codes that identify acceptable sources of diagnoses for risk adjustment.

Question 2: What is changing regarding the HHS-operated risk adjustment program's telehealth policy for the 2026 benefit year and beyond?

Response: The HHS-operated risk adjustment program will continue to accept certain telehealth and audio-only service codes for risk adjustment diagnosis filtering. However, for the 2026 benefit year and beyond, HHS has determined through its annual review of CPT/HCPCS codes that a subset of previously risk adjustment-eligible CPT/HCPCS codes do not meet the definition of an acceptable service described in the response to Question 1 of two-way, real-time interactive communication equivalent to a face-to-face encounter between the patient and a qualified healthcare professional licensed to diagnose on which the healthcare professional can reliably record a diagnosis. As such, we are removing these codes from the list of HHS-operated risk adjustment program-eligible CPT/HCPCS codes.

Please see the most recent available version of the applicable benefit year's Risk Adjustment: HHS-Developed Risk Adjustment Model Algorithm "Do It Yourself (DIY)" Software³ instructions and technical details for information on what CPT/HCPCS codes are allowed for that benefit year. We will continue to update the list of acceptable service codes that HHS has determined to be equivalent to two-way, real-time interactive communication equivalent to a face-to-face encounter between the patient and qualified healthcare professional licensed to diagnose on which the healthcare professional can reliably

¹ Prior Risk Adjustment Telehealth and Audio-only Services FAQs can be found at <https://www.cms.gov/marketplace/resources/fact-sheets-faqs>.

² Available at: <https://www.cms.gov/marketplace/resources/regulations-guidance#PremiumStabilization-Programs>.

³ Id. We intend to publish the first iteration of the 2026 Benefit Year Risk Adjustment: HHS-Developed Risk Adjustment Model Algorithm "Do It Yourself (DIY)" Software instructions in summer 2026.

record a diagnosis.

Question 3: Are audio-only service codes allowed for the HHS-operated risk adjustment program?

Response: Yes, but we recognize that many conditions cannot be diagnosed through audio-only (i.e., telephone) interactions and will defer to applicable coding and diagnosis guidelines setting groups on what diagnoses may be permissible from audio-only services in order to filter eligible diagnosis codes for the HHS-operated risk adjustment program. CMS evaluates CPT/HCPCS service codes quarterly to keep the list of service codes that are acceptable sources of diagnoses up-to-date.

Question 4: Are asynchronous service codes allowed for the HHS-operated risk adjustment program?

Response: No. Asynchronous service codes do not involve two-way, real-time interactive communication equivalent to a face-to-face encounter between a patient and a qualified healthcare professional licensed to diagnose on which the healthcare professional can reliably record a diagnosis. Therefore, as described in the responses to Questions 1 and 2, these codes will not be allowed to identify risk adjustment-eligible diagnoses for the HHS-operated risk adjustment program for the 2026 benefit year and beyond.

Question 5: Are group treatment codes allowed in the HHS-operated risk adjustment program?

Response: Yes, group treatment CPT/HCPCS codes that involve two-way, real-time interactive communication equivalent to a face-to-face encounter between a patient and a qualified healthcare professional licensed to diagnose on which the healthcare professional can reliably record a diagnosis will be allowed to identify risk adjustment-eligible diagnoses for the HHS-operated risk adjustment program.

In conclusion, CMS evaluates CPT/HCPCS service codes quarterly to keep the list of service codes that are acceptable sources of diagnoses up-to-date. Please see the most recent available version of the applicable benefit year's Risk Adjustment HHS-Developed Risk Adjustment Model Algorithm "Do It Yourself (DIY)" Software⁴ instructions and technical details for information on what CPT/HCPCS codes are allowed for that benefit year.

Send questions about this FAQ to RARIPaymentOperations@cms.hhs.gov and please include "HHS-RA Telehealth Question" in the subject line.

⁴ Id.