September 14, 2026

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

RE: CY2027 Medicare Physician Fee Schedule Proposed Rule

Dear Administrator Oz:

The undersigned audiologists—who treat and care for Medicare beneficiaries—appreciate the opportunity to comment on the calendar year (CY) 2027 Medicare Physician Fee Schedule proposed rule.

We request that the Centers for Medicare & Medicaid Services (CMS) adopt the recommended Current Procedural Terminology (CPT) code values for four new codes describing vestibular assessment services.

CMS accepted the recommended values for three of the four new codes. For the velocity step testing (VST) add-on code, however, CMS proposes a lower work value that does not adequately reflect the additional testing, clinical judgment, patient monitoring, and interpretation required. This additional reduction is especially concerning because the transition to the new codes will already substantially reduce payment for rotational vestibular testing and make it more difficult for audiologists and practices to maintain the specialized equipment and infrastructure needed to provide these services.

Updated Vestibular Codes Are Necessary to Reflect Current Clinical Practice

Audiologists and other clinicians who provide vestibular assessments have long needed an updated code set that more accurately reflects current practice. The new codes recognize advances in vestibular testing technology and distinguish services that are not adequately represented by the existing family of vestibular assessment CPT codes.

The American Medical Association developed the new codes through a multi-year CPT coding and valuation process informed by clinical evidence, clinician surveys, specialty expertise, and stakeholder input. This process considered the work and resources required to perform the services, including the time, clinical judgment, technical complexity, patient monitoring, and interpretation involved.

Velocity step testing is not simply additional time added to sinusoidal harmonic acceleration (SHA) testing. It is a distinct component that requires additional testing, clinical oversight, interpretation, and integration of the findings with the base service. The recommended work value reflects the intensity and expertise required to provide that service.

When CMS substitutes a lower value without fully accounting for these clinical demands, Medicare payment may no longer reflect the actual work involved. **We therefore urge CMS to adopt the recommended work value of 0.48 for CPT code 92XX6.**

Vestibular Assessment Is Critical to Ensure Patient Safety and Quality of Care

Vestibular disorders can affect balance, coordination, and spatial orientation, increasing the risk of adverse health outcomes like falls and other preventable injuries. Appropriate and timely assessment helps clinicians identify the source of a patient's symptoms and determine appropriate referrals or intervention.

CMS' own data demonstrates the seriousness of this issue. In 2024 alone, nearly a quarter of Medicare beneficiaries living in the community experienced at least one fall, and approximately 12% experienced more than one. Seventeen percent of beneficiaries experienced a fall that resulted in injury, including bruises, fractures, concussions, and joint dislocations, among other medical issues.[1]

These avoidable adverse events are more than mere inconveniences for patients and their caregivers. They can result in pain, loss of independence, hospitalization, rehabilitation, and other health care services that increase both out-of-pocket costs for beneficiaries and Medicare's spending.

Rotational vestibular assessment plays an important role within a comprehensive vestibular assessment and can provide information that helps audiologists better understand a patient's balance and vestibular function. Providing this testing requires specialized equipment, dedicated clinical space, and ongoing calibration and maintenance. Appropriate coding and valuation help ensure that Medicare beneficiaries can access these services when medically necessary.

Audiologists Already Face a Substantial Reduction Under the New Code Structure

Under the proposed values, an audiologist performing both SHA testing (CPT code 92XX5) and VST (CPT code 92XX6) would experience a payment reduction of approximately 29% compared to the current national payment rate for rotational vestibular assessment, as reported under CPT code 92546 (Sinusoidal vertical axis rotational testing). If an audiologist performs only the base code for SHA testing, the proposed values will result in a payment that is about 47% lower than current payment.

This reduction is already substantial. Artificially reducing the value of the VST add-on code below the recommended amount would further reduce payment for the specialized testing audiologists currently provide. Audiologists should not be required to absorb an additional reduction when implementation of the revised codes already results in considerably lower payment—particularly when doing so could leave Medicare beneficiaries with fewer providers, longer waits, and greater travel distances to access this specialized testing.

Practice Expense Reductions Further Threaten Access

The proposed reduction to VST would compound broader payment cuts affecting audiology. CMS estimates that changes to relative value units would reduce aggregate Medicare payment for audiology by approximately 3%, largely because of practice expense reductions.

For audiologists, practice expense reflects the real cost of providing care, including specialized equipment, maintenance, calibration, staff, technology, and clinical space. Reducing these payments while also undervaluing the work involved in VST could make vestibular testing increasingly difficult to sustain and limit patient access. CMS should ensure that final payment reflects both the clinical work and the resources required to provide these services.

Conclusion

We appreciate CMS' acceptance of the recommended values for three of the four new vestibular codes. However, reducing the value of the VST add-on code would undervalue an important component of rotational vestibular assessment and deepen an already substantial payment reduction. For these reasons, we urge CMS to:

- adopt the recommended value for the VST add-on code;
- finalize the recommended values for the other three new vestibular codes; and
- ensure that its practice expense methodology recognizes the actual costs audiologists incur to provide specialized care.

Accurate valuation is essential to ensure that audiologists can continue providing these services and that Medicare beneficiaries can receive timely and appropriate vestibular assessment.

Thank you for considering our comments and the experiences of audiologists who care for Medicare beneficiaries.

Sincerely,

Petition Signatories

Elizabeth Torres, AK
Darlene Phillips, AL
Nicholas Stanley, AL
Natalie Welcher, AR
Hannah Powell, AR
Naomi Estrada, AZ
Carmen White, AZ
Laquisha Arnold, AZ
Robin Samlan, AZ
Megan Kobel, AZ
Lisa Lachance, CA
Elizabeth Locy, CA
Shirley Sigmund, CA
Mary White, CA
Jessica Gregg, CA
Teresa Davis, CA
Rachel Barnes, CA
Cheyenne Newallis, CA
Alizha Mobo, CA
Melissa Ambriz, CA
Michael Feeser, CA
Jeneine Stevenson, CO
Allison Gottsch, CO
Tanya Haley, CO
Claire Carpenter, CO
Sarah Kidd, CO

Alexa Herbers, CO
Nancy Schaeffer, CT
Julie Verhoff, DE
Kiffyn Osborn, DE
Julie Butler, FL
Donna Salvo, FL
Claire Dorey, FL
Tanisha Poitevien, FL
Carolann Hammar, FL
Randi Melton, FL
Davida McCovery, FL
Alison Morris, FL
Anleslia Aldous, FL
Lauryn Edel, FL
Tobi Doerffel, FL
Anna Underwood, FL
Ryan Hildebrandt, FL
Caroline Bowman, GA
Sucheta Kamath, GA
Margaret Crosby, GA
Alison Tucker, GA
Marilyn Schorn-Bellows, GA
Megan Herzog, GA
Emmy Clark, GA
Aubrie Stevens, GA
Jessica Dean, GA
Kimberly Yon, GA
Belinda Weir, GA
Sheila Sparling, IA
Michael Sharp, IA
Gabrielle Greiman, IA
Taelin Holloway, ID
Stacy Flatt, ID
Brittany Nolan, IL
Suzan Perez, IL
Tena McNamara, IL
Heidi Verticchio, IL
Candice Osenga, IL
Elizabeth Carter, IL
Tiffany Mayberry, IL
Celestra Dewey, IN
Teresa Cochran, IN
Lauren Isabell, IN
Hope Cope, IN
Derrick Garland, KS
Trisha Morillo, KS
Sheryl Anderson, KS
Lynn Bryant, KY
Toréa Taylor-Moore, LA
Dana Jeter Williams, LA
Anne Pevy, LA
Sandra Reams, MA
Kathleen Davis, MA
Ann Alexopoulos, MA
Deborah Reed, MA
Robbie Robinson, MD
Christina Shields, MD
Judith Blackburn, MD
Jamie Tettey, MD
Doreen Brown, MD
Amy Wetherill, MD
Sinetra Bowdry, MD
Sailor Holobaugh, MD
Evelyn Crooke, MD
Rudi Klarmann, ME
Jenna Johnston, ME
Jesse Austin, ME
Gouthami Erra, MI
Allison Shattuck, MI
LeeAnn Kyriakides, MN
Elizabeth Ancel, MN
Renea Franklin, MO
Cristine Nall, MO
Emilee Campisi, MO
Shelby RALL-JOKERST, MO
Tracy Casey, MS
Evan Grace Branstetter, MS
Sara Hammel, MT
Jennifer Kern, NC
Tonya Carter, NC
Elizabeth Presley, NC
Amy Kearney, NC
Mariam Abdelaziz, NC
Ashlee Withers, NC
Sensemillah Peters, NC
Anne Vaughan, NC
Charisse Lyons, NC
Emily Moore, NC
Karen Celander, NC
Jamileh Mikati, NC
Lifen Zhang, NC
Esmiralda Jean-Francois, NC

Emerson Sobczyk, NE
Karsyn Kassebaum, NE
Avery Sorgenfrei, NE
Miranda Palacios Avila, NE
Jacqueline Himmel, NJ
Robynne Kratchman, NJ
Tracey Weiss, NJ
Marcia Saltz, NJ
Judith Raia, NJ
Karen Kushla, NJ
Ivelca Rodriguez, NJ
Michelle Czysz, NJ
Genna Ricotta, NJ
Andrea McMahan, NJ
Dr. Robert DiSogra, NJ
Sue Goldman, NJ
Angelyz Rodriguez, NJ
Nancy Kuhles, NV
Francine Pickus, NY
Marilyn Calabrese, NY
Frangelica Leo, NY
Myriame Gedeon, NY
Maria Olmedo-Castrillon, NY
Donna Becker, NY
Janet Lamy, NY
Megan Tobin, NY
Jaclyn Donovan, NY
Lauren Calabrese, NY
Kazyrah Wright, NY
Amy St. John, OH
Tara Koker-Noia, OH
Shyla Miller, OH
Mary Padula, OH
Albert Hahn, OH
Connie Friemering, OH
Kristina Alsenas, OH
Keeley Patton, OH
Carrie Steenbergen, OH
Carole Martin, OH
Kari Carroll, OH
Addison Newcomb Newcomb, OK
Erika Shakespeare, OR
Kristin Williamson, OR
Jordan Tinsley, OR
Kelly Campbell, PA
Erika Henderson, PA
Sheila Erlbaum, PA
Kelly Shenk, PA
Amy Wolf, PA
Nancy Carlino, PA
Christa Kozminski, PA
Jamie Boyle, PA
Kyleigh Pope, PA
Genevieve Barchak, PA
Maggie Rutkowski, PA
Cynthia Kisiday, PA
Chantal Feinberg, PA
Mia Romano, PA
Glen Tellis, PA
Nicole Billak, PA
Kaitlyn Froese, PA
Alanna Conley, RI
Barbara Greb, SC
Maria Blase, SC
Hannah Bosworth, SC
Bernateen Bibb, SC
Kristin Barthel, SC
Christy Fehrmann, SC
Lauren Runion, SC
Angela Sieh Ceretto, SD
Blaire Barnhart, TN
Brandalyn Breeden, TN
Sally Baerman, TN
Jennifer Hausladen, TN
Lydia Dudney, TN
Steven Doettl, TN
Dennell Benson, TN
Micayla Sayers, TN
Rebekah Tripp, TN
Marilyn Wark, TN
Elizabeth Humphrey, TN
Emily Noe, TN
Izabella Lewandowski, TN
Hasan Saleh, TN
Mary Easterday, TN
Jameson Mattingly, TN
Yvonne Smith, TX
Elaine M Leatherwood, TX
Leslie Rolph, TX
Patricia Graham, TX
Marguerite Burtis, TX
Corrie Dyson, TX

Amanda Stephens, TX
Miriam Rabaza-Saunders, TX
Kimberly Benedict, TX
Haley Arteaga, TX
Jessica Nicole Gagne, TX
Allison Woodford, TX
Bailee Jennings, TX
Katherine Moy, TX
Jennifer Applewhite, TX
Allison Beckford, TX
Dolores Tomarelli, TX
Allison Beckford, TX
Christi Madsen, TX
Cristen Brophy, TX
Allison Abbott, TX
Sabrina Rebollar, TX
Savannah Sparkman, TX
Aaron Anderson, TX
Gabrielle Garza, TX
Steven Lewis, UT
Leanne Fellbaum-Norman, UT
Julie Barkmeier-Kraemer, UT
John Whicker, UT
Sarah Rose, UT
Miles Nielsen, UT
Sarah Ferguson, UT
Lauren Hunting, UT
Mckenna Nobis, UT
Michelle Dawson, VA
Laura Barrett, VA
Brooke Butler, VA
Valerie St. John, VA
Karin Ernst, VA
Patricia Banas, WA
Laurel White, WA
Erin Lovelace, WA
Kimberly Kopp, WI
Sara Schaetzka, WI
Brittney Gniedziejko, WI
Jason Carr, WI
Rachel Lynch, WI
Leah Morse, WV
Luis Riquelme
Lori Fendell
Fatma Arslan

---

[1] Centers for Medicare & Medicaid Services. (2026). *2024 Falls Among Medicare Beneficiaries Early Release PUF*. https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-tables/2024-falls-among-medicare-beneficiaries-early-release-puf