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Florida Society of Rheumatology
Comments on the CY 2027 Medicare Physician Fee Schedule Proposed Rule
Re: Proposed Payment Reduction for Evaluation and Management (E/M) Services Reported with Modifier 25

August 17, 2026

The Florida Society of Rheumatology (FSR) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) CY 2027 Medicare Physician Fee Schedule Proposed Rule. Our organization represents rheumatologists throughout Florida who provide comprehensive, longitudinal care to Medicare beneficiaries living with complex autoimmune and inflammatory diseases.

FSR is deeply concerned about CMS's proposal to reduce payment for Evaluation and Management (E/M) services reported with Modifier 25. We respectfully urge CMS to withdraw this proposal.

Modifier 25 serves an essential role in accurately reporting medical services. It indicates that a significant, separately identifiable E/M service was provided on the same day as a procedure. Existing CPT guidance and Medicare policy already require that the E/M service be medically necessary, separately documented, and above and beyond the work inherent in the procedure itself. Physicians who incorrectly report Modifier 25 are already subject to audit and recoupment. A broad payment reduction assumes that all appropriately billed Modifier 25 claims are overvalued, despite the modifier representing legitimate physician work.

The proposed payment reduction would have particularly harmful consequences for rheumatology practices. Rheumatologists frequently provide medically necessary procedures during the same visit as complex cognitive evaluation and management. Examples include:

- Joint aspirations and injections with or without ultrasound guidance
- Tendon sheath and bursal injections with or without ultrasound guidance
- Trigger point injections.

Many rheumatologists perform ultrasound-guided procedures to enhance safety and efficacy. The procedures often require high equipment costs (20-70K), precise guidance for needle placement, sterile gel, sterilization of equipment, separate documentation, and incorporation into PACS system.

Patients with rheumatoid arthritis, lupus, vasculitis, polymyalgia rheumatica, gout, spondyloarthritis, systemic sclerosis, inflammatory myopathies, and other autoimmune diseases often require detailed assessment of disease activity, medication toxicity, laboratory review, treatment adjustment, and shared decision-making in addition to a procedure. The procedure does not replace the cognitive work required to manage these medically complex conditions.

Reducing reimbursement for appropriately reported Modifier 25 E/M services creates several unintended consequences:

- It discourages comprehensive, same-day care.
- It increases administrative burden by encouraging unnecessary return visits.
- It delays treatment for patients with painful and disabling inflammatory diseases.
- It increases transportation burdens for elderly Medicare beneficiaries and caregivers, especially those in a rural area

- It ultimately increases Medicare spending by delaying care for all patients in the healthcare system.

The proposal appears inconsistent with CMS's broader goals of improving access, reducing fragmentation of care, promoting patient-centered care, and supporting value-based healthcare delivery. Performing an evaluation and medically necessary procedure during one visit is more convenient for patients and more efficient for the Medicare program.

The impact will be especially significant for independent rheumatology practices. Rheumatology is already experiencing workforce shortages, increasing demand, and rising operational costs. Additional reductions in reimbursement will further threaten practice sustainability, particularly in rural and underserved communities throughout Florida where access to rheumatologists is already limited.

FSR respectfully requests that CMS:

1. Withdraw the proposed payment reduction for E/M services reported with Modifier 25.
2. Continue recognizing the significant physician work associated with separately identifiable E/M services performed on the same day as procedures.
3. Engage specialty societies, including the American College of Rheumatology and Coalition of State Rheumatology Organizations, to develop evidence-based solutions if concerns regarding Modifier 25 utilization persist.

Our members remain committed to delivering high-quality, efficient, and patient-centered care to Medicare beneficiaries. Maintaining appropriate reimbursement for legitimately reported Modifier 25 services supports timely diagnosis, reduces unnecessary healthcare utilization, and preserves access to specialty care for patients with chronic rheumatic diseases.

Thank you for considering our comments. We welcome the opportunity to work with CMS to ensure Medicare payment policies continue to support high-quality care for patients with rheumatic diseases.

Respectfully submitted,

Florida Society of Rheumatology