



February 6, 2025

VIA ELECTRONIC SUBMISSION

Centers for Medicare and Medicaid Services
Attention: Division of Practitioner Services, Potentially Misvalued Codes
Mail Stop: C4-01-26
7500 Security Blvd.
Baltimore, Maryland 21444

RE: MEDICARE AND MEDICAID PROGRAMS; CY 2025 PAYMENT POLICIES UNDER THE PHYSICIAN FEE SCHEDULE AND OTHER CHANGES TO PART B PAYMENT AND COVERAGE POLICIES; MEDICARE SHARED SAVINGS PROGRAM REQUIREMENTS; MEDICARE PRESCRIPTION DRUG INFLATION REBATE PROGRAM; AND MEDICARE OVERPAYMENTS (CMS-1807-F)

Dear Acting Administrator Carlton,

On behalf of Inspire Medical Systems, Inc. (Inspire), we appreciate the opportunity to comment on the calendar year (CY) 2025 Centers for Medicare and Medicaid Services (CMS) Physician Fee Schedule (PFS) Final Rule. Inspire is a medical innovation company dedicated to elevating and redefining the standard of care for Obstructive Sleep Apnea (OSA). Inspire is a Food and Drug Administration (FDA) approved device for people with OSA that treats the root cause of sleep apnea by utilizing implants working inside the body with the patient's natural breathing process. The first step in treatment is for patients to undergo an outpatient surgical procedure to place the Inspire® Upper Airway Stimulation (UAS) implant hypoglossal nerve stimulation (HGNS) system, which is typically performed in the hospital outpatient or ambulatory surgical center (ASC) setting. Following the implantation of the HGNS system by the physician, the device requires activation and periodic adjustments by a physician who is certified in sleep medicine. Our comments focus on the current practice expense (PE) relative value units (RVUs) assigned to the device analysis and simple and complex programming codes associated with device adjustments when performed in the non-facility setting.

In accordance with section 1848 of the Social Security Act, which identifies and reviews Potentially Misvalued Codes, we encourage CMS to review the practice expense RVUs assigned to CPT codes **95970** (*Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neuromodulation, detection algorithms, close loop parameters, and passive parameters) by a physician or other qualified healthcare professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming*), **95976** (*Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neuromodulation, detection algorithms, close loop parameters, and passive parameters) by a physician or other qualified healthcare professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by a physician or other*

qualified healthcare professional), and **95977** (Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neuromodulation, detection algorithms, close loop parameters, and passive parameters) by physician or other qualified healthcare professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified healthcare professional).

Please note that utilization for these codes has changed since they were last reviewed by the AMA - Specialty Society Relative Value Update Committee (RUC) in 2017. Below are several examples supporting compelling evidence regarding the need to update the practice expense for these codes.

1. There has been a significant change in provider specialties that utilize CPT codes 95970, 95976, and 95977.

Prior to launch of the Inspire HGNS system, usage of these CPT codes was predominantly performed by neurologists. As utilization of the Inspire HGNS system has increased, provider specialty usage of these codes has dramatically shifted towards other provider types.

Of these other provider types, sleep medicine specifically has seen a significant increase in utilization due to analyzing and programming the Inspire system.

Code	2017	2023
95970	Neurology – 52.7% Nurse Practitioner – 11.9% Urology – 11% Physician's Assistant – 6.3% Obstetrics/Gynecology – 3.2% Neurosurgery – 2.4% Otolaryngology – 0.2% Sleep Medicine – 0.2%	Neurology – 47.5% Nurse Practitioner – 19.3% Physician's Assistant – 7.6% Urology – 6.8% Obstetrics/Gynecology – 3.6% Pulmonary Disease – 2.6% Sleep Medicine – 2.5% Neurosurgery – 1.9% Otolaryngology – 1.5%
95976	Neurology – 89.4% Nurse Practitioner – 6.4% Physician's Assistant – 1.8% Otolaryngology – 0.7% Sleep Medicine – 0.4%	Neurology – 28.4% Nurse Practitioner – 19.4% Pulmonary Disease – 16.5% Otolaryngology – 11.1% Sleep Medicine – 9.6% Physician's Assistant – 7.0% Internal Medicine – 2.8% Family Medicine – 1.7% Critical Care (Intensivists) – 1.2%
95977	Neurology – 89.4% Nurse Practitioner – 6.4% Physician's Assistant – 1.8% Otolaryngology – 0.7% Sleep Medicine – 0.4%	Neurology – 32.9% Pulmonary Disease – 16.1% Otolaryngology – 12.3% Nurse Practitioner – 12.3% Sleep Medicine – 9.1% Internal Medicine – 7.5% Physician's Assistant – 3.7% Family Medicine – 1.8% Critical Care (Intensivists) – 1.4% Psychiatry – 1.2% Neuropsychiatry – 0.5%

Sources: CMS-1693-F, CMS-1807-F

*Non-facility setting

While 95970, 95976, and 95977 were primarily utilized by neurologists when these codes were last surveyed in by the RUC in 2017, usage of these codes has shifted away from neurologists toward sleep providers.

2. Many sleep providers believe that CPT codes 95970, 95976, and 95977 do not appropriately capture practice expense.

In a survey performed amongst several high-volume sleep providers, all unanimously agreed that practice expense RVUs were not appropriately being captured in CPT codes 95970, 95976, and 95977. The 3 codes cited above all currently have 0 minutes of clinical staff time included in the practice expense portion of the RVU, whereas the consensus amongst physicians was that the typical clinical staff time spent for patient care was 35 minutes for CPT 95970, 37 minutes for CPT 95976, and 46 minutes for CPT 95977.

The clinical staff (eg., nurse or med tech) specifically performs tasks outside of physician work including greeting the patient and ensuring the appropriate medical records are available, obtaining vital signs, providing education and obtaining consent, preparing and cleaning the room, completing post-procedure forms, and performing other services that are not directly related to the physician work time.

3. Similar analysis and programming procedures (eg: codes 93150, 93151, 93153) account for the appropriate clinical staff time whereas this is missing from codes 95970, 95976, and 95977.

CPT codes 93150 (*Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming*), 93151 (*Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system*), and 93153 (*Interrogation without programming of implanted phrenic nerve stimulator system*) are used to report analysis and programming of a phrenic nerve stimulator system. The RUC surveyed these codes in January of 2023 and CMS finalized the valuations for these services effective with the 2024 Medicare Physician fee schedule. CMS accounted for 39-79 minutes of clinical staff time for codes 93150-93153, whereas codes 95970, 95976, and 95977 have 0 minutes of clinical staff time.

Codes 95970, 95976, and 95977 utilize the same equipment and supplies for performing the procedure as codes 93150, 93151, and 93153 including a minimum specialty pack (not accounted for in previous evaluation of codes 95970, 95976, and 95977), programmer, and exam table.

Both sets of codes are also associated with the analysis and programming of an implanted neurostimulator for the treatment of Sleep Apnea and the clinical staff time involved are similar. Due to the similarities, we believe this justifies the need to review the practice expense for these codes.

Service	HGNS Coding	PNS Coding
Activation	95976/95977	93150
Post Activation / Programming	95976/95977	93151
Device Analysis	95970	93153

CPT Code	Total Service Period Clinical Staff Time	Supply / Equipment
93150 (PNS Activation)	79 minutes	PNS Programmer (EQ406) Table, Exam (EF023) Pack, Minimum Specialty Visit (SA048)
93151 (PNS Post Activation Programming)	64 minutes	
93153 (PNS Device Analysis)	39 minutes	
95976 (HGNS Activation/Programming, Simple)	0 minutes	HGNS Programmer (EQ209) Table, Exam (EF023)
95977 (HGNS Activation/Programming, Complex)	0 minutes	
95970 (HGNS Device Analysis)	0 minutes	

Source: CMS-1807-F

To accurately reflect the practice expenses associated with the analysis and programming of the hypoglossal nerve neurostimulator system, Inspire urges CMS to review and reconsider the practice expenses associated with CPT codes 95970, 95976, and 95977 in the non-facility setting.

We appreciate your consideration surrounding this important issue. Should you have any questions surrounding the contents of this letter, please do not hesitate to contact me.

Respectfully,



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