



WEEKLY POLICY UPDATE



AMERICAN
PSYCHOLOGICAL
ASSOCIATION
SERVICES, INC.



Week of November 10

Hill and Budget Updates:

Congress' stopgap passed a stop-gap funding bill late Wednesday, which the President signed, ending the record-breaking six-week government shutdown. The bill, S.Amdt. 3937, does the following:

- Funds most of the government immediately through January 30, 2026.
- Temporarily extends Medicare telehealth flexibilities through January 30, 2026.
- Funds 3 departments, Agriculture, Veterans Affairs and Military Construction, and offices interacting with the legislative branch such as the Government Accountability Office, through September 2026.

Next, the Senate is likely to attempt a second stop-gap bill which would fund: Defense; Labor, and Health and Human Services; Commerce, Justice and Science; Transportation, and Housing and Urban Development. While these Senate bills could be bipartisan, each have associated sensitivities and political landmines that reduce the odds of them passing Congress by January 30, 2026. Discussions on Affordable Care Act (ACA) subsidies could further affect that forecast.

House Republicans plan to [hold listening sessions next week](#) on the Affordable Care Act subsidies set to expire at the end of the year. House Democrats are hoping to force a vote on the subsidies through a process known as a discharge petition to bypass GOP leadership. Meanwhile, Senate Republican Leader John Thune has promised Senate Democrats a December vote on a subsidy extension.

Throughout the shutdown, APA Services advocated for the funding and support of federal programs key to psychology, and will continue to do so now that the government has officially reopened. Visit our [Response Center](#) for an updated article on the shutdown's impact on psychology.

APA Policy Update:

Psychological research, infrastructure, and regulatory environment:

APA met with House Science, Technology and Space committee staff to discuss ways to engage the public in protecting scientific progress. We joined the Federation of Associations in Behavioral and Brain Sciences to learn more about the Committee's efforts to engage scientific societies in thinking about the complete trajectory of scientific discovery from "bench to bedside". We will continue working with other societies and congressional staff to determine next steps.

For context, over time opportunities for patient voice and community based research have been incorporated into the path from idea to scientific cure, including the peer review process. Threats to the future of science have raised concern over how to ensure that scientific research is insulated from partisan/political changes. Congress is looking at ways to increase public engagement through legislation, participation from the scientific community and public trust and engagement in the scientific process to protect the investments and progress that has been made in scientific research.

Practice of psychology and psychology workforce:

Thank you to all who participated in our annual comment campaign around the Centers for Medicare and Medicaid Services (CMS) Physician Fee Schedule proposed rule for Calendar Year 2026. Together, comments from psychologists and allies of psychology represented approximately one-fourth of all comments received by the CMS in this year's rulemaking cycle.

On October 31st, 2025, CMS released a [Final Rule](#) outlining Medicare coverage and reimbursement policies that take effect on January 1st, 2026. Below is a summary of how CMS addressed the policies raised in the grassroots campaign:

- For 2026 psychologists will receive an increase in Medicare reimbursement for the vast majority of psychological services. Four codes (96132, 96112, 96170, and 96171) will receive a decrease in reimbursement due to Practice Expense methodology changes implemented for 2026. CMS did not accept APA's PE methodology recommendations, but indicated that they may address our recommendations in future rule making. APA will continue to advocate that CMS address the practice expense methodology changes.

On the next page are a few examples of the Medicare reimbursement changes for 2026.

| Code | 2025 Non-Facility Payment Rate | 2026 Non-Facility Payment Rate | 2025 to 2026 Final Payment Change (\$) | 2025 to 2026 Final Payment Change (%) |
|-------|--------------------------------|--------------------------------|--|---------------------------------------|
| 90791 | \$166.91 | \$173.35 | \$6.44 | 3.86% |
| 90837 | \$154.29 | \$167.00 | \$12.71 | 8.24% |
| 90847 | \$102.86 | \$109.55 | \$6.69 | 6.51% |
| 90853 | \$28.14 | \$30.39 | \$2.25 | 8.01% |
| 96116 | \$88.63 | \$94.19 | \$5.56 | 6.27% |
| 96130 | \$117.42 | \$123.92 | \$6.50 | 5.54% |
| 96131 | \$82.81 | \$86.51 | \$3.70 | 4.47% |
| 96132 | \$125.18 | \$122.25 | -\$2.93 | -2.34% |
| 96133 | \$93.48 | \$97.86 | \$4.38 | 4.69% |
| 96156 | \$98.98 | \$107.55 | \$8.57 | 8.66% |
| 96158 | \$67.93 | \$73.82 | \$5.89 | 8.67% |
| 96159 | \$23.29 | \$25.38 | \$2.10 | 9.00% |

- CMS finalized a policy supported by APA members to move all “provisional” telehealth services, including but not limited to psychological and neuropsychological testing services, to the permanent Medicare Telehealth Services list.
- While CMS adopted a new MIPS Value Pathway (MVP) for neuropsychology, its utility was limited to dementia, which significantly understates the array of services performed by neuropsychologists. APA staff have already engaged with CMS staff to advocate the MVP be restored and include all the components APA initially proposed.
- CMS did not adopt APA’s recommendation to retain the new assessment for Social Determinants of Health code. Instead, CMS will establish a new code focused on assessing patient physical activity and nutrition.
- CMS did not adopt APA members’ recommendation to establish a national price for the supply of Digital Mental Health Treatment and Remote Therapeutic Monitoring tools but will continue to gather information and may revisit this issue in future rulemaking. APA will continue to advocate that CMS address this issue.
- CMS adopted a recommendation by APA members to allow psychiatric diagnostic evaluations (CPT code 90791) and Health Behavior Assessment and Intervention services (CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168) to serve as initiating visits for Community Health Integration services.

APA Services will release a more detailed analysis of the Final Rule through *Practice Update* and the *Washington Update* in the coming weeks. If you have not yet signed up for these publications, you can do so on our [stay informed page](#).