Society of Gynecologic Oncology

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September 15, 2025

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically via Regulations.gov

Re: Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems: CMS-1834-P

Dear Administrator Oz,

The Society of Gynecologic Oncology (SGO) appreciates the opportunity to review and provide comments on the Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System proposed rule for CY 2026. Through these comments. SGO hopes to ensure that the OPPS fee schedule supports Medicare beneficiaries' access to medically necessary care, while providing adequate payment for the services provided by our members.

The SGO is the premier medical specialty society for healthcare professionals trained in the comprehensive management of gynecologic cancers. Our 3,000+ members include physicians, advanced practice providers, nurses, and patient advocates who collaborate with the SGO's foundation, the Foundation for Women's Cancer, to increase awareness of gynecologic cancers and improve the care of those diagnosed with gynecologic cancers. Our mission focuses on supporting research, disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations dedicated to gynecologic cancers and related fields, all with the ultimate vision of eradicating gynecologic cancers.

Proposed Changes to the Inpatient Only List:
CMS proposes to discontinue the Inpatient Only (IPO) list beginning in 2026 by using a phased-in approach, with the complete elimination by January 1, 2029. The agency states that changes in medical technology, the development of advanced surgical techniques, and quality and safety advances have made the use of the IPO list unnecessary.

The SGO appreciates the agency perspective on this issue, and we support CMS' proposal to eliminate the IPO list. We also agree with the agency's phased approach to allow time for providers, payers, patients, and other interested parties to adjust and prepare for the list's elimination. Additionally, the SGO supports the rationale for eliminating the IPO list. CMS states in the proposed rule that physicians, using clinical knowledge and judgment, coupled

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with a Medicare beneficiary's specific needs, have the capability of determining the safest site of service for a particular procedure. with a Medicare beneficiary's specific needs, have the capability of determining the safest site

of service for a particular procedure. We thank the agency for providing this autonomy to providers, while also acknowledging the beneficiary's needs and preferences. This shared decision-making is paramount to successful surgical outcomes. The physician's clinical judgment must remain the determining factor in selecting the appropriate site of service as the agency moves forward with this proposal. We believe that payers or administrators should not exert pressure to move procedures into ambulatory or outpatient settings if a physician determines that inpatient care is safest site of service for the patient. The phased-in process will allow time for the agency to monitor the policy as it is implemented.

The agency has created an initial list of codes for removal from the IPO list. We respectfully request that the following services also be included in the first tranche of services slated for removal:

- 58575: *Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed.*
- 58548: *Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed.*

Over the past decade, numerous studies have documented the safety and efficacy of laparoscopic procedures.[i,ii,iii,iv] Many complex surgeries can now be performed by gynecologic surgeons and gynecologic oncologists using minimally invasive techniques in settings other than the inpatient facility. The services, including those described by codes 58575 and 58548, can be safely performed in ASCs as well as inpatient hospitals, depending on patient characteristics. There is also documented evidence to show that advanced surgical techniques have decreased the loss of blood that historically occurred during many of these surgeries. Appendix A lists additional relevant literature to support that these procedures may be provided safely in ASCs and HOPDs. Accordingly, the SGO requests that these and other laparoscopic gynecology codes be immediately removed from the IPO list so that we may begin providing this care to our patients in a setting that is most appropriate. We also suggest that CMS collaborate with the SGO and other relevant specialty societies to develop appropriate Ambulatory Payment Classifications for consideration in the CY 2027 OPPS and ASC rules.

Other evidence strongly supports that advances in medical practice now allow many procedures to be performed safely and effectively in outpatient settings. An analysis by Trilliant Health shows that removal of procedures from the IPO list has consistently correlated with declines in inpatient volume.[v] For example, Medicare inpatient admissions for total knee replacement fell by 17.9% in the year following its removal from the IPO list in 2018, and total hip replacement admissions decreased by 35% after its removal in 2020.[vi] These findings demonstrate that care can be reliably and safely shifted from inpatient hospitals to ambulatory surgery centers and outpatient facilities.

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Thank you for the opportunity to provide comments on the OPPS 2026 proposed rule. If you have questions or need additional information, please contact Carly Leon, Manager, Health Policy and Government Affairs: carly.leon@sgo.org.

Thank you,

President, Society of Gynecologic Oncology

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[i] Ladanyi, Camille et al. Efficacy and Safety of a Surgeon-Performed Laparoscopic-Guided, 4-point Transversus Abdominis Plane Block: A retrospective review. Journal of Minimally Invasive Gynecology, Volume 28, Issue 1, 124 – 130.
[ii] Levy L, Tsaltas J. Recent advances in benign gynecological laparoscopic surgery. Fac Rev. 2021 Jul 26;10:60. doi: 10.12703/r/10-60. PMID: 34409423; PMCID: PMC8361750.
[iii] Scheib SA, Fader AN. Gynecologic robotic laparoendoscopic single-site surgery: prospective analysis of feasibility, safety, and technique. Am J Obstet Gynecol. 2015 Feb;212(2):179.e1-8. doi: 10.1016/j.ajog.2014.07.057. Epub 2014 Aug 1. PMID: 25088863.
[iv] Matanes E, Lauterbach R, Boulus S, Amit A, Lowenstein L. Robotic laparoendoscopic single-site surgery in gynecology: A systematic review. Eur J Obstet Gynecol Reprod Biol. 2018 Dec;231:1-7. doi: 10.1016/j.ejogrb.2018.10.006. Epub 2018 Oct 3. PMID: 30317138.
[v] Health, T. (2025, August 5). Preparing for Potential Changes to Medicare's IPO List. Trillianthealth.com; Trilliant Health. https://www.trillianthealth.com/market-research/studies/preparing-for-changes-to-medicares-ipo-list
[vi] Ibid.

Appendix A: Literature to Support CPT Codes 58575 and 58548 Performance in ASCs and HOPDs

- Ramirez PT; LACC Trial Group. "Minimally Invasive versus Abdominal Radical Hysterectomy for Cervical Cancer." New England Journal of Medicine. 2018;379:1895–1904.
- Melamed A, Keating NL, Del Carmen MG, et al. "Survival after minimally invasive radical hysterectomy for cervical cancer." JAMA. 2018;320(20): 1–8. (Large observational cohort).
- J, Zheng L, Wang Y, et al. "Laparoscopic versus open radical hysterectomy for early-stage cervical cancer: a systematic review and meta-analysis." Int J Clin Exp Med. 2015;8(8):13584–13594.
- Wang Y, He Y, Wang L, et al. "Laparoscopic versus open staging for early ovarian cancer: a systematic review and meta-analysis." J Surg Oncol. 2016;114(7):1–9.
- Fagotti A, Vizzielli G, et al. "Laparoscopic staging of apparent early-stage ovarian cancer: a multicenter study."