Illinois State Medical Society

August 26, 2026

VIA ELECTRONIC SUBMISSION www.regulations.gov/docket/cms-2026-2377

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1848-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: **Medicare and Medicaid Programs; CY 2027 Payment Policies under the Physician Fee Schedule and Other Revisions to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program (CMS-1848-P)**

On behalf of the physician members of the Illinois State Medical Society (ISMS), I write with regard to CMS' 2027 Medicare Physician Fee Schedule proposed rule, specifically the proposal to reduce payments for services provided in conjunction with a procedure with a global period. ISMS strongly opposes any effort to undermine current billing rules and devalue separately identifiable services provided in the office or other outpatient setting and believes that the financial pressure this proposal would put on practices poses a significant threat to practice sustainability and patient access to care.

As noted in the background section of this proposal, CMS first considered a similar proposal in the CY 2019 PFS Proposed Rule to impose payment reductions on procedures provided in conjunction with an E/M visit. ISMS communicated its strong opposition to that proposal, as did many other stakeholders**.** The CY 2027 PFS Proposed rule acknowledges CMS received many comments opposing the CY 2019 proposal on the grounds that services provided using modifier-25 are by definition significant and separately identifiable, and that the RUC review process includes adjustments to account for potentially duplicative costs, which means that any proposal by CMS to adjust payment for multiple same day/global period services is an additional and unwarranted reduction in physician payment.

These objections still stand, and CMS has provided no additional support for reviving this proposal. CMS continues to assert that there are "efficiencies" that must be recognized when multiple services are provided at the same time, but in fact the issue of multiple services provided on the same day of service has already been factored into code evaluations. Attempts to expand the multiple procedure payment reduction (MPPR) policies currently in use by CMS will only add to the unrelenting financial pressures faced by practicing physicians.

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CMS' acknowledgment that practices may be forced to schedule separate appointments for separate services clearly indicates that CMS is aware of the severe financial disruption this policy would have on physician practices. Physicians are simply unable to absorb a 50% payment reduction on a portion of their services, and to label efforts to avoid these reductions as fraudulent or abusive displays a fundamental misunderstanding of the difficult decisions physicians make in order to keep their practice doors open. Physicians want to be able to treat their patients in the most timely and efficient way possible, but inadequate payment rates and dysfunctional payment policies force them to adjust their practices to accommodate reimbursement realities.

We also strongly urge CMS to abandon its plans to implement a Modifier-25 payment adjustment. We very much appreciate the opportunity to comment on the proposal and look forward to the release of the final rule.

Sincerely,



Robert J. Oliver, M.D.
Chair, Board of Trustees

cc: Tripti C. Kataria, M.D.
Christine P. Bishof, M.D.
Alexander R. Lerner

Members of the Illinois Congressional Delegation