



January 20, 2026

The Honorable Mehmet Oz, M.D.  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: Recommendations for Calendar Year (CY) 2027 Physician Fee Schedule Proposed  
Rule  
7500 Security Boulevard  
Baltimore, MD 21244

**Subject: Recommendations for Calendar Year (CY) 2027 Physician Fee Schedule Proposed  
Rule - CPT Codes 20240 and 20245**

Dear Administrator Oz:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), we appreciate the opportunity to recommend proposals for the Medicare Physician Fee Schedule (PFS) for Calendar Year 2027. We are writing specifically to address the valuation and site-of-service payment for CPT codes 20240 (Biopsy, bone, open; superficial) and 20245 (Biopsy, bone, open; deep). As the organization representing more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, we formally request that CMS review and revise the payment policy for CPT codes 20240 and 20245 to permit appropriate reimbursement in the non-facility (office) setting (POS 11). This adjustment will ensure fair payment when all safety and regulatory requirements for an office-based procedure room are met.

OMSs regularly render these incisional and excisional bone biopsies in a variety of clinical scenarios, including the diagnosis of osteomyelitis and oral lesions. While these procedures are often performed by other medical specialties in facility settings, OMSs are uniquely qualified to conduct complex surgeries and administer various levels of anesthesia, including deep sedation or general anesthesia entirely in-office. This capability stems from their rigorous dual training in both anesthesia and surgery, which includes extensive hospital-based rotations in anesthesiology, equipping them to manage multimodal sedation and airway control in-office. This contrasts with most other surgical specialties, where anesthesia services typically require an external facility.

Modern OMS offices are equipped with dedicated pre/post-operative rooms, sterile fields, monitoring stations, and trained staff, ensuring an environment that is more efficient and comfortable, and carries a lower infection risk compared to hospital settings.

*Rationale for Revaluation and Site-of-Service Adjustment:*

Medical advancements and minimally invasive techniques mean that many procedures previously requiring an inpatient or ASC setting can now be safely and effectively performed in a properly equipped office setting. Medicare claims data from 2023 supports this current practice. For 20240, 984 Medicare claims were submitted for the non-facility setting, with nearly 60% rendered by oral and maxillofacial surgeons. For CPT 20245, 1,104 claims were submitted for the non-facility setting, with nearly 94% reported by oral and maxillofacial surgeons.

Allowing appropriate reimbursement in the office setting significantly reduces overall Medicare expenditure by avoiding costly facility fees associated with hospitals and ambulatory surgical centers. This adjustment directly aligns with CMS's goals of promoting efficiency, reducing system costs, and leveraging the office setting for suitable procedures.

Allowing these procedures in the office setting also enhances patient access to necessary diagnostic services and reduces the logistical burden on patients who would otherwise need to travel to a separate facility for a minor procedure.

Adjusting the site-of-service indicator for CPT codes 20240 and 20245 reflects the current standard of practice for oral and maxillofacial surgeons, promotes efficient use of healthcare resources, and improves the quality and accessibility of patient care.

Thank you for your time and consideration of these comments. We are available to provide additional data and information as needed.

Sincerely,



Vivian Jui, DMD  
Chair, AAOMS Committee on Healthcare Policy, Coding & Reimbursement



Robert S. Clark, DMD  
President, AAOMS