The Honorable Mehmet C. Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1848-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: File Dode CMS-1848-P; Medicare and Medicaid Programs; CY 2027 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Dear Administrator Oz:

I am writing to request the Centers for Medicare & Medicaid (CMS) withdraw its policy in the proposed 2027 Medicare Physician Fee Schedule rule to reduce payment by 50 percent when a separately identifiable office/outpatient (O/O) evaluation and management (E/M) service reported with modifier -25 is furnished on the same day as a procedure with a 0-, 10-, or 90-day global period. This policy represents a significant reimbursement cut which substantially impacts my ability to engage the staff and resources required to accommodate current and future patients.

Same-day care is the gold standard of patient-centered medicine. It enables Medicare beneficiaries to receive medically necessary office-based procedures during the very same visit as their other medical concerns, saving travel time and avoiding care delays. Existing Medicare valuation rules already adjust for shared overhead during same-day visits. Together, CMS and the Relative Value Scale Update Committee adjust reimbursement for procedure codes typically reported with E/M codes to account for any overlapping costs. Therefore, the current reimbursement policy does not result in duplicative payments.

If CMS is concerned about potential inappropriate uses of modifier 25, there are more equitable ways to address the correct usage of modifier 25 than an unwarranted across the board reduction. For example, if CMS believes specific codes contain residual overlaps after this process, those codes should be identified and addressed instead of slashing payment uniformly for all. Therefore, I respectfully request that CMS:

- Not finalize the proposed 50 percent payment reduction for services furnished on the same date as a separately identifiable O/O E/M visit reported with modifier -25;
- Not extend the policy to procedures furnished on the same date as inpatient or other E/M services; and
- Address any genuine overlap through the established misvalued code and AMA/Specialty Society RVS Update Committee (RUC) valuation processes on a code-specific basis, rather

than through a uniform, payment-level reduction, working with interested organizations where CMS believes specific codes do not fully account for overlap.

Thank you for your consideration.

Sincerely,