



September 15, 2025

The Honorable Dr. Mehmet Oz
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1834-P
P.O. Box 8016
Baltimore, MD 21244-8016

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

RE: CMS-1834-P

Response to Medicare and Medicaid Programs; Calendar Year 2026 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center Proposed Rule

Dear Administrator Oz,

We are pleased to have the opportunity to comment on the Calendar Year (CY) 2026 Outpatient Prospective Payment System proposed rule (CMS-1834-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.

HSS strongly opposes the proposed elimination of the Inpatient Only (IPO) list in the absence of stronger policy to protect patient safety.

Given the extensive scope and complexity of the nearly 1,800 procedures included on the IPO list, we believe it would be premature and risky to adopt a policy that eliminates this list. The IPO list was established to safeguard patients and require that high-risk procedures are performed in settings equipped to protect patient safety. Many of the services proposed for removal involve complicated, invasive procedures that often require multiple days of hospitalization as well as a demanding period of recovery. Although this concern applies to many of the procedures on the list across specialties, we will focus our specific comments on orthopedic procedures.

We acknowledge that some musculoskeletal procedures can safely be performed in hospital outpatient settings and ambulatory surgical centers – and should be performed there to reduce care costs. However, many procedures on the list require coordinated care and resources that are only available in an inpatient setting. This proposal is troubling because these procedures also require intensive post-operative care and a highly skilled and specialized clinical team that outpatient settings generally

lack. HSS surgeons with expertise in each musculoskeletal procedure area listed reviewed the proposed list and have identified procedures that are not suitable to be performed outside the inpatient setting under any circumstance (see appendix). For example, reimplantation of a hand after a complete amputation (HCPCS 20808) should never be done as an outpatient procedure because the procedure requires ongoing procedures after the reimplantation to monitor and ensure vascular integrity. We recommend that CMS enhance its current process for removing procedures from the IPO list rather than removing this important safeguard.

The proposal to eliminate the IPO list is especially concerning when combined with the proposed revisions to the Ambulatory Surgery Center (ASC) Covered Procedures List (CPL). CMS would remove all patient safety–related general exclusion criteria for adding a procedure to the ASC CPL and instead treat them as “nonbinding physician considerations for patient safety.” As a result, procedures not on the IPO list could be added to the ASC CPL, and for CY 2026, CMS proposes to move 271 of the procedures slated for removal from the IPO list directly onto the ASC CPL. As the nation’s leading orthopedic hospital, HSS already performs numerous procedures in an outpatient setting when it is the most appropriate site of care. However, our expertise in musculoskeletal care allows us to discern when the outpatient setting is the safest site of care for certain patients. Taken together, these proposals would allow standalone ASCs, which have limited experience and restricted access to higher levels of care, specialists, and services, to perform complex procedures in the Medicare population without the necessary safeguards.

While we agree that medical innovation has allowed many traditionally inpatient procedures to transition to outpatient settings, maintaining the inpatient-only requirement remains critical to patient safety and outcomes for certain procedures proposed for elimination. Removing these complex procedures from the IPO list with the aim of enhancing cost-effectiveness could instead result in poorer outcomes and higher costs, such as those related to post-operative emergency department visits and readmissions. We urge CMS to reconsider eliminating the IPO list in its entirety and instead work closely with stakeholders to determine which procedures can be safely removed and which procedures should remain. HSS stands ready to serve as a resource for CMS on this matter as it pertains to patient safety in musculoskeletal care.

For any questions regarding the HSS experience, please contact me directly at bostromm@hss.edu.

Best regards,



Mathias Bostrom, MD, FACS
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