# Submitting Comments on the Proposed Medicare Physician Fee Schedule

# Frequently Asked Questions

## Summary of Same Day Care Proposal and Why Members Should Advocate

The proposed CY 2027 Medicare Physician Fee Schedule includes several policies that could negatively affect physiatrist reimbursement and patient access to care, including a proposal to reduce payment for same-day procedures and E/M Services.

CMS proposes to change payment when a physician (or another physician in the same group practice) provides a separately identifiable office/outpatient evaluation and management (E/M) service and a procedure with a 0-, 10-, or 90-day global period on the same day. Under the proposal:

- The highest-valued service would be paid at 100%.
- Other applicable E/M services or procedures would be paid at only 50% of the Medicare allowable amount.

CMS argues that current payment may duplicate reimbursement for work that overlaps between the E/M service and procedure. We strongly disagree. A separately identifiable E/M service represents legitimate physician work beyond that included in the procedure.

## Additional Areas for Comment

AAPM&R is drafting comprehensive comments on all of the following issues.

*Conversion Factor*

The proposed rule also includes a reduction in the conversion factor. This was largely expected following the scheduled expiration of the temporary 2.5% payment increase enacted for CY 2026 under the One Big Beautiful Bill Act. Because the conversion factor is established under federal law and subject to Medicare's budget neutrality requirements, CMS has limited authority to address this issue without congressional action.

*Replacement of the G2211 add-on code for longitudinal care with a modifier*

The proposal includes the elimination of G2211 as a separate add-on code and its replacement with a modifier. Instead of a fixed payment, the modifier would increase the payment for the CPT code for the E/M service by 16%. This would increase payment for level 4 and level 5 services, while reducing the payment for level 2 and 3 services. However, under CMS' proposal, G2211 disappears as a separately valued service with a work RVU value, which may have unintended consequences for employed physiatrists paid based on

their work RVUs.  It could result in the employer receiving additional Medicare revenue for the complexity of the visit while the physician receives no additional wRVU credit for that work.

*New add-on code for adverse effects of vaccines*

Some members may also wish to express opposition to another proposal within the fee schedule to establish a new add-on code specifically for evaluation and management of patients with suspected vaccine adverse effects.  We believe Medicare payment policy should remain clinically neutral and compensate physicians based on the complexity of the evaluation and management provided, rather than the presumed etiology of a patient's condition.  The proposed add-on code rewards attribution of a condition to a specific etiology rather than the complexity of the physician work required to evaluate and manage the patient. This departs from the usual principles of the Physician Fee Schedule and may encourage inappropriate diagnostic attribution. Furthermore, adding new payable services under Medicare's budget neutrality requirements may contribute to reductions in the conversion factor that affect all physicians.

*Other proposals*

The Medicare Physician Fee Schedule contains other proposals that some physiatrists may wish to comment on, including:

- Changes to practice expense methodology
- Stricter rules for remote physiological and therapeutic monitoring
- Advanced care planning
- Shared medical appointments
- A reduction in valuation for percutaneous lumbar decompression (CPT Code 62287)
- Requests for information on the AMA's CPT process
- Requests for information on valuating primary care services

**Submitting Comments**

We have prepared a sample letter, but we encourage you to individualize it with your own experiences and example case(s).  You may also wish to expand our template letter to include comments on one or more of the additional issues described above. The CMS website has a 5000 character limit when submitting comments. Consider using an AI tool to develop your own letter by providing prompts about your own clinical practice and which proposals you are opposed to.  Here is a sample prompt:

I am a physiatrist in (city, state) who provides (inpatient/outpatient) care to Medicare beneficiaries. The procedures I most commonly perform are (fill in the blank). Draft a comment letter to CMS explaining my opposition to proposals in the 2027 Medicare Physician Fee Schedule, particularly the reduction in payment when procedures are performed on the same day as E/M services. Use a strong advocacy tone and highlight impact on both physician practice sustainability and access to care. Please limit to no more than 5000 characters.

**Tips for Writing an Effective Comment Letter**

- **Share personal examples.** As a PM&R physician, you are uniquely positioned to describe how this proposal could affect your ability to provide care and how it may impact Medicare beneficiaries in your practice. Specific clinical examples can help CMS better understand the consequences of the proposed policy.
- **Demonstrate the impact.** Data and real-world experience matter. Consider including information such as the percentage of your patients covered by Medicare, how frequently you provide same-day care services, and the potential effects on patient access, outcomes, and care coordination.
- **Be clear and concise.** CMS is likely to receive a significant number of comments during the public comment period. A focused, professional, and well-supported letter is more likely to be impactful.

**Remember: Comment letters are public documents.** AAPM&R encourages members to remain respectful, focus on the practical consequences of the proposal, and avoid including any patient-identifying information.

**How should I submit my comments?**

You can submit comments through the Action Center on the AAPM&R website: https://www.aapmr.org/advocacy/academy-in-action/action-center/take-action-now.

You can also submit comments at: https://www.regulations.gov/docket/CMS-2026-2377

**When are comments due**?

The open comment period ends September 14, 2026.

**Is there anything else I can do to advocate against the proposals?**

You can encourage your colleagues, friends, and family to also submit comments opposing these proposals. You can also encourage patients to submit comments unless your workplace has policies prohibiting such practices.

If you are active on social media, consider following CMS (@CMSGov) and Dr. Oz (@DrOzCMS) on X and replying to their tweets on the Medicare Physician Fee Schedule from 7/14/26.

**How can I learn more about reimbursement policy and advocacy?**

We're glad you asked! There will be an excellent session led by members of our Reimbursement and Policy Review Committee during the Annual Assembly this fall. We hope to see you there!

## Cracking the Code: How Our Work Gets Covered and Valued – and Why Advocacy Matters

Saturday, November 14, 2026 3:00 PM - 4:15 PM ET