Major Policy Milestone: Medicare Recognizes Physical Activity Assessment

We are pleased to share a significant development from the final 2026 Physician Fee Schedule rule, which formally recognizes physical activity assessment as a reimbursable clinical service.

Overview

The HCPCS Code G0136, retained and revised by CMS, allows healthcare professionals to be paid for administering a standardized, evidence-based assessment of physical activity and nutrition as part of patient care. This represents a major milestone in further integrating physical activity into healthcare delivery and chronic disease prevention.

Key Policy Change

Revised Code: HCPCS G0136

Effective Date: Calendar Year (CY) 2026

Descriptor: "Administration of a standardized, evidence-based assessment of physical activity and nutrition, 5–15 minutes, not more often than every 6 months."

Eligible Contexts

➢ Can be billed with a routine Evaluation & Management (E/M) visit or a Behavioral Health visit.

➢ Can be incorporated into Annual Wellness Visits for Medicare beneficiaries.

Broader Integration

➢ Annual Wellness Visits: Clinicians may now include a physical activity and nutrition risk assessment as part of personalized prevention planning.

➢ Cardiovascular Risk Management: Physical activity explicitly listed as a modifiable risk factor in new CMS cardiovascular risk assessment and management codes.

➢ Terminology Shift: CMS replaces "Social Determinants of Health (SDOH)" with "Upstream Drivers," recognizing physical activity and nutrition as central to whole-person care.

Implications for the Physical Activity Field

Policy: Establishes a foundation for future reimbursement models around exercise prescription and referral.

Practice: Encourages adoption of standardized screening across primary care, behavioral health, and geriatrics.

Advocacy: Provides a concrete, systems-level example of progress toward making physical activity a standard of care.

Measurement: Enables population-level tracking of physical activity and nutrition risk through Medicare claims data.

Bottom Line

Medicare will now pay for physical activity assessments. This change embeds movement into the core of preventive healthcare, validating decades of advocacy to treat physical activity as an important part of health assessment in clinical care. It positions clinicians, health systems, and community partners to identify, counsel, and connect patients to the resources they need to move more and live better.

For health systems interested in integrating physical activity assessment into their electronic health records and clinical work flow, please use this HL7 FHIR Physical Activity Implementation Guide (IG) as a resource.

Physical activity assessment questions are based on the Physical Activity Guidelines for Americans and assess for aerobic and muscle-strengthening activity.

1. On average, how many days per week do you engage in moderate to vigorous physical activity? ____ days

2. On average, how many minutes do you engage in physical activity at this level? ____ minutes

Total minutes per week of moderate to vigorous physical activity (multiply #1 and #2) ____ minutes

3. How many days a week do you perform muscle strengthening exercises such as body weight exercises or resistance training? ____ days