NORTH AMERICAN NEUROMODULATION SOCIETY

111 N. Wabash Ave., Suite 100-3653,
Chicago, IL 60602

773.648.7845 | info@neuromodulation.org

August 25, 2026

Via Electronic Submission

The Honorable Mehmet Oz, MD
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS–1850–P
P.O. Box 8013
Baltimore, MD 21244–8013

RE: Medicare Program; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; and Quality Reporting Programs; Including the Hospital Outpatient Quality Reporting Program and Ambulatory Surgical Center Quality Program; Request for Information on Strengthening the Standardization and Comparability of Hospital Price Transparency (HPT) Data; Prior Authorization; Accrediting Organization (AO) Deeming for Emergency Medical Treatment and Labor Act (EMTALA); and Notices of Closure of Teaching Hospitals and Opportunities To Apply for Available Slots [CMS–1850–P]

The North American Neuromodulation Society (NANS) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) FY 2027 Proposed OPPS rule. NANS is a multi-specialty association of more than 1,600 physicians dedicated to the development and promotion of the highest standards for the practice of neuromodulation procedures in the diagnosis and treatment of the nervous system, including neurosurgeons, orthopedic spine surgeons, anesthesiologists, pain medicine physicians, physiatrists, psychologists, and neurologists. We are committed to working with CMS and other stakeholders to promote the highest quality, most efficient patient care for patients dealing with chronic pain and other conditions that may be with targeted electrical, chemical, and biological technologies to the nervous system to improve function and quality of life.

Multiple procedure reductions in the ASC setting

NANS is concerned by changes reflected in Proposed Addendum AA that would subject certain device-intensive ASC procedures to multiple procedure discounting where such discounting did not previously apply. While we appreciate CMS's ongoing efforts to ensure payment accuracy within the ASC payment system, we were unable to identify any discussion within the Proposed

Rule that explains the rationale, methodology, or policy considerations underlying these changes.

Device-intensive procedures have unique cost characteristics. Unlike many procedural or administrative costs, device acquisition costs do not decrease when multiple procedures are performed during the same operative session. As a result, applying a multiple procedure discount to device-intensive services does not align with the underlying resource utilization associated with those procedures. For example, CPT codes 63650 and 64555 (describing the implantation of spinal and peripheral neurostimulation electrodes, respectively) are commonly furnished to treat pain involving both sides of the body or involving more than one body part. Both codes are designated by CMS as device-intensive procedures, with historical claims data indicating a device offset of 49.02%. In these cases, each implanted neurostimulation electrode represents a distinct and substantial acquisition cost that must be incurred regardless of whether the procedures are performed during a single operative session or separately. As a result, the efficiency assumptions underlying multiple procedure discounting may not apply to a significant portion of the resources associated with these services, raising concerns that the proposed payment reduction does not appropriately reflect costs in the ASC setting.

CMS has proposed to change the ASC multiple-procedure discounting indicator from "No" to "Yes" for a set of neurostimulation codes:

CPT Code	Description
CPT 63650	Percutaneous implantation of spinal neurostimulator electrode array, epidural
CPT 63655	Laminectomy for implantation of spinal neurostimulator electrodes, plate, or paddle
CPT 63663	Revision or replacement of percutaneous spinal neurostimulator electrode array
CPT 63664	Revision or replacement of spinal neurostimulator electrode plate or paddle
CPT 63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver
CPT 64553	Percutaneous implantation of cranial nerve neurostimulator electrode array
CPT 64555	Percutaneous implantation of peripheral nerve neurostimulator electrode array
CPT 64561	Percutaneous implantation of sacral nerve neurostimulator electrode array

The proposed multiple procedure reduction fails to account for the cost structure of device-intensive procedures

Neurostimulation procedures are substantially device intensive as recognized by CMS. Prior to receiving Medicare payment, ASCs must procure the electrodes, implantable pulse generator, connectors, anchors, tunneling equipment, and other necessary supplies required for the procedure.

These implant costs are not diminished merely because multiple components are implanted during a single operative session. Device manufacturers do not extend a discount on a second electrode, generator, or other implanted component on the basis that the components are implanted concurrently.

A multiple-procedure payment reduction may therefore reduce reimbursement intended to account for costly implantable devices and supplies, rather than being limited to genuinely duplicative facility resources. Depending on its implementation, this policy could result in ASC payment falling materially below the cost of furnishing the complete system and thus significantly affects patient access to a therapy that is been shown to effectively control pain, reduce opioid utilization and overall healthcare costs

CMS should not apply a broad multiple-procedure discount to a payment methodology involving significant device costs without first demonstrating that the discounted payment remains sufficient to cover the reasonable costs of the implants and the safe delivery of the procedure.

Beneficiary access to neuromodulation therapy is at stake

Patients under consideration for neurostimulation procedures frequently present with severe chronic pain, functional impairment, sleep disruption, and diminished quality of life following the failure of less invasive treatment. Many have already exhausted physical therapy, medication management, injections, structural surgery, and other conservative modalities before neurostimulation is considered.

Restricting access to this therapy in the ASC setting carries meaningful consequences for this population. Patients will face longer waits for treatment and greater travel burdens if forced to seek care at distant hospital facilities. Not only does this increase travel burden, but it increases overall healthcare costs, as patients would be shunted to higher cost HOPD settings rather than more efficient ASCs. Importantly, beneficiary cost-sharing would rise, treatment options in rural

and underserved areas would narrow, and patients would be left relying on medications, including opioids, for longer periods while awaiting definitive treatment.

These outcomes stand in tension with CMS's own stated priorities: expanding beneficiary access, preserving site-neutral choice in care settings, reducing avoidable opioid exposure, and directing care toward the lowest-cost setting that remains clinically appropriate

Lack of Transparency

Without additional explanation from the Agency in the preamble, it is difficult for stakeholders to evaluate whether the revised discounting status accurately reflects the cost structure of the affected procedures, or whether the changes may inappropriately reduce payment in cases where a substantial proportion of costs remain fixed regardless of procedural volume.

NANS requests that CMS provide additional transparency regarding the basis for these proposed and other similar future changes.

NANS encourages CMS to assess whether multiple procedure discounting is appropriate for procedures, such as neuromodulation, in which device costs account for such a significant share of total procedural resources. As noted, because device costs are unchanged when procedures are furnished concurrently, standard discounting assumptions may not accurately reflect the resources associated with these services.

A more transparent evaluation of the affected codes and the expected impact of the proposed changes would help ensure that future payment policy refinements continue to support beneficiary access to innovative technologies and clinically appropriate care in the ASC setting.

NANS respectfully recommends that CMS maintain current multiple procedure discounting policies for affected neurostimulation device-intensive procedures until additional analysis and stakeholder input can be considered.

Conclusion

NANS recognizes CMS's obligation to pursue payment policies that eliminate genuine inefficiency and protect the Medicare Trust Fund, and we support that objective. This proposal, however, does not reflect the clinical reality of how neurostimulation therapy is delivered. A neurostimulation system and its components (pulse generator, electrodes) are not separable

line items; they constitute a single treatment, and each element carries its own device cost, technical requirements, and clinical justification.

Left unaddressed, this change would place ASCs in an untenable position: absorbing losses on Medicare cases, eliminating these services for Medicare beneficiaries who often have no remaining alternative to interventional treatment, or referring patients to hospital settings that increase cost to CMS without any corresponding clinical benefit. It may also discourage physicians from consolidating procedures into the single encounter that best serves the patient.

NANS therefore urges CMS to maintain the current multiple procedure discounting for neurostimulation devices until additional analysis and input can be considered.

We thank CMS for its consideration of these comments and remain available to provide any additional clinical or financial information that would assist the agency's review.

Respectfully,

Magdalena Anitescu, MD, PhD
President
North American Neuromodulation Society