August 31, 2026

Mehmet Oz, MD, MBA
Administrator, Centers for Medicare & Medicaid Services
7500 Social Security Boulevard
Baltimore, MD 21244-1850

RE: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; and Quality Reporting Programs (CMS-1850-P)

Dr. Oz:

On behalf of our membership, the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) appreciate the opportunity to comment on the Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems 2027 proposed rule (CMS-1850-P). Our societies represent over 30,000 pulmonary, critical care, and sleep specialists dedicated to the prevention, treatment, research, and cure of respiratory disease, critical care illness, and sleep disorders. Our members provide care to Medicare beneficiaries for a wide range of conditions including asthma, COPD, lung cancer, alpha-1 antitrypsin deficiency, pulmonary fibrosis, pulmonary hypertension, and other disorders of the lung; critical illnesses such as respiratory failure, shock, sepsis, stroke, and myocardial infarction; and sleep disorders including sleep apnea, narcolepsy, and restless leg syndrome. Our members treat patients with respiratory conditions in a wide range of clinical settings including hospital outpatient departments.

D. Provision of Cardiac Rehabilitation (CR), Intensive Cardiac Rehabilitation (ICR) and Pulmonary Rehabilitation (PR) Services to Hospital Outpatients in Their Homes Via Audio and Video Real-Time Communications Technology

ATS and CHEST recognize and appreciate the legislative action taken by Congress to extend authorization for the provision of telehealth pulmonary rehabilitation, cardiac rehabilitation and intensive cardiac rehabilitation through December 31, 2027. We further appreciate the non-regulatory guidance and Q&A document that CMS has developed to explain appropriate billing and documentation of pulmonary rehabilitation services provided in the outpatient setting.

However, we have significant concern about reduced patient access to pulmonary rehabilitation services caused by low Medicare reimbursement levels leading to closure of many hospital outpatient-based pulmonary rehabilitation programs.

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As we have noted in previous comments, the ATS and CHEST believe strongly that pulmonary rehabilitation services should be placed in the same APC as cardiac rehabilitation (APC 5771) to better reflect actual costs and clinical similarities between cardiac and pulmonary rehabilitation. The current low Medicare reimbursement rates for pulmonary rehabilitation are preventing Medicare beneficiaries from receiving evidence-based, guideline-recommended care known to improve patient outcomes.

The ATS and CHEST note the rapid growth in virtual only pulmonary rehabilitation programs. When done correctly, virtual-only pulmonary rehabilitation programs provide new access options for Medicare beneficiaries to access pulmonary rehabilitation. Many patients who would benefit from pulmonary rehabilitation programs are unable to access the highly effective, evidence-based therapeutic service. We are aware of many virtual only pulmonary rehabilitation programs that are providing high quality and guidelines-based therapy. However, we are concerned that some virtual only pulmonary rehabilitation programs are not fully adhering to guidelines-based pulmonary rehabilitation recommendations.

We request a meeting with CMS staff to discuss in further detail steps that can be taken to ensure further growth in virtual only pulmonary rehabilitation follows evidence-based guidelines.

3. Hypoglossal Nerve Neurostimulator (HGNS) Procedures (APCs 5465, 5463, and 5432)

The ATS and CHEST notes CMS's proposal to create new HGNS codes to capture the evolving technology surrounding hypoglossal nerve stimulation. ATS and CHEST note that there is an open code application that is being considered by the AMA CPT committee regarding next generation hypoglossal nerve stimulation implantable devices. We recommend CMS review the CPT codes application for hypoglossal nerve stimulation implantable devices before moving forward with the proposed new HGNS codes.

VII. OPPS Payment for Hospital Outpatient Visits and Critical Care Services

The ATS and CHEST agree with CMS's proposal to continue existing policy for the outpatient emergency room department reimbursement policies, including payment for critical care (CPT 99291, CPT 99292). The current policy was established in 2016 and has created a stable reimbursement policy for critical care services provided in the outpatient department.

We appreciate the opportunity to review and comment on the proposed 2027 Medicare Hospital Outpatient Prospective Payment rule. We hope our comments are closely consider as the agency works to finalize the 2027 rule.

Sincerely,



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