

February 4, 2025

Lindsey Baldwin
Director
Division of Practitioner Services - Hospital & Ambulatory Policy Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Ms. Baldwin,

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare & Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2025*, *CPT 2026* and to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

CPT 2025 New and Revised Codes

Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration (96380 & 96381)

The RUC would like to remind CMS of the RUC recommendations that were submitted as interim recommendations in October 2023, resurveyed in April 2024 and subsequently submitted final recommendations in May 2024 for RSV Monoclonal Antibody Administration based on a new survey from the American Academy of Pediatrics and the American Nurses Association. The RUC requests CMS review these recommendations and implement final valuation for these services as soon as possible. (See folder 24).

Enclosed are the RUC recommendations for all the CPT codes reviewed at the January 15-18, 2025, RUC meeting.

CPT 2026 New and Revised Codes – January 2025 RUC Submission

The enclosed submission contains RUC recommendations, including those for new and revised CPT codes. **The RUC submits work value and/or practice expense inputs for 106 new/revised/related family CPT codes from the January 2025 meeting.**

CPT 2026 New and Revised Codes – Entire CPT 2026 Cycle

The total number of coding changes for the entire *CPT 2026* cycle is 298 including 145 additions, 42 revisions, 75 deletions, and 36 codes that were identified as part of the family for review in relationship to the new/revised codes. Of the 223 new/revised/related family CPT codes, 43 services are not currently included on the RBRVS (eg, laboratory services, vaccines, and Category III codes). The RUC recommends contractor-pricing 3 codes. The RUC recommends one code to be referred to CPT for deletion. The RUC offers no recommendations for 8 services.

The RUC submits recommendations for 172 new/revised/related family CPT codes for the 2026 Medicare Physician Payment Schedule.

Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits work value/or practice expense input recommendations for 4 services identified by the RUC or CMS as potentially misvalued and reviewed at the January 2025 RUC meeting.

The RUC existing code recommendations are in addition to the one code recommendation submitted to CMS following the RUC's April 2024 meeting, totaling 5 recommendations identified via the potentially misvalued services project for the 2026 Medicare Physician Payment Schedule. Note, most of the activity from the Relativity Assessment Workgroup resulted in referrals to CPT which are captured in the new and revised code recommendations.

Office and Hospital Visits Included in Codes with a Surgical Global Period

The RUC strongly believes that the changes in valuation of the office and hospital E/M visits be incorporated into the visits in the surgical global periods. Since CMS did not apply the office E/M visit increases to the visits bundled into global surgery payment, it is disadvantaging specific specialties. An example of the shortcomings of this policy decision became apparent during discussion of CPT code 67141 *Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy* (RUC recommended work RVU = 2.53 and 2-99213 office visits) at the October 2020 RUC meeting. The RUC questioned whether the specialties had considered changing the global period to a 000-day global given that the intensity will be low and the office visits in 2021 will be of a different value. The specialties explained it is routine and typical that the two postoperative visits occur as part of the work within the 10 days after the procedure. The survey code is a good fit for the 010-day global and aligns with the other retinal laser codes and ophthalmic laser codes for other diseases. Relativity is therefore better maintained by keeping as a 010-day global even though the intensity is low. The RUC noted that these codes were being valued too low considering that office visits for the surgical global period were not going to be increased to the 2021 office E/M codes. Considering that the 99213 office visit is valued at 1.30 RVUs two 99213 office visits are valued higher than the 2.53 value of this code. Therefore, the CMS policy is disadvantageous to the eye surgeons and an example of shortcomings and rank order abnormalities the flawed policy creates. The Agency's position implies that the physician work for office visits is not the same when performed in a surgical global period, which is an inaccurate assumption.

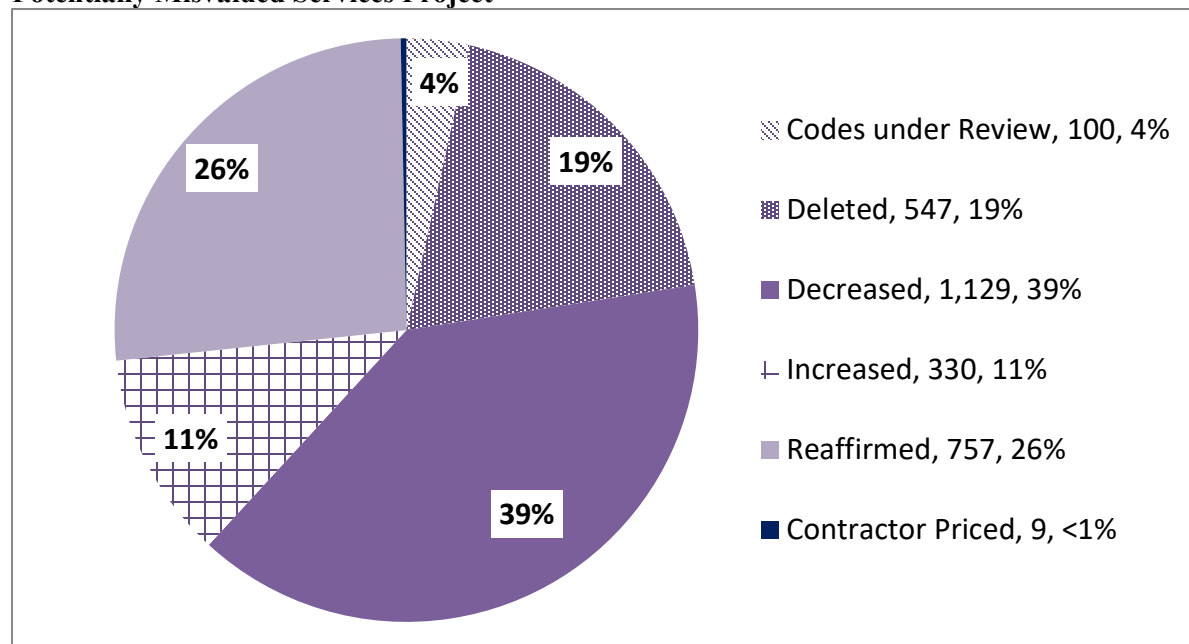
The RUC recommends that CMS apply the office visit and hospital visit valuation changes uniformly across all services and specialties. CMS should not hold specific specialties to a different standard than others. The RUC urges CMS to apply the office visit and hospital visit changes to the office and hospital visits included in surgical global payment, as it has applied historically.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,872 potentially misvalued services through objective screening criteria and has completed review of 2,772 of these services. The RUC has recommended that 58% of the services reviewed be decreased or deleted (Figure 1). The RUC has worked vigorously to identify and address mis-valuations in the RBRVS through the provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS in a concerted effort to address potentially misvalued services.

Figure 1: AMA/Specialty Society RVS Update Committee (RUC) Potentially Misvalued Services Project

Potentially Misvalued Services Project



Source: American Medical Association

Chemical Cauterization of Granulation Tissue (17250)

In 2021, CPT code 17250 *Chemical cauterization of granulation tissue (ie, proud flesh)* was identified via the high-volume growth screen with total Medicare utilization of 10,000 or more that increase by at least 100% from 2008 through 2013. The Relativity Assessment Workgroup reviewed CPT code 17250 and noted that the dominant Medicare provider was Family Medicine in the nursing facility and skilled nursing facility. The specialty societies indicated that the increase in CPT code 17250 reporting is due to this service's absence from the consolidated billing list of codes for nursing facilities. In February 2022, the RUC notified CMS that CPT code 17250 should be added to the consolidated billing list of codes for nursing facilities to curb the misreporting for work that is paid to the facility. **The RUC reexamined CPT code 17250 at the January 2025 Relativity Assessment Workgroup meeting and again requests that CPT code 17250 be added to the consolidated billing list of codes for nursing facilities to curb the misreporting for work that is paid to the facility.**

Work Neutrality (CPT 2018) Home INR Monitoring (93792, 93793 & G0250)

In October 2019, the RUC identified this family as having more than a 10% increase (311%) in work RVUs for 2018 than what was projected. In January 2020, the Workgroup noted that CMS created G0250 to describe these services before 93792 and 93793 were developed. The Workgroup noted that 93792 and 93793 were new codes and an increase was expected as these services were not specifically described before. The Workgroup also noted that the RUC recommended that CMS delete G0250 for 2018. The Workgroup recommended reviewing in two years and continued to recommend that CMS delete the G code.

In January 2022, the Workgroup reviewed this family of services. The specialty societies indicated that these services were never projected as work neutral. CMS created the G codes to report home INR testing and interpretation when it issued a national coverage determination (NCD) covering home INR services. G0248 is the initial training of home INR with some supplies and equipment and staff time. G0249 is resupply for another month of home INR. G0250 is interpretation/management of one month of home

INR, or **four** tests. When these G codes appeared on the RUC high volume growth screen, the societies approached CPT to create CPT codes that capture those three elements, but also capture the broader work of anticoagulation management for any INR test wherever it is obtained. G0248 is basically equal to 93792. CPT did not want to create an equivalent, PE-only re-supply code equivalent to G0249. In the new code construct, G0250 would be the same as **four** individual 93793s. In addition, 93793 could be reported if a patient went to a lab to get an INR test or had one done in the clinician's office, although it is not reportable the same day as an E/M. A revised neutrality calculation in the spreadsheet demonstrated that if source utilization of G0250 is multiplied by 4, as was the original intent of the societies, budget neutrality was within 3% in 2018. The specialty societies continue to request that CMS delete G0248, G0249 and G0250, and note that these services will soon become obsolete. Fewer patients have the associated mechanical valves and warfarin use will diminish as a management option. **In February 2022, the RUC recommended CMS delete G0248, G0249 and G0250 and review the Relativity Assessment Workgroup review this issue again in three years.**

In January 2025, the Workgroup reviewed the action plan for CPT codes 93792 and 93793 and agreed with the specialty societies to remove from work neutrality screen. Incorrect assumptions were made initially and these services were budget neutral. Additionally, Medicare utilization continues to decrease. **The RUC again requests CMS delete G0248, G0249 and G0250.**

Hyperbaric Oxygen Under Pressure

CPT code 99183 *Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session* was first identified in April 2013 via the CMS/Other - Utilization over 250,000 screen. It was surveyed and reviewed by the RUC in January 2014. The RUC subsequently submitted work and direct PE input recommendations based on a typical treatment time of 120 minutes. For CY 2015, CMS accepted the RUC's work recommendation though decided to assign 99183 no direct PE inputs. Instead, CMS opted to make 99183 a professional component only code and created a separate time-based G code to report the technical component for hyperbaric oxygen therapy (PE-only code G0277 *Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval*). To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval. In the Final Rule for 2015, CMS commented that prior to 2015, CPT code 99183 was used for both professional attendance and supervision and the actual treatment delivery. Stakeholders had pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183 prior to 2015, the code descriptor described only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment used to be reported using separate treatment code C1300 *Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval*. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. When G0277 is reported in the facility setting, the HOPPS uses Ambulatory Payment Classifications (APC) code 5061 *Hyperbaric Oxygen Therapy*.

In April 2022, the Relativity Assessment Workgroup identified G0277 via the high-volume growth screen, with Medicare utilization of 10,000 or more that increased by at least 100% from 2015 through 2020. In September 2022, the Workgroup reviewed an action plan from the specialty societies and the RUC recommended that the practice expense be reviewed at the January 2023 RUC Meeting. The RUC made recommendations on the direct practice expense inputs for G0277 and recommended that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277.

In September 2023, the specialties indicated they did not intend to submit a CCA. Therefore, this issue was placed on the January 2024 Relativity Assessment Workgroup agenda to address. In January 2024, the specialty societies indicated that they believe the current separate coding of the G code and the CPT code are clear and work appropriately. The Workgroup indicated that one clear and consistent coding structure should exist, and the specialty society should submit a CPT code change application. The specialties should revise 99183 to be time-based well as modified to appropriately describe the treatment delivery, attendance and supervision or develop a coding change creating a practice expense only code to capture the service appropriately and eliminate the need for G0277.

In September 2024, the specialty societies submitted a CCA to address the RUC's concerns. The specialty societies withdrew the application because it was apparent that the RUC referral to CPT was not going to provide a solution or align with CPT nomenclature/criteria. The CPT Editorial Panel does not split codes in the manner the RUC suggested. HCPCS code G0277 was not necessary as the sessions are uniform, with the 25th, median and 75th all indicating that 4 units or a two-hour session is typical, which is what the RUC assumed for CPT code 99183.

The January 2023 RUC recommended inputs for G0277 are correct to crosswalk for CPT code 99183 if multiplied by 4, to account for four 30-minute units or 2 hours typical per session. **The Workgroup recommends that the RUC recommend that CMS crosswalk the recent January 2023 direct practice expense inputs for G0277, multiplying them by a factor of 4 for code 99183, and subsequently deleting G0277. This is consistent with affirming the RUC's original recommendation and assumption that this service is typically 120 minutes.**

Practice Expense Subcommittee

The attached materials include direct practice expense input (clinical staff, medical supplies and equipment) recommendations for each code reviewed. As a reminder, cost estimates for proposed new clinical staff types, medical supplies and medical equipment (not listed as part of the CMS labor, supply, and equipment lists) are based on provided source(s), such as paid invoices and may not reflect the wholesale prices, quantity, cash discounts, and prices for used equipment or any other factors that may alter the cost estimates. **The RUC shares this information with CMS without making specific recommendations on the pricing.**

High-Cost Disposable Supplies

The RUC considered Tab 6 Lower Extremity Revascularization at its January 2025 meeting and recommends six new high-cost supply inputs (i.e., priced more than \$500) with cost estimates ranging from \$4700 for a *FemPop IVL Catheter* to \$1900 for a *Drug Eluting Stent*. The RUC also recommends six additional high-cost disposable supply inputs for the following tabs:

- Cystourethroscopy (*Optilume BPH Prostatic Dilation Kit* \$5900)
- Percutaneous Electrical Nerve Field Stimulation (*IB-Stim device kit* \$1195)
- Percutaneous Decompression of Median Nerve (*Kit, UltraguideCTR* \$1099)
- Coronary Atherosclerotic Plaque Assessment (*Plaque Characterization Analysis Software*, \$1500)
- Scalp Cooling Services (*Scalp Cooling Cap/Kit*, \$1800)
- Temporary Female Intraurethral Valve-Pump (*SD372 inFlow Activator Kit* \$1250)

Given the significant number of new high-cost disposable supplies that are included as part of the RUC recommendations for direct practice expense (PE) inputs, there is an urgency to support the RUC recommendation to separately code and pay for high-cost disposable supplies. For two decades, **the RUC has recommended that CMS separately identify and pay for high-cost disposable supplies (i.e., priced more than \$500) using appropriate Healthcare Common Procedure Coding System**

(HCPCS) supply codes. CMS has been reluctant to implement this recommendation. However, the RUC makes this recommendation to address the outsized impact that high-cost disposable supplies have within the current practice expense RVU methodology.

The CY 2025 Medicare Physician Payment Schedule includes 85 medical supply items currently embedded in codes with a purchase price of more than \$500. These high-cost medical supplies represent \$1.32 billion dollars in direct costs for the 2025 Medicare Physician Payment Schedule and 19 percent of all direct practice expense medical supply costs in the non-facility setting. The current system not only accounts for a large amount of direct practice expense for these supplies but also allocates a large amount of indirect practice expense into the PE RVU for the procedure codes that include these supplies. The practice expense methodology derives code-level indirect practice expense in part from code-level direct practice expense inputs, including high-cost disposable supplies. When CPT codes include a high-cost disposable supply, a larger portion of indirect practice expense is allocated to the subset of practices performing the service, which is subsidized by the broader specialty and all other physician and qualified healthcare professionals. If high-cost supplies were paid separately with appropriate HCPCS codes, the disproportionate indirect expense would no longer be associated with that service. The result would be that indirect PE RVUs would be redistributed throughout the specialty practice expense pool and the practice expense for all other services.

The RUC strongly supports its long-standing RUC recommendation that CMS separately identify and pay for high-cost disposable supplies priced more than \$500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated.

Please see the analysis of high-cost supplies over \$500 in folder 26 Other Practice Expense Related Recommendations.

Supply Packs Pricing Update

As stated in the RUC comment letter to CMS on the 2025 Medicare Physician Payment Schedule Proposed Rule (CMS-1807-P), submitted August 13, 2024:

In 2023, the RUC discovered that there are numerous discrepancies between the aggregated cost of a supply pack and the individual item components. The purpose of the supply packs is to simplify the process of identifying and recommending PE supply direct inputs. A supply pack price should be identical to the total cost of its individual supply code contents. The RUC strongly recommended that CMS resolve these pricing discrepancies in the supply packs during CY 2024 rulemaking. CMS determined that “due to the projected significant cost revisions in the pricing of supply packs and because we did not propose to address supply pack pricing in the CY 2024 Proposed Rule, we stated that this issue would be better addressed in future rulemaking.”

We appreciate that CMS is “proposing to implement the supply pack pricing update and associated revisions as recommended by the RUC’s workgroup” in the CY 2025 Proposed Rule. The report of the RUC packs workgroup recommended updates for five incomplete supply packs and affirmed the contents were correct for 18 additional packs (*Attachment 3a*). While the five incomplete packs are being updated in this Proposed Rule, **mathematical errors remain for the supply packs where the contents were affirmed.** For example, according to the CY 2025 Proposed Rule Direct PE Inputs supply listing, SA048 *pack, minimum multi-specialty visit*, which is used in 4,568 codes, is listed at \$5.02 but the total of its components is \$1.98. Currently, only 3 of the 18 affirmed packs are priced correctly to match their components.

The table below shows the pricing of the 15 packs that need mathematical correction, and the attached spreadsheet deconstructs the packs to determine the correct price by summing the individual components. **The RUC requests that CMS immediately initiate correction of the packs pricing such that the sum of the individual components match the price of the corresponding pack.**

Pack	Current Price \$ (CY2025)	Correct Price \$
SA041	10.45	17.28
SA043	12.61	11.09
SA044	18.55	19.20
SA048	5.02	1.98
SA050	2.72	1.35
SA051	20.16	2.81
SA052	4.80	9.90
SA053	5.47	11.54
SA054	4.62	10.34
SA055	7.30	18.18
SA056	6.20	16.05
SA080	37.30	25.38
SA081	2.25	1.88
SA083	10.86	14.75
SA084	5.99	8.15

Please see the Report of the Packs Workgroup and accompanying spreadsheet of recommendations located in folder 26 Other Practice Expense Related Recommendations.

New Supply Pack for Angiography Services

At the January 2025 RUC meeting, the RUC considered Tab 6 Lower Extremity Revascularization and a request from the specialties to create a new pack for angiography services. The specialty societies recommended creating an angio pack with the following components:

Angio Pack Contents		Corresponding Supply list components				\$ 68.26
10 cc syringe	SC051	syringe 10-12ml	item	0.21	4	\$ 0.84
Bowl, sterile	SJ079	basin, sterile 500cc	item	3.51	2	\$ 7.02
Gauze	SG055	gauze, sterile 4in x 4in	item	0.19	20	\$ 3.80
marker, regular tip	SK075	skin marking pen, sterile (Skin Scribe)	item	1.62	1	\$ 1.62
dome cover	SB008	drape, sterile, c-arm, fluoro	item	5.38	1	\$ 5.38
blue towels	SB019	drape-towel, sterile 18in x 26in	item	0.47	4	\$ 1.88
Scalpel	SF007	blade, surgical (Bard-Parker)	item	0.68	1	\$ 0.68

back table cover	SB014	drape, sterile, three-quarter sheet	item	3.46	1	\$ 3.46
20cc syringe	SC053	syringe 20ml	item	0.83	4	\$ 3.32
drape, femoral	SB009	drape, sterile, femoral	item	9.15	1	\$ 9.15
medicine cup	SL157	cup, sterile, 8 oz	item	0.58	1	\$ 0.58
label sheet	SL198	label, vial	item	0.02	9	\$ 0.18
control syringe (lidocaine)	SC051	syringe 10-12ml	item	0.21	1	\$ 0.21
Scissor	SA027	kit, scissors and clamp	kit	0.82	1	\$ 0.82
surgical gowns x 2	SB028	gown, surgical, sterile	item	5.13	2	\$ 10.26
18 G needle	SC027	needle, 18-19g, filter	item	0.21	1	\$ 0.21
25 G needle	SC028	needle, 18-26g 1.5-3.5in, spinal	item	9.96	1	\$ 9.96
needle counter	SD120	styrofoam block, high density (3in-12in-12in)	item	1.86	1	\$ 1.86
towel clamps (plastic disposable)	SD208	towel clamp, plastic	item	0.76	4	\$ 3.04
Guidewire bowl	SD171	guidewire bowl w-lid, sterile	Item	3.99	1	\$ 3.99

The RUC agrees that an angio pack would facilitate the PE process and ensure consistency within the vascular/interventional procedures. The RUC approves the creation of a new Angio Pack, as detailed above, for submission to the CMS.

Equipment Inputs Less than \$500

At the October 2024 RUC meeting, the RUC discussed that there are eleven equipment items in the current equipment database that are less than the \$500 threshold that CMS has established for equipment, as listed below. This could be an artifact of the medical supply and equipment repricing project in CY2019-2022. When the items were repriced, they should have been removed from the equipment listing if the repricing brought them under the threshold. CMS indicated that it would be open to comments and suggestions for future rulemaking if there is an interest in addressing these equipment items.

Equipment Description	CMS Code	Useful Life	Purchase Price
camera, digital (6 megapixel)	ED004	5	152.50
Diabetes Educator Curriculum	EQ306	5	200.00
endoscope, ultrasound radial probe	ES045	7	0.00
Injector, Provis (for angiography room)	EL049		0.00
kit, vision	ES058	10	410.00
pulse oxymetry recording software (prolonged monitoring)	EQ212	5	387.00
Respiratory Impedance Plethysmography Belts (pair)	EQ337	5	87.00
Respiratory impedance Plethysmography Belts (pair) (Pediatric)	EQ349	5	199.75
slide warmer	EP051	7	425.59
ultrasound digital scope, endoscopic ultrasound	ES091		0.00
work samples, small tools (Valpar 1)	EQ267	7	361.20

Considering the CMS definition that medical equipment must be at least \$500 and all equipment inputs under \$500 are considered indirect expense, the RUC agreed that the 11 inputs (above) should no longer be listed as equipment as they are less than \$500. **The RUC requests that CMS remove these items from its equipment list and from the specific codes to conform to the definition of direct medical equipment and to ensure that the rule remains consistently applied.**

Enclosed Recommendations and Supporting Materials:

- RUC Recommendation Status Report for New and Revised Codes for *CPT 2026*.
- RUC Recommendation Progress and Status Reports for services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File – A list of the physician time data for each of the CPT codes reviewed at the January 2025 RUC meeting.
- Pre-Service and Post-Service Time Packages Definitions – The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- Professional Liability Insurance (PLI) Crosswalk Table – The RUC has committed to selecting appropriate PLI crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.
- BETOS Assignment Table – The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.
- Utilization Data Crosswalk – A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2026 conversion factor increase.
- New Technology List and Timeline – In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 893 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.
- RUC Recommendations on Modifications to Visits in the Global Period – This includes changes in work RVUs and time by incorporating the increase of office visits and hospital visits in the surgical global periods.

Ms. Lindsey Baldwin
February 3, 2025
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We appreciate your consideration of these RUC recommendations. If you have any questions regarding the attached materials, please contact Sherry Smith at Sherry.Smith@ama-assn.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Ezequiel Silva III".

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee

Enclosures

cc: RUC Participants
Perry Alexion, MD
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