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## VIA ELECTRONIC SUBMISSION

Centers for Medicare & Medicaid Services  
Attention: CMS-1807-P  
7500 Security Boulevard  
Baltimore, MD 21244-1850

### RE: Medicare Physician Fee Schedule Proposed Rule for CY 2026

Dear Administrator:

On behalf of Stryker, we appreciate the opportunity to provide preliminary comments for consideration in the Centers for Medicare & Medicaid Services' (CMS) Proposed Rule to update Medicare Physician Fee Schedule (MPFS) policies for calendar year (CY) 2026.

Stryker is one of the world's leading medical technology companies and together with our customers, we are driven to make healthcare better. Stryker is committed to bringing the best possible solutions to patients, providers, and Medicare. This philosophy has placed Stryker at the forefront of medicine's most promising breakthroughs in joint replacements, trauma, spine, orthobiologics, surgical navigation systems, neurovascular solutions, robotics, and related procedures.

### Potentially Misvalued Services: Practice Expense (PE) Recommendation for CPT® codes 31000 & 31002

Stryker proposes that CPT code 31000 (*Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)*) is a potentially misvalued service under the MPFS. This procedure uses the Cyclone® sinonasal suction and irrigation system, and requires additional tools, staff time and supplies. Stryker contends that CPT code 31000 is undervalued due to missing pricing data for essential lavage supplies. To correct this discrepancy, Stryker has attached 7 paid invoices for the Cyclone® sinonasal suction and irrigation system.

We appreciate your review of these supply costs as they are not currently included in the Direct PE Inputs Supply Listing. As such, they are also not reflected in the physician practice expense RVUs.

Additionally, CPT code 31002 (*Lavage by cannulation; sphenoid sinus*) does not currently have a non-facility RVU assignment. According to the AMA's RBRVS database's procedure volume data included below, this procedure is performed in the non-facility setting 81.4% of the time<sup>1</sup>, with CPT code 31000 reported 77.2% in the non-facility setting.

		2023 Medicare Place of Service % <sup>1</sup>							
CPT	2023	Physician Office	Outpatient Hospital (on Campus)	Ambulatory Surgical Center	Outpatient hospital off campus	Inpatient Hospital	Patient Home	Emergency Room	Nursing Facility
31000	1355	77.4%	10.0%	9.7%	1.5%		0.2%	0.2%	0.1%
31002	296	81.4%		9.8%	8.1%	0.7%			

<sup>1</sup> AMA RBRVS DataManager. American Medical Association. (2025, January 15). <https://www.ama-assn.org/>

We respectfully request that CMS review the attached invoices and update the Direct PE Inputs Supply Listing for these items. Currently the PE supplies total \$33.68 for CPT 31000 and \$26.74 for CPT 31002. Our calculations reflect that these values should be \$333.68 and \$326.74 respectively when accounting for the cost of the cyclone device. Updating these supply items costs would have positive outcomes on patient accessibility and patient care as physicians will have the opportunity to provide these services in both the facility and non-facility settings. This is especially important for patients who may only have access to this service in a physician office.

We ask that you consider revaluation of both 31000 and 31002 as well as assigning non-facility PE RVUs for CPT 31002. Thank you for your consideration of our comments. If you have any questions, please do not hesitate to reach out.

Thank you,

Sincerely,



Matt Moore

Vice President,  
Health Economics and Market Access  
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## References

1. *AMA RBRVS DataManager*. American Medical Association. (2025, January 15). <https://www.ama-assn.org/>

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