



AUA Staff Liaison Stephanie Storck

Chair Jonathan N. Rubenstein, MD

Terms of Office Members: 3 years (renewable once); Chair: 3 years (renewable once)

Committee Makeup

The Chair is appointed by the AUA Board of Directors with input from the Public Policy Council Chair and Public Policy & Practice Support AED. Members are appointed based upon required expertise and the recommendations of the CRC Chair. Consideration is given to geographic sectional representation when making new member appointments.

New appointees to the Committee are designated as consultants until they are acclimated to the policies and proceedings of the Committee. After a year as a consultant, they may be considered for appointment as a voting member of the CRC. Since the CRC reports directly to the Public Policy Council, the Public Policy Council Chair will serve as ex-officio non-voting member. Additional ex-officio members, as necessary, may be added to the CRC as a result of appointments through related AUA Committees and/or related specialties such as AUA Urologic Diagnostic and Therapeutic Imaging (UDTIC). Other consultants may be added from the Leadership Class, Gallagher Scholar applicants or someone with special expertise to assist the committee members on coding and reimbursement issues.

Mission Statement

The Committee serves as urology's representative in the area of coding, terminology development and reimbursement. They also seek new and updated codes to ensure accurate identification of urologic diseases and procedures.

Representation

The Committee represents the AUA before the AMA CPT Editorial Panel where these codes are created. Currently, the chair serves as the alternate advisor. The Committee also represents the AUA before the AMA/Specialty Society Relative Value Update Committee (RUC). The Committee represents the AUA before the International Classification of Diseases (ICD) Coordination and Maintenance Committee to ensure proper diagnosis coding for urology. The CRC also meets occasionally with government entities to discuss issues of mutual concern affecting urologic care of our patients and issues affecting Medicare, Medicaid and other insurance carriers.

Committee Meetings

The committee meets 2 times per year in person. In addition, the committee will meet by conference call in between the face to face meetings. There are multiple conference calls and electronic communications throughout the year.



Time Commitment

Chair: 6 hours per week/ approx 275 hours annually

Member: 50 hours per year

Qualifications/ Responsibilities

Chair: The Chair should have knowledge and information on coding issues, the CPT process, and the RUC process. The Chair ensures the effective completion of the Mission Statement and also serves on the Public Policy Council. The Chair and CPT Advisor are compensated position and are considered “Level 1” in the COI Policy required to divest of significant PhRMA relationships for the term of their position or office.

Members: Should have current expertise on coding issues, the CPT process, and the RUC process. Committee members contribute to the completion of the Mission Statement. Members should also have knowledge on local and national third party insurance reimbursement issues.

Members of the CRC are classified as either a non-voting or voting member. Voting members will vote on any action items or motions brought forward during the Committee meeting. Non-voting members, including consultants, if necessary, do not have voting rights but may contribute to the discussion on coding and reimbursement issues. All members, whether voting or non-voting, will refrain from discussions if there is a conflict of interest (COI).

In an effort to manage potential conflicts of interest, disclosure reports for members of the Coding & Reimbursement Committee are required to list the disease process and/or technology for each relationship with pharmaceutical or medical device companies, speaker bureaus, consultant relationships, clinical trials, patents, ownership interest in a urologic therapeutic area and/or any relationship with any competing company.

Recent Accomplishments 2019

Published coding guidance articles to members on How to use the new percutaneous dilation codes, Perineal Prostate Biopsy 55700/55706, Billing for new BCG HCPCS J9030, Billing for Stent Removal; New CPT Codes for 2020; Coding for Telemedicine Services and Coding for Laparoscopic Procedures.

Participated in a joint CPT/RUC Workgroup on Evaluation and Management Services to revised guidelines and coding. CPT passed the coding changes and the RUC reviewed the evaluation and management codes surveyed by 51 specialty societies incorporating both cognitive and surgical physicians. CMS accepted all the new values and suggestions.

Created a new CPT code for 558XX Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance. Code was surveyed, presented and valued at the October RUC meeting.



Revised CPT code 74425 Urography, antegrade (~~pyelostogram, nephrostogram, loopogram~~), radiological supervision and interpretation.

Reviewed industry requests by Stimwave for a new neurostimulation technology, Procept for aquablation of prostat, Francis Medical for a direct current heated water vapor ablation technology.

Notified members on updates of the Merck BCG shortage including reporting of split vials.

Recent Accomplishments 2018

Provided coding guidance in conjunction with the American Medical Association (AMA) Current Procedural Terminology (CPT) CPT Assistant Editorial Board to co-author an article on reporting MRI-Ultrasound fusion targeted biopsy. In addition to the MRI article, the CRC also published articles in the Public Policy and Advocacy Brief on “How to use parentheticals in coding” and “Prostatic Urethral Lift in the Outpatient/ASC setting.”

Created revised CPT code 64560 orchiopexy to remove without or without hernia repair to clarify proper reporting at AMA CPT Editorial Panel to be effective 2020. Revised 90911 Biofeedback code to a time-based code for the first 15 minutes of treatment and created a new code for reporting each additional 15 minutes of treatment.

Surveyed and presented results to the AMA Relative Value Update Committee (RUC) for CPT codes for percutaneous dilation of existing tract (50436) and new tract (50437) for an endourologic procedure including imaging guidance; BPH procedures for transurethral thermotherapy codes for microwave (53850), radiofrequency (53852) and radiofrequency generated water vapor (53854); drug delivery system codes (11981, 11982 and 11983); and urography (74425).

Requested new ICD-10-CM diagnosis coding for pyuria, urethral stricture, unspecified, abnormal findings on diagnostic imaging of testis; abnormal levels of urine collection; and neoplasm unspecified behavior of testis to the ICD Coordination and Maintenance Committee.

The AUA partnered with the American Medical Association (AMA), American Academy of Dermatology, and many other medical specialty societies to oppose Anthem Blue Cross Blue Shield policy to reduce the payment of an Evaluation & Management Service CPT Code by 25% when reported with Modifier 25 on the same day as another service. Anthem rescinded its policy.