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September 12, 2025

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, D.C. 20201

RE: CMS-1832P – CY 2026 Medicare Physician Fee Schedule (MPFS) Proposed Rule

Posted electronically via regulations.gov

Dear Administrator Oz:

The Trauma Center Association of America (TCAA), representing nearly 500 state-designated and American College of Surgeons (ACS)-verified trauma centers, appreciates the opportunity to comment on the CY 2026 Medicare Physician Fee Schedule (MPFS) proposed rule.

The MPFS is the system CMS uses to reimburse physicians and other clinicians for services delivered to Medicare beneficiaries. Yet, many evidence-based injury prevention programs run by trauma centers remain unrecognized under Medicare payment systems, such as the MPFS, despite their proven ability to reduce hospitalizations, chronic disease risk, and costs.

Falls are the leading cause of geriatric trauma: one in four Americans aged 65+ fall each year, resulting in over 3 million emergency department visits. A single fall doubles the risk of another. Preventing falls is not only a patient safety imperative, it is a national cost-savings opportunity.

Accordingly, TCAA urges CMS to take four immediate steps:

1. **Require hospital reporting of ICD-10 code Z91.81 (history of falling).** Once a patient falls, their risk of falling again doubles — and rises with each subsequent fall. Consistent reporting will improve identification, prevention, and claims-based tracking.
2. **Create a new HCPCS code** under MPFS and OPFS for evidence-based falls risk assessment and intervention.
3. **Mandate falls screening** (e.g., CDC's STEADI tool) during the "Welcome to Medicare" visit.
4. **Require falls prevention in discharge planning** under Medicare's Conditions of Participation (CoPs).

More detail on these recommendations can be found in the enclosure following this cover letter.

If CMS wishes to discuss our response, we would be happy to share additional information. Thank you very much for considering our response.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Ward". The script is fluid and cursive, with the first name and last name clearly legible.

Jennifer Ward
President
Trauma Center Association of America

A handwritten signature in black ink that reads "J. Kevin Croston, MD FACS". The signature is written in a cursive style, with the initials "J." and "MD FACS" clearly visible.

J. Kevin Croston, MD
Chair, Board of Directors
Trauma Center Association of America

CY 2026 Medicare Physician Fee Schedule (MPFS) Proposed Rule

Comments Submitted by the Trauma Center Association of America

I. Responses to CMS RFI on Prevention and Management of Chronic Disease *(Note: CMS questions paraphrased)*

CMS Question: “Are there certain existing or new Physician Fee Schedule codes and payment, or Innovative Center Models ... that could better support successful interventions through partnership organizations?”

TCAA Response: Trauma centers already deliver evidence-based falls prevention programs that reduce disability, hospital utilization, and long-term costs. These programs include assessments, interventions, and coordination with community agencies — but none of this work is reimbursed under the MPFS.

- CMS should create a new HCPCS code for falls risk assessments and interventions, particularly after an injury.
- CMS should mandate falls screening as part of the “Welcome to Medicare” visit.
- CMS should require discharge plans that address falls prevention under CoPs.

CMS Question: “How could we better support prevention and management, including self-management, of chronic disease?”

TCAA Response: Falls are not an inevitable part of aging. Risk factors such as poor balance, medication interactions, and vision problems can be reduced with evidence-based interventions. Trauma centers already provide such programs, including exercise and balance training, medication review, and patient education. However, these services occur largely outside traditional clinical encounters and are not recognized under the current Medicare payment systems. CMS should reimburse hospital-based programs that address these risks and acknowledge their role in chronic disease prevention.

CMS Question: “Are there current services being performed to address social isolation and loneliness ... where the time and resources are not adequately captured by the current fee schedule?”

TCAA Response: Fear of falling is a major cause of social withdrawal among older adults. Falls prevention programs restore confidence and support community engagement. These efforts often rely on partnerships with local agencies to make home modifications and address environmental hazards. While not always delivered under direct physician supervision, these interventions provide measurable value to Medicare and should be recognized.

CMS Question: *“Are there current services being performed that improve physical activity ... and how should CMS consider provider assessment of physical activity, exercise prescription, or use of wearable devices?”*

TCAA Response: Trauma centers increasingly help patients use FitBits, Apple Watch fall-detection features, and similar technologies to track activity and reduce risk. Staff time spent training patients and integrating this data into care plans is not reimbursed, yet it enhances self-management and prevention. CMS should consider recognizing these costs under the MPFS or other payment systems.

II. Require Reporting of ICD-10 Z91.81 – History of Falling

TCAA has long urged CMS to require clinicians and hospitals to report the diagnosis code **Z91.81 (history of falling)** when applicable. **Once a patient falls, their risk of falling again doubles — and continues to rise with subsequent falls.** Systematic reporting of this code will:

- Improve identification of patients at risk.
- Allow CMS to track outcomes and costs in Medicare claims data.
- Support prevention strategies that keep older adults safe and independent.

This is a straightforward, actionable step CMS can take now to strengthen prevention.

III. Falls-Related Quality Measures

TCAA supports inclusion of falls-related measures in the Quality Payment Program (QPP). We commend CMS for proposing the **Patient-Reported Falls and Plan of Care** measure for neurology, and we encourage broader adoption across specialties. A history of falls, medication side effects, and chronic pain all increase risk, and quality measures are a proven way to drive provider awareness and prevention planning.

Conclusion

Falls prevention is evidence-based, cost-effective, and central to the health of Medicare beneficiaries. Trauma centers already lead this work, but without recognition in Medicare's payment systems, these programs remain underutilized and underfunded.

We respectfully request that CMS:

- Require reporting of ICD-10 code Z91.81 (history of falling).
- Create a new HCPCS code for falls risk assessment and intervention.
- Require falls screening in the "Welcome to Medicare" visit.
- Integrate falls prevention into discharge planning under Medicare's CoPs.

TCAA appreciates CMS's consideration of these comments and stands ready to provide further information. Please feel free to contact Jennifer Ward, President of TCAA, via email at jennifer@traumacenters.org with any questions or concerns.