



Association for Academic Pathology

Promoting Excellence In Academic Pathology

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September 11, 2026

Dr. Mehmet Oz, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3485-NC
P.O. Box 8016, Baltimore, MD 21244-8016.

Subject: Comments on Proposed Rule: Re: Medicare and Medicaid Programs; CY 2027 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program [CMS–1848–P] RIN 0938–AV82 (Submitted online at [Regulations.gov](https://www.regulations.gov))

Dear Dr. Oz:

The Association of Academic Pathology (AAPath) appreciates the opportunity to provide much needed input on CLIA regulations which are important to quality of clinical laboratory testing. AAPath is a non-profit society that serves as the voice of U.S. academic departments of Pathology. AAPath provides leadership and advocacy for the discipline of Pathology, and enables departments to meet demands of clinical practice, education, and research. The majority of our members are responsible for oversight of clinical laboratories within their academic health systems.

We are aware that the Maryland Health Care Commission (MHCC) has nominated the surgical pathology code family as potentially misvalued; however, **we strongly discourage the Centers for Medicare and Medicaid Services (CMS) from making any unilateral changes to this surgical code set for CY 2027.** This would be inconsistent with CMS's established process for potentially misvalued codes.

Any review of the surgical pathology code set should follow the established and trusted process involving the AMA/Specialty Society RVS Update Committee (RUC), which allows physicians with relevant clinical expertise to evaluate the time and intensity required to furnish the typical service, and which also includes a public comment period. We share the concerns raised by the College of American Pathologists (CAP) and others that the MHCC review does not provide an empirically valid estimate of typical time or service intensity, does not establish that the physician time or work relative value unit (RVU) assigned to the typical service is inaccurate, and demonstrates little transparency re: attribution of each service to the assigned pathologist and to the day of service.

Notably, pathology practice differs substantially from services provided by other medical specialties in that the work of a single case frequently spans multiple days and involves multiple pathologists. It is unclear as to whether the MHCC analysis considered these unique aspects of pathology practice which need to be reflected for accurate coding and reimbursement of time and effort.

We also share mutual concerns with CAP and others that a unilateral change without appropriate analysis could have a negative effect on patient care. These codes reflect essential services which are

pivotal to patient care, including diagnosis and management of complex serious disease such as cancer. Devaluing these services are likely to adversely affect timeliness and access, delaying important patient care decisions. Stability of services is key to effective clinical care, and careful evaluation of the codes through the trusted current processes is important to ensuring this stability.

Thank you again for the opportunity to provide comments. Once again, we encourage caution and urge CMS to follow the established code evaluation processes through AMA/RUC in order to ensure a well-informed and meaningful analysis rather than making a unilateral change to the surgical pathology code set based on questionable data from MHCC that could be disruptive to clinical services and the best interest of patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lydia P. Howell', with a stylized, flowing script.

Lydia P. Howell MD
Deputy Director, Association for Academic Pathology
Distinguished Professor & Chair Emerita, Pathology & Laboratory Medicine, UC Davis
Health