

February 2, 2026

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: Nomination of CPT Codes as Potentially Misvalued

Dear Administrator Oz,

On behalf of Inspire Medical Systems, Inc. (Inspire), we appreciate the opportunity to nominate several CPT codes as being potentially misvalued. 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 implant the Inspire® Upper Airway Stimulation (UAS) 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 value assigned to the device interrogation and simple and complex programming codes associated with device adjustments when performed in the non-facility (office) setting.

In accordance with section 1848 of the Social Security Act, which identifies and reviews Potentially Misvalued Codes, we request that CMS review the current values 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).

These CPT codes were last reviewed by the AMA/Specialty Society Relative Value Scale Update Committee (RUC) in **2017**, and significant changes in clinical practice, technology, and valuation relativity have occurred since that time.

Accordingly, Inspire respectfully requests that CMS revise the clinical staff time included in the direct practice expense (PE) inputs for CPT codes **95970, 95976, and 95977** based on the clinical staff time for CPT codes 93150, 93151, and 93153 as described below.

Below, we provide evidence supporting the need for updated evaluation.

1. Differing Valuation Relative to Recently Reviewed Neurostimulator Programming Codes

In 2023, the RUC reviewed 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*).

These codes reflect physician work and time that are highly consistent with their cranial nerve neurostimulator counterparts (95970, 95976, 95977). However, the clinical staff time for 95970, 95976, and 95977 are substantially lower than for those codes despite being comparable in terms of clinical tasks and time and it seems unreasonable to have a service performed in the non-facility setting to have 0 minutes of clinical staff time assigned to it especially when comparable codes have substantial clinical staff time assigned to them. Below are side by side comparison tables showing the practice expense staff times for these six codes.

PNS Therapy Activation and Initial Cranial Nerve Complex Programming

CPT Code	Description	Practice Expense Staff Times
93150	<i>Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming</i>	79 minutes
95977	<i>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 neurostimulation, detection algorithms, closed 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</i>	<u>0 minutes</u>

PNS Interrogation/Programming and Cranial Nerve Simple Programming

CPT Code	Description	Practice Expense Staff Times
93151	<i>Interrogation and programming</i> (minimum one parameter) of implanted phrenic nerve stimulator system	64 minutes
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 neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified healthcare professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified healthcare professional	<u>0 minutes</u>

PNS Interrogation without Programming and Neurostimulator Device Analysis Without Programming

CPT Code	Description	Practice Expense Staff Times
93153	<i>Interrogation without programming</i> of implanted phrenic nerve stimulator system	39 minutes
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 neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified healthcare professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	<u>0 minutes</u>

Source: CMS-1832-F_PUF_Labor

The differences in PE between the 959XX codes and the 931XX codes result in significant undervaluation of CPT codes 95970, 95976, and 95977. These differences are due to the lack of clinical staff time in the 959XX codes.

2. There is Strong Clinical and Procedural Alignment Between Cranial Nerve and Phrenic Nerve Neurostimulator Programming Codes

While the tasks performed by clinical staff are similar across both procedures, no clinical staff time is included in the Cranial Nerve Analysis and Programming code set. The tables below demonstrate this discrepancy alongside the similarities in equipment used to perform each procedure.

PNS Therapy Activation and Initial Cranial Nerve Complex Programming

CPT Code	Short Description	New CA Code (Clinical Work)	Non-Facility Minutes	CMS Code (Equipment)
93150	PNS Therapy Activation	CA009 CA010 CA011 CA013 CA021 CA024 CA027	3 min 5 min 3 min 2 min 60 min 3 min 3 min	EF023 EQ406
95977	Cranial Nerve Complex Programming	N/A	N/A	EF023 EQ209

PNS Interrogation/Programming and Cranial Nerve Simple Programming

CPT Code	Short Description	New CA Code (Clinical Work)	Non-Facility Minutes	CMS Code (Equipment)
93151	PNS Interrogation/Programming	CA009 CA010 CA011 CA013 CA021 CA024 CA027	3 min 5 min 3 min 2 min 45 min 3 min 3 min	EF023 EQ406
95976	Cranial Nerve Simple Programming	N/A	N/A	EF023 EQ209

PNS Interrogation without Programming and Neurostimulator Device Analysis Without Programming

CPT Code	Short Description	New CA Code (Clinical Work)	Non-Facility Minutes	CMS Code (Equipment)
93153	PNS Interrogation without Programming	CA009 CA010 CA011 CA013 CA021 CA024 CA027	3 min 5 min 3 min 2 min 20 min 3 min 3 min	EF023 EQ406
95970	Neurostimulator Device Analysis Without Programming	N/A	N/A	EF023 EQ209

New CA Code to CA Code Description Table

Period	New CA Code	New CA Code Description
Service Pre	CA009	Greet patient, provide gowning, ensure appropriate medical records are available
Service Pre	CA010	Obtain vital signs
Service Pre	CA011	Provide education/obtain consent
Service Pre	CA013	Prepare room, equipment and supplies
Service Intra	CA021	Perform procedure/service---NOT directly related to physician work time
Service Post	CA024	Clean room/equipment by clinical staff
Service Post	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions

Source: CMS-1832-F_PUF_Labor_Task_Detail_New_Activity_Codes

CMS Code (Equipment) to Description Table

CMS Code (Equipment)	Description
EF023	Table, exam
EQ406	Phrenic nerve stimulator programmer with wand
EQ209	Programmer, neurostimulator (w-printer)

Source: CMS-1832-F_PUF_Equip

These resource drivers: equipment, software, staff time, and room utilization, are substantially equivalent across the services, yet the PE values for 95970, 95976, and 95977 remain markedly lower because of the total absence of clinical staff time. Assigning the same clinical staff time to 95970, 95976, and 95977 as the comparable phrenic nerve codes will correct these disparities and result in appropriate valuation of the cranial nerve codes. Please note, we are not asking for any changes to the Equipment assigned to 95970, 95976, or 95977.

3. Common Specialty Utilization Patterns

In 2024, the same five clinical specialties, Neurology, Pulmonary Disease, Nurse Practitioners, Physician Assistants, and Sleep Medicine, accounted for **more than 75%** of the non-facility services furnished across both code families, demonstrating shared clinician roles, patient populations, and clinical workflows.

CPT Code	Specialty	2024 Utilization
93150	Neurology	25%
	Pulmonary Disease	17%
	Nurse Practitioner	13%
	Physician Assistant	21%
	Sleep Medicine	13%
95977	Neurology	25%
	Pulmonary Disease	20%
	Nurse Practitioner	17%
	Physician Assistant	5%
	Sleep Medicine	9%
93151	Neurology	9%
	Pulmonary Disease	16%
	Nurse Practitioner	22%
	Physician Assistant	13%
	Sleep Medicine	20%
95976	Neurology	21%
	Pulmonary Disease	20%
	Nurse Practitioner	21%
	Physician Assistant	8%
	Sleep Medicine	10%
93153	Neurology	2%
	Pulmonary Disease	26%
	Nurse Practitioner	31%
	Physician Assistant	12%
	Sleep Medicine	5%
95970	Neurology	43%
	Pulmonary Disease	4%
	Nurse Practitioner	22%
	Physician Assistant	8%
	Sleep Medicine	3%

Source: CMS-1832-F_2024_Utilization_Data_Crosswalked_to_2026, *Non-facility setting

This high degree of specialty overlap underscores the clinical relationship and interspecialty consistency that supports assigning the same clinical staff time and tasks to the comparable phrenic nerve and cranial nerve codes.

When comparing 2017 and 2024 Utilization Data for CPT codes 95970, 95976, and 95977, there has been a dramatic shift in provider specialty away from neurology towards increasing utilization by pulmonary disease physicians, nurse practitioners, physician's assistants, and sleep medicine physicians, aligning closely with provider specialty utilization for CPT codes 93150, 93151, and 93153.

CPT Code	2017	2024
95970	Neurology – 52.7% Pulmonary Disease – 0.1% Nurse Practitioner – 11.9% Physician's Assistant – 6.3% Sleep Medicine – 0.2%	Neurology – 43% Pulmonary Disease – 4% Nurse Practitioner – 22% Physician's Assistant – 8% Sleep Medicine – 3%
95976	Neurology – 89.4% Pulmonary Disease – 0% Nurse Practitioner – 6.4% Physician's Assistant – 1.8% Sleep Medicine – 0.4%	Neurology – 21% Pulmonary Disease – 20% Nurse Practitioner – 21% Physician's Assistant – 8% Sleep Medicine – 10%
95977	Neurology – 89.4% Pulmonary Disease – 0% Nurse Practitioner – 6.4% Physician's Assistant – 1.8% Sleep Medicine – 0.4%	Neurology – 25% Pulmonary Disease – 20% Nurse Practitioner – 17% Physician's Assistant – 5% Sleep Medicine – 9%

Source: CMS-1693-F_2017_Utilization_Data_Crosswalked_to_2019, CMS-1832-F_2024_Utilization_Data_Crosswalked_to_2026

*Non-facility setting

Conclusion

Based on clinical similarity, clinical staff time, specialty utilization, and resource equivalence, Inspire respectfully requests that CMS adopt the following clinical staff time for codes 95970, 95976, and 95977. Below is a table that includes each task and the time needed to complete the task for those codes:

CPT	Task (CA Code)	Clinical Staff Time
95970	CA009	3 min
	CA010	5 min
	CA011	3 min
	CA013	2 min
	CA021	20 min
	CA024	3 min
	CA027	3 min
95976	CA009	3 min
	CA010	5 min
	CA011	3 min
	CA013	2 min
	CA021	45 min
	CA024	3 min
	CA027	3 min
95977	CA009	3 min
	CA010	5 min
	CA011	3 min
	CA013	2 min
	CA021	60 min

	CA024	3 min
	CA027	3 min

Making these changes will result in the proper valuation for the cranial nerve programming codes, which have historically been undervalued as addressed above.

We appreciate CMS's ongoing commitment to transparency, evidence-based policymaking, and maintaining relativity within the PFS. Inspire welcomes the opportunity to continue the conversation to support CMS's review of appropriate valuation. Please do not hesitate to contact me with any questions regarding this submission.

Respectfully,

Kimberly Konopa

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