ASTS
American Society of Transplant Surgeons®

September 14, 2026

The Honorable Mehmet C. Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted Electronically

Re: [CMS–1848–P] RIN 0938–AV82 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 (the "Proposed Rule")

Dear Dr. Oz:

The American Society of Transplant Surgeons (ASTS) appreciates the opportunity to comment on the Proposed Rule. ASTS is a medical specialty society representing approximately 2,200 professionals dedicated to excellence in transplantation surgery. Our mission is to advance the art and science of transplant surgery through patient care, research, education, and advocacy. Our comments are set forth below.

Conversion Factor
For the second year, there are four proposed conversion factors, reflecting reductions ranging from -.89% to -1.69%.

> *Recommendation: Consistent with the position taken by the American Medical Association, ASTS continues to strongly advocate for annual Medicare payment updates to reflect the growth in physician practice costs as measured by the Medicare Economic Index (MEI), which CMS projects will be 2.5 percent.*

Medicare Economic Index
CMS proposes to continue the MEI cost shares for physician work, PE, and professional liability insurance for 2027. PPIS survey data remains the best source of data for the purposes of determining the relative proportions of the physician work, practice expense (PE) and malpractice pools.

> *Recommendation: ASTS supports CMS' proposal to maintain the current MEI cost shares, consistent with organized medicine's prior recommendation.*

Indirect Practice Expense Methodology Changes
CMS is proposing four major changes to the methodology used to allocate indirect PE RVUs to individual CPT codes, including changes in the weighting of specialty PE by utilization for CPT codes performed by multiple specialties; expansion of the allocation of indirect PE to utilize the sum of work RVUs and clinical labor (rather than the greater of the two) for all services except 010 and 90 day global period codes; removal of the indirect practice cost index (IPCI) from the calculation of the PE RVUs over a 2-year transition period; and initiation of a PE stabilization factor for PE RVUs for CPT codes that are not new, revised or revalued to ensure that the PE RVU does not change by more than five percent.

> *Recommendation: Since CMS has not provided sufficient information for stakeholders to evaluate the effects of these four interrelated proposals, ASTS urges CMS to postpone implementation of these proposals until a granular analysis of their impact is published. In the event these changes are implemented, we urge CMS to include 010- and 090-day global period codes (including transplant codes) in the change expanding the indirect allocator to include the sum of work plus clinical labor (rather than the greater of the two). No rationale is provided for excluding 010 and 090 global period codes from this expansion, and this exclusion has the potential to undermine the relativity between global period codes and those that do not include a global period.*

Update to Practice Expense Site of Service Payment Differential
The Proposed Rule acknowledges unintended but significant issues that resulted from implementation of a 2026 policy that reduces the portion of the facility PE-RVUs allocated to a facility-based service setting by half.

> *Recommendation: ASTS agrees with CMS' concerns about implementation of the 2026 policy. Implementation of this policy adversely impacts ASTS members, who perform a substantial majority of their services in inpatient settings. We urge CMS to repeal application of this policy, January 1, 2027, for the reasons set forth in the comments filed by the RUC.*

Global Surgical Packages
The Proposed Rule would pause the data collection effort to collect data on the number of post-operative services provided in specified states and for specified services (including kidney transplantation).

> *Recommendation: ASTS supports CMS' proposal to pause the current data collection effort. The data collected thus far, which indicates that there are few post-operative visits conducted after kidney transplants, is entirely inaccurate and should not be used for any purpose.*

Accounting for E/M Resource Overlap Between Stand-Alone Visits and Global Periods
CMS proposes to change payment for services using Modifier -25 *Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service* by reducing payment of the least costly service(s) by 50% when a separately identifiable E/M office visit is furnished by the same physician (or a physician in the same group practice) on the same day as a 0-, 10-, or 90-day global procedure. The Proposed Rule also suggests that, in the future, this policy may be extended to inpatient E/M services provided on the same date of service as a global procedure.

Recommendation: ASTS opposes this policy, since the RUC valuation process already ensures that there is no "double counting" of resources when an E/M office visit is performed on the same date of service as a global procedure. We also strongly oppose extension of this flawed policy to situations when an inpatient E/M service is performed on the same date of service as an inpatient procedure. Inpatient and other facility-based E/M services do not include direct practice expense payments, and the physician work associated with a procedure performed on the same date generally occurs at a different time and reflects distinct clinical activities.

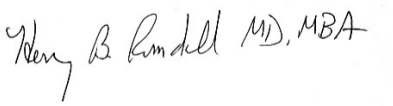
Supporting Beneficiaries Planning for Future Medical Decisions (Advance Care Planning Services (ACP)

CMS proposes two new HCPCS codes for advance care planning (ACP) services provided by clinical staff under the direct supervision of a physician or other qualified health professional and proposes limiting use of the current codes in situations when time is personally spent by the billing practitioner.

Recommendation: ASTS supports the creation of new ACP HCPCS codes. We believe that ACP is a team-based service and creation of new codes for reporting non-physician provision of these services could increase the frequency of ACP conversations.

ASTS appreciates the opportunity to comment on the Proposed Rule. If you have any questions or require clarification, please do not hesitate to contact ASTS' Regulatory Counsel, Diane Millman (Diane.Millman@asts.org).

Respectfully,



Henry B. Randall, MD, MBA

Requests for Information

CPT RFI

The Proposed Rule solicits comments on potential alternatives to the continued use of CPT in defining and valuing physicians' services**.**

> *<u>ASTS Recommendation</u>**:** ASTS understands that the AMA will submit a detailed response to the CMS CPT RFI. ASTS strongly supports CPT and encourages CMS to carefully consider the AMA response.*