

October 16, 2026

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Calendar Year (CY) 2027 Medicare Physician Fee Schedule Proposed Rule — Reimbursement
Cuts to Hip and Knee Replacement Procedures

Dear Administrator Oz:

On behalf of the undersigned organizations representing seniors, patients living with arthritis and other chronic conditions, and individuals who rely on access to quality healthcare, we write to urge the Centers for Medicare & Medicaid Services (CMS) to reverse the proposed cuts to hip and knee replacement procedures included in the Calendar Year (CY) 2027 Medicare Physician Fee Schedule (PFS) proposed rule.

For millions of Americans living with debilitating joint conditions, including arthritis, injuries, and hip dysplasia, hip and knee replacement can mean the difference between living independently and relying on others for everyday activities. These procedures can restore mobility, relieve pain, and improve quality of life, particularly for patients whose conditions have not responded to other treatments. Preserving timely access to this care is a shared priority for our organizations and the patients we represent.

Under the proposed rule, Medicare reimbursement for total hip (CPT 27130) and total knee (CPT 27447) replacement procedures would be reduced by approximately 20 percent in 2027, following a reduction of more than 7 percent that took effect in 2026. Taken together, these back-to-back reductions would place additional financial pressure on orthopedic practices at a time when an aging population is increasing demand for joint replacement procedures.

We are concerned that cuts of this magnitude could make it increasingly difficult for independent orthopedic practices, particularly those serving rural and underserved communities, to continue providing these essential procedures. For patients, the potential consequences include:

- Fewer choices of physicians and care settings;
- Longer wait times for treatment; and
- Greater distances to travel for care.

We urge CMS to reverse the proposed reductions to hip and knee replacement reimbursement in the final CY 2027 Physician Fee Schedule rule and pursue a longer-term, sustainable approach to physician payment that supports continued access to essential procedures. Medicare payment policies should reflect the resources required to provide quality care while preserving patients' ability to receive timely treatment from the physicians they trust.

For seniors and patients living with arthritis, access to hip and knee replacement is more than a single procedure. It is about maintaining mobility, preserving independence, and continuing to participate in

everyday life. We respectfully urge CMS to consider these patients as it finalizes the CY 2027 Physician Fee Schedule, and we welcome the opportunity to discuss this further with your team.

Sincerely,

American Association of Hip and Knee Surgeons
AiArthritis
American College of Rheumatology
Arthritis Foundation
Alliance for Aging Research
Chronic Care Policy Alliance
Global Healthy Living Foundation
International Hip Dysplasia Institute
National Association of Rural Health Clinics
National Grange
RetireSafe