

APC Reassignment for High-Resolution Gastric Electrophysiology Mapping with Simultaneous Patient Symptom Profiling (GEMS)

Meeting with the HOP Panel, 2026

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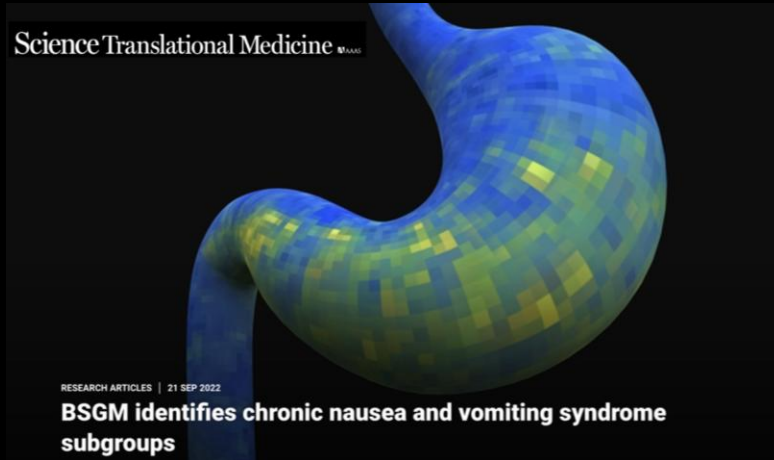
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The GEMS Procedure : **High-Resolution Gastric Electrophysiology Mapping with Simultaneous Patient Symptom Profiling (GEMS)**



First FDA clearance 2023 (now 5x 510k).

Broad evidence across 55 clinical studies.

Comparable test to cardiac mapping (non-invasive).

The only test capable of differentiating gastric neuromuscular disorders from central / sensory causes of chronic nausea.

This changes management, usually to *less invasive* care directions.

1. Clin Transl Gastro 2023;14(11):e00626
2. Am J Gastro 2023;118:1047057
3. Neurogastroenterol Motil 2026; e70377

The GEMS Procedure : Brief Overview



64 High-res
electrode
array

5+ Hours of in
clinic time

6+ Pages of
diagnostic
data

Resource Intensive:

- \$990 single-use high-resolution electrode array
- 185+ mins of nursing / tech time
- \$15k+ Alimetry System, Dock, Computer system
- 5hrs clinic room time, reclining chair & bed
- Test consumables, shaver, paste etc.

Healthcare Economics & Clinical Utility

- **49.8%** reduction in annual healthcare utilization costs (\$23,639 to \$11,865; $p=0.037$)¹
- **84%** of cases: phenotyping aided management decisions¹
- **2.7x** diagnostic yield vs standard of care²
- Predicts response to prokinetic drugs & GPOEM³

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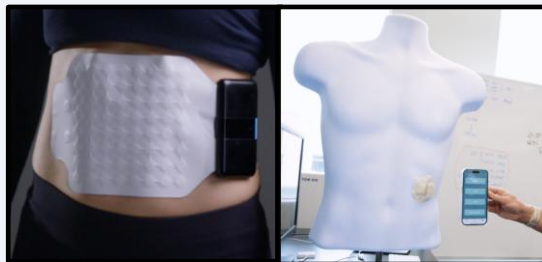
3. Neurogastroenterol Motil 2025; 37(11):e70132

4. Neurogastroenterol Motil 2026; e70377

International Expert Consensus: Low-Resolution Motility Tests Are Not Comparable to GEMS

“The Working Group agreed that low-resolution techniques are not clinically equivalent to BSGM, and do not represent comparable services from a technical, clinical utility, resource requirement, or reimbursement viewpoint.”

Auckland Classification, International Body Surface Gastric Mapping Working Group (2026)



Neurogastroenterol Motil 2026; e70377

Alimetry has been asking CMS for appropriate APC placement for the GEMS procedure since it was first assigned in CY 2023*

For CY 2027, we are asking that CMS please reassign CPT Code 0868T from APC 5723 (Level 3 Diagnostic Tests and Services) to a more appropriate APC, such as APC 5724 (Level 4 Diagnostic Tests and Services).



CMS's Own Cost Data

Geometric mean cost of \$2,460.54
is 6.5x higher than APC 5723
comparators.



Resource Profile Mismatch

GEMS procedure is not resource coherent
with APC 5723. It aligns better with APC
5724.



International Expert Consensus

45+ experts in international consensus
statement are clear that GEMS procedure
is not comparable to the CMS-provided
comparator procedures.

* Alimetry first applied for a New Tech APC because it was new, low volume and high cost.

CMS CY 2025 Cost Data Confirms Extreme Misalignment

\$2,460.54

Geometric Mean Cost
(CPT 0868T)

6.5x

Higher than APC 5723
Comparator (~\$383)

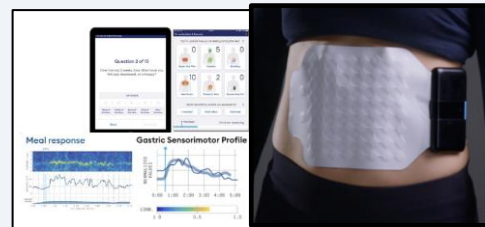
CY 2027 OPPS Proposed Rule Cost Statistics (Published with CY 2027 NPRM data based on 2025 claims)								
HCPCS	APC	Payment Rate	Frequency	Min Cost	Max Cost	Median Cost	Geo. Mean	CV
0868T	5723	\$435.61	28	\$496.05	\$8,518.71	\$4,011.33	\$2,460.54	63.445
91020	5723	\$435.61	45	\$192.89	\$1,311.90	\$342.27	\$383.03	64.226
91035	5724	\$1,066.19	875	\$134.35	\$5,126.11	\$712.23	\$765.93	71.461

The proposed CY 2027 rate for APC 5723 of \$435.61 is less than half of the single-use supply cost (~\$990), with no room for the other costs needed for this high intensity procedure (equipment, clinic time, and dedicated staff).

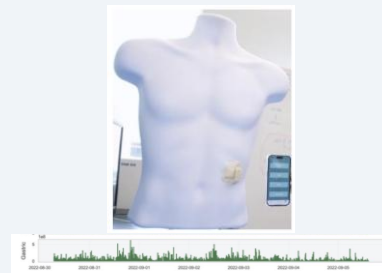
CMS's Identified Comparators Are Inappropriate

Relevant Technologies and Their CPT Codes			
Feature	0868T (GEMS)	0779T (EGG)	91020 (Motility)
Electrodes	Single use 64 electrode (HR electrophysiology mapping) array	8 (low-resolution)	Reusable catheter
Setting	Supervised, in-clinic	Ambulatory, unsupervised, at-home	In-clinic
Duration	4.5-5 hours dedicated room & staff	Multi-day passive recording	Brief ~45 mins)
Staff Oversight	Continuous RN/tech	None	Brief
Protocol	Standardized 5-hr protocol	No standardized protocol	Brief motility study
Diagnostic Output	6 pages of multimodal data, FDA-cleared phenotypes allowing personalized treatment guidance	EGG report No phenotypes	Basic motility data
Clinical Utility	Aids diagnosis in 84%, increased diagnostic yield, health cost savings	No evidence for clinical utility	Obsolete or limited.
Supply Cost	~\$990 single-use high-resolution array	Low; not disclosed publicly	Sterilization costs only
Geo. Mean Cost	\$2,460.54	ZERO billed cases 2024-2025	\$383.03

0868T (GEMS)



0779T (EGG)



APCs 5721 – 5724 for Levels 1-4-Diagnostic Tests and Services span multiple clinical areas and should group services by resource intensity.

CMS moved CPT Code 91035 from APC 5723 to APC 5724 in CY 2026.

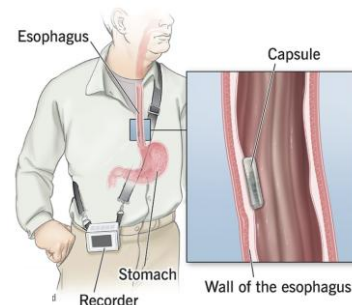
Relevant Technologies and Their CPT Codes

Resource Characteristic	CPT 0868T (GEMS)	91035 (wireless pH Capsule)	APC 5724 (Level 4)
Technology	Proprietary 64-electrode mapping platform	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	Specialized high-resource platforms, such as video EEG monitoring and motor evoked potential studies.
Consumables	~\$990 single-use high-resolution array	\$251.42 sensor, pH capsule Supplies (Non-Facility)- Direct Expense	High-cost single-use device (e.g. wireless pH monitoring capsule)
Duration	4.5–5 hours dedicated room & staff	60 mins of clinical labor	Hours to overnight
Staff Oversight	RN/tech intensive through procedure	RN/tech intensive through procedure	Continuous technologist or nursing oversight
Diagnostic Output	6+ page multimodal report, FDA-cleared phenotypes	~6-12 page report summarizing acid exposure via pH and reflux metrics	Complex multi-parameter outputs, specialist interp
Supply Cost / APC Payment	Supply (~\$990) exceeds APC 5723 payment (\$435.61)	APC 5724 Payment \$1066.19	APC 5724 rate (~\$1066) reflects higher cost and resources.
CY 2027 NPRM Claims Cost Statistics File	Geo Mean: \$2,460.54	GM \$694.87 (2x-rule threshold \$672)-CY2026 GM \$765.93 (2x rule threshold \$683) – CY2027	Total APC-5724 Geo Mean: \$966.21

0868T (GEMS)



APC 5724 Comparator



There is now a Gastrointestinal Diagnostic Precedent in APC 5724.

Summary : 0868T is incorrectly classified



CMS's own updated cost data

confirms 0868T costs (\$2,460.54 geometric mean) are 6.5x higher than APC 5723 services and 4x the Two-Times Rule threshold.



International expert consensus

of 45+ world experts explicitly states high-resolution body surface gastric mapping (BSGM) is not comparable to low resolution tests from a technical, clinical, resource, or reimbursement standpoint



49+ claims from CY 2024 and CY 2025 combined

Growing number of claims demonstrating higher resource intensity, despite incorrect assignment; almost all 0868T claims are single claims.



Resource profile more aligned with higher level APC

GEMS shares more resource characteristics of APC 5724 services than APC 5723: capital-intensive technology, costly single-use consumables (~\$990), prolonged duration (4.5–5 hrs), and intensive staff oversight; there is a GI diagnostic precedent in APC 5724.



Current and proposed assignment blocks access

Payment of \$381 now, or ~\$435 next year, fails to cover even half of the single-use supply cost (~\$990), creating a structural barrier to Medicare beneficiary access.

Thank you for your time.
We welcome your questions.
