

**2025-2026 ACADEMY
BOARD OF DIRECTORS****OFFICERS***President* Eugene G. Brown III, MD, RPh*President-elect* Daniel C. Chelius, Jr., MD*Immediate Past President* Troy D. Woodard, MD*Sec/Treasurer* Ken Kazahaya, MD, MBA*EVP/CEO* Rahul K. Shah, MD, MBA**AT-LARGE DIRECTORS**

Yuri Agrawal, MD, MPH

Marc G. Dubin, MD

Christine Franzese, MD

R. Peter Manes, MD

David E. Melon, MD

John S. Rhee, MD, MPH, MBA

Karen A. Rizzo, MD

Andrew J. Tompkins, MD, MBA

BOARD OF GOVERNORS*Chair* Stephen P. Cragle, MD*Chair-elect* Eileen M. Raynor, MD*Past Chair* Cristina Baldassari, MD**INTERNATIONAL ADVISORY BOARD***Chair* Héctor De La Garza Hesles, MD**COORDINATORS**

Cristina Baldassari, MD

Lance A. Manning, MD

EX-OFFICIO*Chair, Ethics Committee*

Andrew G. Shuman, MD, HEC-C

February 10, 2026

Administrator Mehmet Oz, MD

Lindsey Baldwin, Director, Division of Practitioner Services

Centers for Medicare & Medicaid Services

Department of Health and Human Services

P.O. Box 8016

Baltimore, MD 21244-8016

Sent via email: MedicarePhysicianFeeSchedule@cms.hhs.gov**Subject: Nomination of CPT Codes 31000 and 31002 as Potentially Misvalued for the 2027 Medicare Physician Fee Schedule Rulemaking Cycle**

Dear Administrator Oz and Director Baldwin:

Please accept this letter on behalf of the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS). *We are writing to formally request that the Centers for Medicare & Medicaid Services (CMS) nominate CPT codes 31000 and 31002 as potentially misvalued codes within the 2027 notice of proposed rulemaking (NPRM) for the 2027 Medicare Physician Fee Schedule (MPFS).*

Background:

Within the 2026 NPRM CPT codes 31000 (*Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)*), and 31002 (*Lavage by cannulation; sphenoid sinus*) were nominated by members of the public as potentially misvalued codes. The interested party expressed concern that these codes are undervalued due to missing pricing data for essential lavage supplies and stated that they are not currently priced in the non-facility setting.

Regarding both codes, the interested party identified two issues. First, they stated that this procedure uses the Cyclone® sinonasal suction and irrigation system, and requires additional tools, staff time and supplies. For CPT code 31000, the interested party stated that while the current practice expense supplies are valued at \$33.68, this amount should be \$333.68, reflecting a \$300 increase to include the Cyclone device cost. Similarly, for CPT code

T: 1-703-836-4444**F:** 1-703-683-5100**W:** www.entnet.org**A:** 1650 Diagonal Road, Alexandria, VA 22314

31002, the interested party proposed increasing the supply price from \$26.74 to \$326.74 to incorporate the Cyclone device cost. To support this claim, the interested party provided seven paid invoices demonstrating the actual cost of the system. Second, the interested party claimed that both codes do not have non-facility RVUs but are primarily performed in non-facility settings. According to the AMA's RUC database's procedure volume data, CPT code 31002 is performed in the non-facility setting 78.2 percent of the time and CPT code 31000 76.7 percent of the time, respectively.

Within the 2026 final rule, CMS did not elect to refer these codes as potentially misvalued to the AMA RUC for reevaluation of their practice expense and physician work RVUs. This was largely based on comments received on the proposed rule, including the Academy's, which indicated that the use of the Cyclone system may not be typical within these services.

Following submission of our comments on the 2026 NPRM, the Academy has had the opportunity to have further discussions with both industry partners who produce sinonasal suction and irrigation systems and review their 2025 sales data when compared to both Medicare and commercial payer claims data that is currently available. Based on this information, the Academy now feels satisfied that the use of these products **IS** typical (i.e. is utilized in at least 51% of cases reported for CPT codes 31000 and 31002) and therefore agrees, that it would be appropriate for CMS to refer these CPT codes to the AMA RUC for survey as potentially misvalued within the 2027 rulemaking cycle.

In the event CMS agrees with the Academy that these codes are misvalued and therefore, should be RUC surveyed, we will collaborate with all industry partners to submit paid invoices to CMS through the standard RUC and practice expense subcommittee processes for consideration during revaluation of codes 31000 and 31002.

Thank you in advance for your consideration of our request. We hope that the information provided within this request is informative and helpful to you. Please feel free to contact us directly should you have any questions or concerns at: healthpolicy@entnet.org.

Sincerely,



R. Peter Manes, MD
AAO-HNS RUC Advisor



Lance Manning, MD
AAO-HNS Advocacy Coordinator



Rahul Shah, MD
AAO-HNS CEO/EVP