AVLS ADVOCACY ALERT

AMERICAN VEIN & LYMPHATIC SOCIETY



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2027 Medicare Physician Fee Schedule Final Rule Summary and What it Means for Your Vein Practice

On November 4, 2026, CMS released the Calendar Year 2027 Physician Fee Schedule, along with proposed changes to Medicare Part B payment and coverage policies. These changes will take effect January 1, 2027. The AVLS Advocacy Committee has prepared the following overview of key updates and what they may mean for vein practices.

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2027 Conversion Factor Updates

$32.63 for nonqualifying practitioners (2.31% decrease from 2026)

$32.95 for alternative payment model (APM) participants (1.83% decrease)

The reduction in the conversion factor is largely due to the expiration of a 2.5% increase enacted for calendar year 2026 under Public Law 119-21 which expires at the end of this year, a negative 0.12 percent budget-neutrality adjustment and statutory updates of 0.75 percent for QPs and 0.25 percent for non-QPs.

E/M visits on the same day as procedures

Through advocacy efforts led by the AMA and its member specialty societies, the proposed 50% payment reduction was reduced to 20% in the final rule. Beginning in 2027, CMS will reduce payment when a separately identifiable office/outpatient evaluation and management (E/M) visit is performed by the same practitioner, or a practitioner of the same specialty in the same group practice, on the same day as a procedure with a 0-day global period. The highest-valued service (either the surgical procedure or the E/M visit) will be paid at 100%, while payment for all other services furnished on the same day will be reduced by 20% (paid at 80%).

Quality Payment Program (QPP)

CMS will phase out the traditional Merit-based Incentive Payment System (MIPS) reporting pathway. Traditional MIPS continues through the 2030 performance year, with sunset beginning in 2031. The agency continues to move toward reporting through **MIPS Value Pathways (MVPs)**, which are expected to be organized by specialty and subspecialty.

G2211/B1 Modifier

Beginning in 2027, CMS will replace the existing office/outpatient E/M visit-complexity add-on code G2211 with new modifiers B1 and B2. These modifiers are intended to recognize the additional resources associated with providing longitudinal, coordinated care. **B1** provides an additional payment equal to 16% of the underlying eligible E/M service when the practitioner serves as the continuing focal point for the patient's healthcare needs or provides ongoing care related to a single serious or complex condition. **B2** provides an additional payment equal to 32% of the underlying eligible E/M service for qualifying practitioners participating in eligible Accountable Care Organizations (ACOs).

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Key Practice Expense Updates in the Final Rule

CMS finalized changes to its practice expense (PE) methodology, revising how Medicare calculates the practice expenses associated with furnishing physician services, including direct and indirect overhead costs. These changes may affect practice expense RVUs and, consequently, reimbursement for certain services. CMS also finalized limitations on annual fluctuations in PE RVUs and generally capped annual changes in practice expense relative value units at approximately 5% in either direction.

Changes for Treatment of Incompetent Veins

At the January 2026 Relative Value Scale Update Committee (RUC) meeting, all CPT codes related to sclerosant treatment of incompetent veins (36465, 36466, 36470, 36471, 36473 and 36474) underwent review, including updated practice expenses data and multispecialty survey results. RUC Advisors from several specialties including representatives from the AVLS, participated directly in this process and submitted recommendations to CMS.

We are pleased to report that CMS accepted all recommended direct practice expense inputs for this family of codes without refinement. These updates more accurately reflect the current practice expenses associated with performing these procedures.

The estimated reimbursement changes with the new conversion factor (non-QP) include:

36465: 6.3% increase
36466: 4.7% increase
36470: 71.6% increase
36471: 13.3% increase
36473: 6% decrease
36474: 1.8 % increase

Other Vein Codes
36475: 1.6% increase
36478: 0.9% increase
36482: 1.7% increase
37765 & 37766: 0.2% increase

* These estimates may vary based on geographic adjustments and site of service.

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What can you do now?

Continue to support AVLS advocacy efforts by renewing your membership today!

Attend the AVLS 2027 Annual Congress and Advocacy Session to learn more about these changes and their implications for your practice.

Consider becoming a member of the American Medical Association (AMA).

To maintain AVLS participation in the RUC process, 20% of our membership must also be AMA members. Your support helps ensure that the voice of the venous and lymphatic community continues to be represented in decisions that directly affect physician reimbursement.

Through continued advocacy and collaboration with organizations across the vascular community, the AVLS remains committed to protecting appropriate reimbursement, advancing education, and supporting high-quality care for patients with venous and lymphatic disease.

Thank you for your continued support!

Sincerely,

Michael M. Di Iorio MD, FAVLS
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