

September 12, 2025

The Honorable Dr. Mehmet Oz  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1832-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

Submitted electronically at <https://www.regulations.gov>.

RE: CMS-1832-P

*Response to Medicare and Medicaid Programs; CY 2026 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments.*

Dear Administrator Oz,

We are pleased to have the opportunity to comment on the Calendar Year (CY) 2026 Physician Fee Schedule proposed rule (CMS-1832-P). Our institution, Hospital for Special Surgery (HSS), is the world's leading academic medical center focused on musculoskeletal health and the oldest orthopedic hospital in the United States. HSS has been ranked number one for orthopedics for 16 consecutive years by U.S. News & World Report and has been among the top-ranked hospitals for both orthopedics and rheumatology for 34 consecutive years.

Our comments are focused on our support for the proposed simplification of the process for adding codes to the Medicare telehealth services list and the inclusion of key physical therapy codes on the list with permanent status, as well as a call for CMS to work with Congress to pass legislation to permanently allow essential providers like physical therapists to furnish services via telehealth.

## **Background**

In 2018, HSS launched a post-acute telehealth program, HSS@Home, in response to CMS's Comprehensive Care for Joint Replacement program. The program grew rapidly, with over 1,400 tele PT visits performed in 2019 compared to 54 visits in 2018. With the increase in telehealth popularity due to the pandemic, HSS@Home grew to over 33,000 visits between 2020 and 2024 and is on pace for more than 8,800 visits in 2025.

HSS also successfully transitioned a significant amount of ambulatory outpatient physical therapy care to telehealth during the COVID-19 pandemic. In 2020, 35% of all

visits provided were tele PT with 62,000 tele PT visits, compared with 114,000 in-person visits. As the pandemic slowed and the public health emergency ended, telehealth decreased to 9%, 5% and 4% of total visits in 2021, 2022, and 2023, respectively. In 2024 and 2025, telehealth represents less than 2% of all physical therapy visits. Even with the ability to perform tele PT, the majority of care is provided in person. However, at HSS tele PT remains an important option for use cases that best meet patients' needs, and it is critical that it stay that way.

**HSS supports the proposed changes to the process for adding services to the Medicare telehealth list and supports the Agency's proposal to keep services currently listed as permanent or provisional on the list on a permanent basis.**

In the CY 2024 final rule, CMS stated that the specific provisional therapy codes listed would remain on the Medicare telehealth services list through December 31, 2024, as mandated by the 2023 Omnibus Appropriations legislation. In the CY 2024 final rule, CMS also described steps that would be taken to determine whether codes requested for permanent status were appropriate for recategorization. In the CY 2025 rule, CMS stated that while they have confirmed steps to evaluate whether codes should be made permanent, further adjustments would not be made to the permanent or provisional lists until such a time that the agency has the opportunity to complete a comprehensive analysis of provisional codes recommended for permanent status on the Medicare telehealth services list.

In the most recently proposed rule for CY 2026, CMS states that services previously added to the Medicare telehealth services list as permanent or provisional will remain on the list permanently as CMS deems the evidence for inclusion sufficient based on their own requirements. We are supportive of this proposal and believe that previously submitted data outlining the positive patient outcomes, safety, and satisfaction associated with tele PT in specific clinical circumstances was impactful in guiding the decision to keep certain physical therapy services on the Medicare telehealth list permanently.

CMS also proposes to simplify the process for requesting the addition of services to the Medicare telehealth list by eliminating the fourth and fifth steps of the review process. We applaud the agency's proposal to reduce the burden associated with this process. With respect to the current review process, steps four and five<sup>1</sup> place limitations on provider discretion, which is a key element of both the patient/provider relationship throughout the care journey and successful patient outcomes. Though we understand and agree that education and guidance are key for the delivery of

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<sup>1</sup> Step 4: Consider whether the service elements of the requested service map to the service elements of a service on the list that has a permanent status described in previous final rulemaking; and Step 5: Consider whether there is evidence of clinical benefit analogous to the clinical benefit of the in-person service when the patient, who is located at a telehealth originating site, receives a service furnished by a physician or practitioner located at a distant site using an interactive telecommunications system.

telehealth services in all clinical circumstances, we are glad the agency recognizes the importance and complex nature of provider decision making when it comes to the interest of their patients as it relates to site of service and level of care.

**HSS urges the agency to work on solutions that make permanent the COVID-19 Medicare telehealth flexibilities that allow providers to furnish telehealth physical therapy services.**

The list of providers able to furnish Medicare telehealth therapy services has aligned with congressional mandates since the onset of the 2020 public health emergency. Congress is expected to pass another extension of current flexibilities that would allow physical therapists to continue providing Medicare telehealth services. Given CMS's proposal to allow the therapy services with provisional status to remain on the Medicare telehealth list permanently, we urge the agency to work with Congress during this expected extension period to establish policy allowing specified providers, like physical therapists, to remain eligible to furnish these services on a permanent basis.

We agree that telehealth is not a replacement for in-person care, but instead a tool to supplement care in a way that best serves patients, and we appreciate CMS's proposal to make these important changes that will ensure patients continue to benefit from telehealth services in the appropriate clinical circumstances. For any questions regarding the HSS experience, please contact me directly at 212-606-1160.

Best regards,



Mary Cassai, MPA, RN  
Chief Operating Officer  
Hospital for Special Surgery