

February 27, 2015

John McInnes, MD  
Director, Division of Practitioner Services  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Mail Stop C4-01-15  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: Publication of RUC Recommendations for Non-Covered/Bundled Medicare Services in the Medicare Physician Payment Schedule *Proposed Rule* for 2016

Dear Doctor McInnes:

The AMA/Specialty Society RVS Update Committee (RUC) requests that CMS publish the values for non-covered/bundled Medicare services in which the RUC has made a recommendation. There is a long-standing precedent established by the preventive medicine services codes (99381-99397) and other codes, which are Medicare status indicator “N,” yet have had RUC recommended values published on the Medicare Physician Payment Schedule Appendix B since their inception.

The RUC identified 20 services reviewed in the last five years in which CMS has determined a Medicare status of “Bundled”, “Not valid for Medicare purposes”, “Non-covered” or “Statutory exclusion” but did not publish the RUC recommended value.

It is imperative that the Agency publish the work, practice expense and professional liability insurance relative values for these 20 services (indicated below) in the Medicare Physician Payment Schedule because the resource-based relative value scale (RBRVS) is used by Medicaid and many private payors. CMS established this precedent and should continue to follow it. Physicians have reported problems seeking payment for these services by other payors because CMS simply has not published RVUs for these services. We encourage CMS to seek public comment on the relative values for these services in *Notice for Proposed Rule Making* for 2016.

**RUC Recommendations for Non-Covered/Bundled Medicare Services**

CPT Code	Long Descriptor	RUC Meeting Date	RUC Rec	2015 MFS work RVU	Medicare Status
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr12	1.42	0.00	I
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	Jan14	0.58	0.00	I
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	HCPAC Apr13	0.48	0.00	I

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>RUC Meeting Date</b>	<b>RUC Rec</b>	<b>2015 MFS work RVU</b>	<b>Medicare Status</b>
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	Apr11	0.17	0.00	X
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Jan12	4.00	0.00	B
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Jan12	5.00	0.00	B
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Jan12	4.44	0.00	B
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Jan12	5.50	0.00	B
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	Jan12	6.00	0.00	B
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	Jan12	6.00	0.00	B
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan12	2.00	0.00	I
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	Apr14	0.20	0.00	N

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>RUC Meeting Date</b>	<b>RUC Rec</b>	<b>2015 MFS work RVU</b>	<b>Medicare Status</b>
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct12	0.35	0.00	B
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct12	0.70	0.00	B
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct12	1.05	0.00	B
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct12	1.40	0.00	B
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; establishment or substantial revision of a comprehensive care plan; moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct12	1.00	0.00	B

CPT Code	Long Descriptor	RUC Meeting Date	RUC Rec	2015 MFS work RVU	Medicare Status
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; establishment or substantial revision of a comprehensive care plan; moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct12	0.50	0.00	B
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan14	1.50	0.00	I
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan14	1.40	0.00	I

The RUC recommendations for the 20 services above are attached to this letter. The RUC looks forward to continue to work with CMS to improve the RBRVS.

Sincerely,



Barbara S. Levy, MD

cc: RUC Participants  
 Edith Hambrick, MD  
 Ryan Howe  
 Steve Phurrough, MD