2027 Medicare Final Payment Rules

What GI Practices Need to Know

BOTTOM LINE: Beginning Jan. 1, 2027, GI practices face lower physician payments, new coding and billing requirements, and major 340B changes. CMS also finalized new ESD payments, replaced G2211 with modifier B1, and narrowed several proposed policies.

PAYMENT PRESSURE CONTINUES

- **Conversion factors:** $32.95 for qualifying Advanced APM participants and $32.63 for other clinicians, down 1.83% and 2.31%, respectively.
- **Physician payments:** GI endoscopy in ASCs/HOPDs declines about 4%; office E/M visits decline about 3%.
- **Facility payments:** GI endoscopy ASC payments decline about 1%, while HOPD payments increase about 11%.

NEW ESD CODES AND PAYMENT

- **New Endoscopic Submucosal Dissection (ESD) CPT codes:** CPT 43498 (Upper ESD) $692.82; CPT 45991 (lower GI ESD): $744.78.
- **Both codes:** $7,083 HOPD facility payment. $2,860.94 ASC facility payment.
- **Add the ESD codes** to coding systems, charge masters, and payor fee schedules by Jan. 1.

G2211 BECOMES MODIFIER B1

- CMS will delete G2211 and replace it with modifier B1, which increases the work RVUs for the associated E/M code by 16%.
- **Update EHR logic**, billing edits, clinician guidance, and compensation models

OTHER OPERATIONAL CHANGES

- **Same-day E/M:** The highest-paid affected service is paid at 100%; each additional E/M or 0-day global procedure is paid at 80%. GI impact is expected to be minimal.
- **Remote monitoring:** Remote Therapeutic Monitoring (RTM) joins Remote Patient Monitoring in requiring an established patient and a separately reportable initiating visit. Direct employment of clinical staff is delayed until 2029.
- **RPM codes 99445 and 99454:** Estimated 21% payment reductions.
- **Practice expense:** CMS finalized a new methodology and a generally applicable +/-5% annual stabilization cap, which may shift code-level payments.

340B CHANGES

- **Part D reporting:** Covered entities must submit claim-level data quarterly through the 340B repository. Compliance is a condition of Medicare enrollment.
- **Hospital outpatient drugs:** Payment for most separately payable 340B drugs falls from ASP+6% to ASP-28%. CMS estimates $4.35 billion in lower Medicare spending and $1.1 billion in lower beneficiary cost sharing in 2027.
- The policy does not apply to physician offices or self-administered drugs dispensed through pharmacies.

QUALITY REPORTING

- **CMS removes MIPS measure 320** for 2027, retains pathology-based measure GIQIC23, and extends traditional MIPS through 2030.
- **Beginning in 2027**, clinicians generally must report at least one designated core measure in traditional MIPS or an MVP, subject to exceptions.

WHAT GI PRACTICES SHOULD DO NOW

MODEL	UPDATE	EDUCATE
2027 revenue by code and site of service.	EHRs, fee schedules, charge masters, and claim edits.	Clinicians, coders, billing staff, and compliance teams.

Go deeper: Review our deep dive to learn how the proposed cuts and policy changes vary by site of service, procedure type, and payment setting.