NORTH AMERICAN NEUROMODULATION SOCIETY

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

773.648.7845 | info@neuromodulation.org

June 10, 2025

The Honorable Mehmet Oz, MD
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1833–P
P.O. Box 8013
Baltimore, MD 21244–8013

RE: **Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes [CMS–1833–P]**

Dear Administrator Oz,

The North American Neuromodulation Society (NANS) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) FY 2026 Proposed IPPS 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, physiatrists, psychologists, urologists, 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.

CMS is proposing to reassign various cases related to cranial neurostimulators to MS-DRGs 020-022 and change the title of these MS-DRGs to "Intracranial Vascular Procedures with Principal Diagnosis Hemorrhage or Intracranial Neurostimulator Implant." We appreciate CMS recognizing the costs of these cases warrant MS-DRG reassignment. However, we disagree with CMS' proposal as currently structured for a subset of these cases, specifically the Epilepsy with Neurostimulator cases.

The historic MS-DRG assignment of these cases is MS-DRG 023, which currently underpays hospitals for these cases and was part of the reason for CMS' proposal. However, reassigning these cases to MS-DRGs 020-022 without maintaining the current logic associated Epilepsy with Neurostimulator cases will have the opposite effect and will decrease hospital payments even

further. Some of the patients that receive this technology may not have comorbidities to map to MS-DRG 020 and will map to MS-DRGs 021 and 022. We do not believe that CMS' intent with this proposal was to further reduce payment for most of these cases given CMS recognized the sizeable difference between the payment and cost of these cases that currently exists. Unfortunately, this proposal as currently structured will do just that. To better align the costs and payment for Epilepsy with Neurostimulator cases, we request that CMS maintain the current logic for these cases and assign them to MS-DRG 020, Intracranial Vascular Procedures with Principal Diagnosis Hemorrhage or Intracranial Neurostimulator Implant with MCC. This will help ensure continued access to this important technology for Medicare patients

Sincerely,

AHMED RASLAN, MD, FAANS
President, Board of Directors
North American Neuromodulation Society