

CY2027 Professional Payment Exposure Diagnostic

Know what proposed CY2027 Medicare payment changes could cost your practice. Organization-specific analysis using 12 months of authorized claims and remittance data.

LAYER 1 / CLINEFFICIENCY PRO PROPRIETARY MODELING

CEP CY2027 Modifier 25 Exposure Signal

Modeled reduction volume as a percentage of the specialty service base. CMS CY2027 proposed-rule utilization data; not estimated practice revenue loss.

ENT / Otolaryngology	10.81%
Dermatology	10.62%
Podiatry · #3	5.80%
Orthopedics	5.08%
Urology	2.26%
Ophthalmology	1.21%
Cardiology composite	0.019%

Podiatry ranks third in ClinEfficiency Pro’s modeled exposure signal at 5.80%, slightly above orthopedics. Public aggregate utilization establishes a specialty-level signal; organization-specific financial exposure requires encounter-level claims and remittance data.

CMS specialty 48	Modeled service base 25,981,853	Reduction volume 1,506,841	Affected-row volume 21,952,025 / 84.49%
---------------------	------------------------------------	-------------------------------	--

Largest affected-volume CPT/HCPCS rows: 11721 ~5.29M; 99213 ~4.64M; 11056 ~1.85M; 11720 ~1.78M; 99214 ~987K; 99203 ~982K; G0127 ~926K; 99212 ~766K; 11055 ~753K; 11042 ~642K. Reproduced against CMS-1848-P “2025 Utilization Data Crosswalked to 2027” and validated by reproducing previously saved specialty results. Exposure signal = modeled Modifier 25 proposal reduction volume divided by modeled specialty service base.

LAYER 2 / INDEPENDENT MARKET VALIDATION — BECKER’S / JIRO HEALTH

\$889M modeled annual Medicare FFS reductions	\$724.4M 81.5% private / solo practices	\$732M 82.3% across six specialties	\$395.4M 44.5% attributed to dermatology
---	---	---	--

Becker’s ASC Review reported Jiro Health’s national claims analysis. CEP exposure-signal percentages and Jiro’s national reduction estimates are methodologically distinct and are not directly comparable.

LAYER 3 / CLIENT-SPECIFIC ANALYSIS Your specialty isn’t the test. Your claims are. We analyze qualifying encounters, Modifier 25 and service-pair patterns, global periods, allowed amounts, clinicians, locations and low/base/high financial scenarios.	FIXED-FEE ENGAGEMENT / \$7,500 One billing entity. Twelve months of data. Includes Executive Exposure Summary, Provider & Service Heat Map, Payment Bridge, Management Priorities, executive readout and one final-rule refresh.
--	---

REQUEST YOUR PAYMENT REVIEW EXPOSURE HERE

Proposed — not final. CMS-1848-P remains a proposal. Any finalized changes would take effect January 1, 2027. This is analytical and management decision support, not legal advice or a guarantee of reimbursement outcomes. No organization-specific exposure is claimed until authorized claims data is analyzed.
Source: Becker’s ASC Review, “Private practices would absorb 80% of Modifier 25 cuts: Analysis,” reporting Jiro Health’s analysis of deidentified Medicare FFS claims from October 2024 through September 2025 across 67,018 billing providers.