

Critical Public Policy Update



Dear AAHCM Community,

The Centers for Medicare and Medicaid Services (CMS) released the [2026 Medicare Proposed Physician Fee Schedule](#). It contains provisions that could have a profound impact on home-based primary care. CMS considers and responds to public comments, and every submission helps strengthen our collective message. We provide details below on how to submit comments to the proposed rule and strongly encourage you to do so. It should take you less than 5 minutes to complete.

Why This Matters – Key Proposed Policies: The proposed changes will directly affect our ability to care for patients where they need us most—at home. Two provisions could greatly benefit our field.

- **G2211 in Home-Based Care:** CMS proposes allowing code G2211 (visit complexity add-on) to be billed with home-based evaluation and management (E/M) codes 99340–99350. This would recognize the additional complexity of home-based care and improve reimbursement for these services. It means that payments for most home-based primary care visits would increase by ~10%.
- **Skin Substitutes Payment Cap:** CMS proposes paying for non-BLA skin substitutes as “incident to” supplies and capping payment for skin substitute products at \$125 per square centimeter. This change would significantly curb the widespread waste, fraud, and abuse in wound care that is leading to direct harm for our patients. The skin substitute problem was profiled in the New York Times earlier this year.

Please submit comments: Submitting your comment is quick and powerful.

1. Visit the Proposed Rule Federal Register page by [clicking here](#).
2. Click the green “Submit a Comment” button on the right side of the page.
3. **Copy and paste** the following text into the comment box (feel free to add your own perspective):

CMS should adopt the recommendations from the American Academy of Home Care Medicine (AAHCM) and finalize the proposed policies (without modification) to (1) pay for G2211 when billed alongside home-based primary care visits using CPT codes 99340–99350 and (2) pay for non-BLA skin substitutes as “incident to” supplies and establish a \$125 payment rate for all non-BLA products. G2211 will help improve access to care for vulnerable Medicare beneficiaries. Changing how skin substitutes are paid will significantly reduce waste, fraud, and abuse that is widespread in wound care today.

4. Identify whether you are submitting the comment on behalf of yourself or your organization, or if you want to submit anonymously. Complete the needed information.
5. Click the relevant check box and the “Submit Comment” button.

Moving forward: AAHCM will also be submitting detailed comments on behalf of our membership and meeting with CMS and Congressional officials to make our stance known. But nothing is more powerful than the real-world voices of practicing clinicians. Together, we can shape the policies that sustain and advance our field.

Thank you for your advocacy and for the critical work you do every day for patients and families.

Sincerely,

Tom Lally, MD
Chair of Public Policy, President Elect
American Academy for Home Care Medicine

AAHCM works on public policy and advocacy on behalf of all members. Support AAHCM by [joining today](#) if you are not yet a member. Plus, here the latest on our efforts during the Public Policy session at the [AAHCM Annual Meeting](#).

American Academy of Home Care Medicine

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