American Association of
NURSE ANESTHESIOLOGY

Calendar Year 2027 Medicare Hospital Outpatient Prospective Payment System Summary

On July 7, 2026, the Centers for Medicare and Medicaid Services (CMS) released the Medicare Hospital Outpatient Prospective Payment System (OPPS) Proposed Rule for CY 2026. The OPPS is significant because it reimburses hospitals and ambulatory surgical centers (ASCs) for outpatient services and includes policies that could have implications for CRNAs. Below is a high-level overview of key proposals that could impact AANA priorities. The Regulatory Affairs team is analyzing the proposed rule for impacts on CRNA practice and reimbursement and developing comments. The public comment period closes on August 31, 2026.

CY 2027 Payment Update

- The proposed rule includes a 2.4% increase for CY 2027 for both hospital outpatient services and ASC services for meeting their relative quality reporting requirements.
- This 2.4% rate is the same as in the proposed rule for CY 2026 but the CY 2026 final rule increased the payment update to 2.6%.

Inpatient Only Procedures List Phase Out

- The proposed rule continues to phase out the Medicare Inpatient-Only (IPO) list by proposing to remove 637 services from the auditory, digestive, endocrine, female genital, hemic and lymphatic systems, integumentary, male genital, maternity care and delivery, mediastinum and diaphragm, respiratory and urinary clinical families for CY 2027.
- This process began in CY 2026 with the removal of 285 mostly musculoskeletal services.
- CMS proposes to continue exemption from the two-midnight rule of services removed from the IPO list. The two-midnight rule was implemented in 2013:
    - Medicare Part A payment was generally not appropriate for hospital stays expected to last less than two midnights.
    - Cases involving a procedure identified on the IPO list or that were identified as “rare and unusual exception” to the two-midnight benchmark by CMS were exceptions to this general rule and were deemed to be appropriate for Medicare Part A payment.
- CMS will add 618 of these newly proposed procedures to ASC Covered Services list.
- CMS notes that the third and final year phasing out procedures on the IPO list will include some procedures that require more review. These procedures set to be phased out in CY 2028 include from the neurological family, cardiovascular family, solid organ, intestinal, and islet cell transplants and related services.

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Prior authorization for botulinum toxin injection codes

- In 2020 CMS instituted prior authorization requirements for botulinum toxin injections.
- In this proposed rule CMS adds eight additional botulinum toxin injection codes that will need prior authorization approval beginning July 1, 2027.
    - For the new codes see Table 76 on page 41977 of the CY 2027 proposed rule.

Non-opioid Pain Management

- CMS proposes to continue additional payments for non-opioid treatments for pain relief in the hospital outpatient and ASC settings through December 31, 227 with no modifications from the CY 2026 final rule.
    - For the list of qualifying drugs and biologics see Table 71 on page 41951.
- CMS also proposes to continue reviewing products for inclusion under this policy on a quarterly basis rather than only during yearly rulemaking.
- There is still no payment under the Medicare physician fee schedule for the use of opioid-sparing techniques, but AANA continues to urge their inclusion.

Esketamine

- CMS proposes to increase the payment rates for HCPCS codes G2082 (up to 56mg of self-administered esketamine) and G2083 (over 56mg of self-administered esketamine).
- In CY 2027 HCPCS code G2082 will be assigned to APC 1513 (New Technology—Level 13) with a payment rate of $1,150.50 and HCPCS code G2083 will be assigned to APC 1518 (New Technology—Level 18) with a payment rate of $1,650.50.

Requests for Information

- Hospital price transparency
    - CMS includes an RFI asking for input on how to improve comparability and standardization of hospital price transparency information in machine readable formats and consumer friendly displays.
- American-made PPE
    - CMS also includes an RFI asking for best practices on how to create a more resilient supply chain for American-made personal protective equipment (PPE) and essential medicines.

Quality Measures

- The rule proposes removing the Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients measure in the OPPS and ASC Quality Reporting Programs.
    - CMS argues this is redundant with another colonoscopy measure that both programs have that is more directly tied to clinical outcomes.

- For the OPPS Quality Reporting Program, CMS is proposing updates to validation and validation appeals procedures for digital quality measures and is requesting information on including an Advance Care Planning measure.
- For the ASC Quality Reporting Program, CMS is soliciting information on stratifying the All-Cause Transfer/Admission measure by phase of care.