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August 30, 2026

VIA Electronic Submission to www.regulations.gov

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244-8010

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 Proposed Rule [CMS-1850-P]

Dear Administrator Oz:

On behalf of the American Urogynecologic Society (AUGS), I am pleased to submit comments in response to the proposed rule for the Calendar Year (CY) 2027 Hospital Outpatient Prospective Payment System (OPPS). AUGS is a national medical society whose mission is to promote the highest quality of care in urogynecology and pelvic reconstructive surgery through excellence in education, research, and advocacy.

Sacral neuromodulation (SNM) is an established, evidence-based therapy for appropriately selected patient with significant and often refractory urinary and pelvic floor disorders. For many patients, SNM can improve quality of life and reduce the burden associated with chronic symptoms, repeated office visits, catheterization, and other treatments.

AUGS urges CMS not to finalize the proposed ambulatory surgical center (ASC) payment reductions SNM procedures (CPT 64561 and 64590). These procedures are commonly performed together in the ASC setting, and because they are device-intensive, they could face a 50% payment reduction when billed during the same encounter. Such reductions risk limiting patient access to clinically appropriate neuromodulation therapy.

Currently, bilateral trials and full implants (generator plus permanent lead) are not subject to multiple procedure discounting. In each SNM treatment pathway, CPT 64561 represents a distinct lead-placement service involving a separate implantable electrode array that the ASC must purchase and furnish. Device offsets are essential for capturing and explaining the true cost impact of these additional devices.

Despite this, CMS assigned new ASC multiple procedure discount (MPD) statuses to these services without providing any explanation or supporting analysis in the proposed rule. CMS may be attempting to reconcile a longstanding mismatch between ASC discounting rules and OPPS comprehensive ambulatory payment

classification (APC) packaging—an issue highlighted by CMS's increased focus on device-intensive payment rates in the proposed rule. However, CMS does not offer a transparent justification or clear methodological explanation for the proposed change.

MPD policy does not adequately reflect the economic realities of device-intensive procedures. Applying MPD to SNM services may unintentionally shift care away from ASCs and toward higher-cost hospital outpatient departments. Reduced payment for device-intensive neuromodulation could discourage ASCs from offering these procedures, ultimately limiting patient access and increasing overall Medicare system costs.

Thank you for the opportunity to provide comment for your consideration. If AUGS can provide CMS with additional information regarding these matters, please contact me at 301-273-0570, ext. 116 or email Stacey@augs.org.

Sincerely,

Stacey Barnes
AUGS CEO