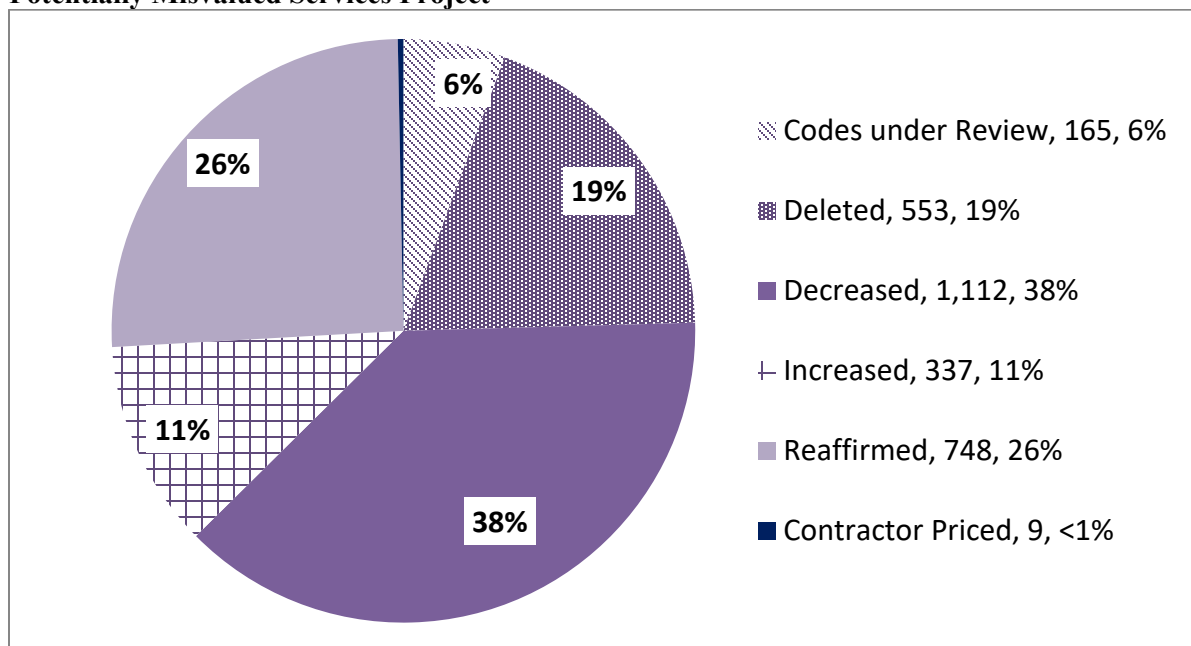


The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified nearly 3,000 services through over 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the “new technology” list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, has examined 2,924 potentially misvalued services. The RUC has reviewed approximately 95% of the Medicare Physician Payment Schedule allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC via its potentially misvalued services review has recommended reductions and deletions to over 1,600 services, redistributing \$5 billion annually. Below are the outcomes of the committee’s review.

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated

with the list, which currently contains 902 services. In September 2010, the re-review cycle began and since then the RUC has recommended 60 services to be re-examined. The remaining services are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 253 services every April after three years of Medicare claims data is available for each service.

Methodology Improvements

The RUC implemented process improvements to methodology following its October 2013 meeting. The process improvements are designed to strengthen the RUC's primary mission of providing the final RVS update recommendations to the Centers for Medicare and Medicaid Services.

In the area of methodology, the RUC is continuously improving its processes to ensure that it is best utilizing reliable, extant data. At its most recent meeting, the RUC increased the minimum number of respondents required for each survey of commonly performed codes:

- For services performed 1 million or more times per year in the Medicare population, at least 75 physicians must complete the survey.
- For services performed from 100,000 to 999,999 times annually, at least 50 physicians will be required.

Further strengthening its methodology, the RUC also announced that specialty societies will move to a centralized online survey process, which will be coordinated by the AMA and will utilize external expertise to ensure survey and reporting improvements.

Site of Service Anomalies

The Workgroup initiated its effort by reviewing services with anomalous sites of service when compared to Medicare utilization data. Specifically, these services are performed less than 50% of the time in the inpatient setting yet include inpatient hospital Evaluation and Management services within their global period.

The RUC identified 194 services through the site of service anomaly screen. The RUC required the specialties to resurvey 129 services to capture the appropriate physician work involved. These services were reviewed by the RUC between April 2008 and February 2011. CMS implemented 124 of these recommendations in the 2009, 2010 and 2011 Medicare Physician Payment Schedules. The RUC submitted another five recommendations as well as re-reviewed and submitted 44 recommendations to previously reviewed site of service identified codes to CMS for the 2012 Medicare Physician Payment Schedule.

Of the remaining 65 services that were not re-surveyed, the RUC modified the discharge day management for 46 services, maintained three codes and removed two codes from the screen as the typical patient was not a Medicare beneficiary and would be an inpatient. The CPT® Editorial Panel deleted 14 codes. The RUC completed review of services under this initial screen.

During this review, the RUC uncovered several services that are reported in the outpatient setting, yet, according to several expert panels and survey data from physicians who perform the procedure, the service, typically requires a hospital stay of greater than 23 hours. The RUC maintains that physician work that is typically performed, such as visits on the date of service and discharge work the following day, should be included within the overall valuation. Subsequent observation day visits and discharge day management service are appropriate proxies for this work.

The RUC will reassess the data each year going forward to determine if any new site of service anomalies arise. In 2015, the RUC identified three services in which the Medicare data from 2011-2013 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period. These services were referred to CPT and recommendations were submitted to CMS for the 2018 Medicare Physician Payment Schedule.

In 2016, the RUC identified one site of service anomaly CPT code and submitted the recommendation to CMS for the 2019 Medicare Physician Payment Schedule. In 2017, the RUC identified one site of service anomaly CPT code which was revised at the CPT Editorial Panel and the RUC submitted recommendations for the 2020 Medicare Physician Payment Schedule.

In 2018, the RUC also performed a site-of-service anomaly screen based on the review of three years of data (2015, 2016 and 2017e) for services with utilization over 10,000 in which a service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. One service was identified via this screen and another identified for the outpatient site of service anomaly screen. The RUC submitted these recommendations for the 2021 and 2023 Medicare Physician Payment Schedules.

In 2019, the RUC lowered the threshold for site-of-service anomalies based on the review of three years of data (2016, 2017 and 2018e) for services with utilization over 5,000 in the outpatient setting more than 50% of the time but includes inpatient hospital Evaluation and Management services within the global period. The RUC identified nine services, expanding to 38 services to include the family of services. The CPT Editorial Panel deleted 13 services and the RUC submitted 24 recommendations for the 2021-2023 Medicare Physician Payment Schedule. The RUC will review one service to determine if educational coding guidance was effective.

In 2020, the RUC identified one code with Medicare data from 2017-2019e that was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period and 2019e Medicare utilization over 10,000. The RUC submitted this recommendation for the 2021 Medicare Physician Payment Schedule.

In 2023, the RUC identified one code with Medicare data from 2019-2021 indicating it was performed less than 50% of the time in the inpatient setting, yet included inpatient hospital Evaluation and Management services within the global period and 2021 Medicare utilization over 10,000. This service was also identified as reported with another code 75% of the time or more, therefore, the RUC recommended that this service be surveyed after any code bundling solution occurs at CPT. The RUC also identified two services with Medicare data from 2019-2021 and utilization over 10,000 in which the service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. The RUC submitted one recommendation for the 2025 Medicare Physician Payment Schedule and will review it again in three years. The RUC will examine the remaining service for the 2027 Medicare Physician Payment Schedule.

In 2025, the RUC identified five codes with Medicare data from 2021-2024 indicating it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period and 2023 Medicare utilization over 10,000. This screen was expanded to 13 services to include codes within the family of services. The RUC will review and submit recommendations for the 2027 Medicare Physician Payment Schedule.

High Volume Growth

The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have increased by at least 100% from 2004 through 2006. The query initially resulted in the identification of 81 services, but was expanded by 16 services to include the family of services, totaling 97 services. Specialty societies submitted comments to the Workgroup in April 2008 to provide rationales for the growth in reporting. Following this review, the RUC required the specialties to survey 35 services to capture the appropriate work effort and/or direct practice expense inputs. These services were reviewed by the RUC between February 2009 and April 2010.

The RUC recommended removing 15 services from the screen as the volume growth did not impact the resources required to provide these services. The CPT® Editorial Panel deleted 34 codes. The RUC submitted 44 recommendations to CMS for services for the 2012-2017 Medicare Physician Payment Schedules and four recommendations for the CPT 2020 Medicare Physician Payment Schedule. The RUC completed review of services under this first iteration of the high growth screen.

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 62 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted ten codes and the RUC submitted recommendations for 49 services for the 2015-2019, 2023 and 2026 Medicare Physician Payment Schedules. The RUC completed review of services under this second iteration of the high growth screen.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 31 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review one service after additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 17 services for the 2017-2020 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen for its fourth iteration and the query resulted in the identification of 12 services, which was expanded to 53 services. The RUC recommended removing two services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted five services. The RUC submitted recommendations for 46 services for the 2019-2022 Medicare Physician Payment Schedules. The RUC completed review of services under this fourth iteration of the high volume growth screen.

In October 2018, the RUC ran this query for its fifth iteration for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. Eleven (11) codes were identified, which was expanded to 56 services. The RUC recommended removing one service from the screen as the volume growth was appropriate. The CPT Editorial Panel deleted three codes. The submitted recommendations for six services for the 2020-2021 Medicare Physician Payment Schedule and 46 services for the 2026 Medicare Physician Payment Schedule. The RUC completed review of services under this fifth iteration of the high volume growth screen.

In October 2019, the RUC completed its sixth iteration of this screen for services with 2018e Medicare utilization of over 10,000 that have increased by at least 100% from 2013 through 2018. The RUC identified 12 services. The RUC removed one service from the screen as the volume growth did not

impact the resources required to provide this service. CPT deleted one service. The RUC submitted recommendations for the remaining 10 services for the 2021-2023 and 2027 Medicare Physician Payment Schedules. The RUC completed review of services under this sixth iteration of the high volume growth screen.

In October 2020, the RUC completed its seventh iteration of this screen for services with 2019e Medicare utilization over 10,000 that have increased by at least 100% from 2014 through 2019. The RUC identified six services. The RUC removed four services as the growth was appropriate and submitted two recommendations for the 2023 and 2024 Medicare Physician Payment Schedules. The RUC completed review of services under this seventh iteration of the high volume growth screen.

In April 2022, the RUC completed its eighth iteration of this screen for services with 2020 Medicare utilization over 10,000 that have increased by at least 100% from 2015-2020. The RUC identified 10 services, which was expanded to 12 to include the appropriate family of services. The RUC removed three services because the growth was appropriate. The Relativity Assessment Workgroup will review two services after additional data is available. The RUC submitted recommendations for seven services for the 2024-2025 Physician Payment Schedules.

In April 2023, the RUC initiated its ninth iteration of this high volume screen with 2021 Medicare utilization over 10,000 that has increased by at least 100% from 2016-2021. The RUC identified two services, one was referred to CPT Assistant for clarification and the other service was referred to the CPT Editorial Panel for clarification.

In April 2024, the RUC initiated its 10th iteration of this high volume screen with 2022 Medicare utilization over 10,000 that has increased by at least 100% from 2017-2022. The RUC identified five services, which was expanded to 15 services to include the family of services. One service was referred to CPT for revision. One service was removed from the screen as the growth was appropriate. Three services were deleted and the RUC requested CMS delete two G-codes. The RUC submitted recommendations for six services for the 2024-2025 Physician Payment Schedules and will submit two recommendations for the 2027 Physician Payment Schedule.

In April 2025, the RUC ran the 11th iteration of the high volume screen with 2023 Medicare utilization over 10,000 that has increased by at least 100% from 2018-2023. The RUC identified nine services that the Relativity Assessment will review action plans from the specialty societies to determine next steps.

CMS Fastest Growing

In 2008, CMS developed the Fastest Growing Screen to identify all services with growth of at least 10% per year over the course of three years from 2005-2007. Through this screen, CMS identified 114 fastest growing services and the RUC added 69 services to include the family of services, totaling 183. The RUC required the specialties to survey 72 services to capture the appropriate work effort and/or direct practice expense inputs. These services were reviewed by the RUC from February 2008 through April 2010 and submitted to CMS for the Medicare Physician Payment Schedule.

The RUC recommended removing 27 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT[®] Editorial Panel deleted 43 codes. The RUC submitted 41 recommendations to CMS for the 2012-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

High IWPUT

The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have an intra-service work per unit of time (IWPUT) calculation greater than 0.14, indicating an outlier intensity. The query resulted in the identification of 32 services. Specialty societies submitted comments to the Workgroup in April 2008 for these services. As a result of this screen, the RUC has reviewed and submitted recommendations to CMS for 28 codes, removing four services from the screen as the IWPUT was considered appropriate. The RUC completed review of services under this screen.

Services Surveyed by One Specialty – Now Performed by a Different Specialty

In October 2009, services that were originally surveyed by one specialty, but now performed predominantly by other specialties were identified and reviewed. The RUC identified 21 services by this screen, adding 19 services to address various families of codes. The majority of these services required clarification within CPT®. The CPT® Editorial Panel deleted 18 codes. The RUC submitted 22 recommendations for physician work and practice expense to CMS for the 2011-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In April 2013, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified and the RUC recommended that one be removed from the screen since the specialty societies currently performing this service indicated that the service is appropriate and recommended that the other code be referred to CPT® to be revised. The RUC completed review of services under this screen.

In October 2019, the RUC queried the top two dominant specialties performing services based on Medicare utilization of more than 10,000 and compared it to who originally surveyed the service. Two services were identified, one was deleted by CPT Editorial Panel and other was referred to develop a CPT Assistant article for education. The RUC completed review of services under this screen.

In April 2022, the RUC queried the top two dominant specialties performing services based on 2020 Medicare utilization of more than 10,000 and compared it to who originally surveyed the service. Six codes were identified, which were expanded to 24 codes to represent the family of services. One code was referred to CPT Assistant for clarification and four will be re-reviewed after additional data is available. The RUC submitted recommendations for 19 services for the 2026 Medicare Physician Payment Schedule.

In April 2023, the RUC queried the top two dominant specialties performing services based on 2021 Medicare utilization more than 10,000 and compared it to who originally surveyed the service. Four services were identified. The RUC recommended removing all four services from this screen. The RUC completed review of services under the fifth iteration of this screen.

In April 2024, the RUC queried the top two dominant specialties performing services based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. Six services were identified and were expanded to seven services to include those as part of a family. The RUC referred two codes to CPT Assistant for the creation of an article for clarification. The RUC submitted three recommendations for the 2026 Medicare Physician Payment Schedule, will review two services for the 2027 Medicare Physician Payment Schedule and will review two services after additional utilization data is available.

In April 2025, the RUC queried the top two dominant specialties performing services based on 2023 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. Nine services were identified, and the Relativity Assessment Workgroup will review action plans from specialty societies to determine next steps.

Harvard Valued

Utilization over 1 Million

CMS requested that the RUC pay specific attention to Harvard valued codes that have a high utilization. The RUC identified nine Harvard valued services with high utilization (performed over 1 million times per year). The RUC also incorporated an additional 12 Harvard valued codes within the initial family of services identified. The CPT® Editorial Panel deleted one code. The RUC submitted 20 relative value work recommendations to CMS for the 2011 and 2012 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Utilization over 100,000

The RUC continued to review Harvard valued codes with significant utilization. The Relativity Assessment Workgroup expanded the review of Harvard codes to those with utilization of over 100,000 which totaled 38 services. The RUC expanded this screen by 101 codes to include the family of services, totaling 139 services. The CPT® Editorial Panel deleted 27 codes. The RUC submitted 112 recommendations to CMS for the 2011-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Utilization over 30,000

In April 2011, the RUC continued to identify Harvard valued codes with utilization over 30,000, based on 2009 Medicare claims data. The RUC determined that the specialty societies should survey the remaining 36 Harvard codes with utilization over 30,000 for September 2011. The RUC expanded the screen to include the family of services, totaling 65 services. The CPT® Editorial Panel deleted 12 codes. The RUC submitted recommendations for 53 services for the 2013-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2015, the RUC reran this screen on Harvard valued services with 2014e Medicare utilization over 30,000. Seven services were identified and expanded to nine codes to include the family of services. The CPT Editorial Panel deleted two codes. The RUC submitted recommendations for 7 services for the 2018-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2018, the RUC reran this screen on Harvard valued services with 2017e Medicare utilization over 30,000. One service was identified. The RUC submitted this recommendation for the 2021 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

In October 2019, the RUC reran this screen on Harvard valued services with 2018e Medicare utilization over 30,000. Three services were identified, which was expanded to five to include the family of services. The RUC submitted recommendations for these five services for the 2022-2023 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2020, the RUC ran this service on Harvard valued services with 2019e Medicare utilization over 30,000 and one service was identified. The RUC submitted a recommendation for this service for the 2023 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

In April 2025, the RUC ran this service on Harvard valued services with 2023 Medicare utilization over 30,000 and two services was identified. The Relativity Assessment Workgroup will review action plans from the specialty societies to determine next steps.

Medicare Allowed Charges >\$10 million

In June 2012, CMS identified 16 services that were Harvard valued with annual allowed charges (2011 data) > \$10 million. The RUC expanded this screen to 33 services to include the proper family of services. The RUC removed two services from review as the allowed charges are approximately \$1 million and did not meet the screen criteria. The CPT® Editorial Panel deleted one service. The RUC submitted recommendations for 30 services for the 2013-2017 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

CMS/Other

Utilization over 500,000

In April 2011, the RUC identified 410 codes with a source of “CMS/Other.” CMS/Other codes are services which were not reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. “CMS/Other” source codes would not have been flagged in the Harvard only screens, therefore the RUC recommended that a list of all CMS/Other codes be developed and reviewed. The RUC established the threshold for CMS/Other source codes with Medicare utilization of 500,000 or more, which resulted in 19 codes. The RUC expanded this screen to 21 services to include the proper family of services. The RUC removed one service from the screen. The CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules and one service for the 2023 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Utilization over 250,000

In April 2013, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 250,000 or more, which resulted in 26 services and was expanded to 52 services to include the family of services. The CPT Editorial Panel deleted 11 codes identified under this screen. The RUC removed nine services and submitted 32 recommendations to CMS for the 2015-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Utilization over 100,000

In October 2016, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 100,000 or more, which resulted in 27 services and was expanded to 41 services to include the family of services. The RUC referred two codes to CPT for deletion and submitted recommendations for 39 services for the 2019 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Utilization over 30,000

In October 2017, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 30,000 or more, which resulted in 34 services and was expanded to 55 services to include the family of services. The CPT Editorial Panel deleted 10 codes. The submitted recommendations for 45 services for the 2019-2020 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2018, the RUC reran this screen for CMS/Other source codes with 2017e Medicare utilization over 30,000, which resulted in seven services and expanded to 15 services. The CPT Editorial Panel deleted one code. The RUC submitted recommendations for 14 services for the 2020-2021 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Utilization over 20,000

In October 2019, the RUC lowered the threshold for this screen of CMS/Other source codes with 2018e Medicare utilization over 20,000, which resulted in nine services and expanded to 16 to include the family of services. The RUC removed one code from the screen. The CPT Editorial Panel deleted five codes. The RUC submitted recommendations for 10 services for the 2021-2024 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2020, the RUC ran a second iteration of this screen of CMS/Other source codes with 2019e Medicare utilization over 20,000, which resulted in 10 codes. This was expanded to 22 services to include services that are part of a family. Three services were removed from this screen, 16 requested for deletion by CMS, one recommendation submitted for the 2026 Medicare Physician Payment Schedule and two will be reviewed after additional utilization data is available.

In April 2022, the RUC ran a third iteration of this screen of CMS/Other source codes with 2020 Medicare utilization over 20,000, which resulted in six codes. This was expanded to 27 services to include services that are part of a family. The RUC recommended that one service be deleted and one service maintained. The RUC submitted recommendations for 16 services for the 2026 Medicare Physician Payment Schedule and will review the remaining nine services after additional data is available.

In April 2025, the RUC ran a fourth iteration of this screen of CMS/Other source codes with 2023 Medicare utilization over 20,000, which resulted in five codes. The Relativity Assessment Workgroup will review action plans from the specialty societies to determine next steps.

Bundled CPT® Services

Reported 95% or More Together

The Relativity Assessment Workgroup solicited data from CMS regarding services inherently performed by the same physician on the same date of service (95% of the time) in an attempt to identify pairings of services that should be bundled together. The CPT® Editorial Panel deleted 31 individual component codes and replaced them with 53 new codes that describe bundles of services. The RUC then surveyed and reviewed work and practice costs associated with these services to account for any efficiencies achieved through the bundling. The RUC completed review of all services under this screen.

Reported 75% or More Together

In February 2010, the Workgroup continued review of services provided on the same day by the same provider, this time lowering the threshold to 75% or more together. The Relativity Assessment Workgroup again analyzed the Medicare claims data and found 151 code pairs which met the threshold. The Workgroup then collected these code pairs into similar “groups” to ensure that the entire family of services would be coordinated under one code bundling proposal. The grouping effort resulted in 20 code groups, totaling 80 codes, and were sent to specialty societies to solicit action plans for consideration at the April 2010 RUC meeting. Resulting from the Relativity Assessment Workgroup review, 81 additional codes were added for review as part of the family of services to ensure duplication of work and practice expense was mitigated throughout the entire set of services. Of the 161 total codes under review, the CPT® Editorial Panel deleted 35 individual component codes and replaced the component coding with 126 new and/or revised codes that described the bundles of services. The RUC completed review of all services under this screen.

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its second cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 153 total

codes under review, the CPT® Editorial Panel deleted 50 services. The RUC has submitted 103 code recommendations for the 2014-2019 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In January and April 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 8 code pair groups and recommended code bundling for 18 individual codes. In October 2015, the CPT Editorial Panel started review of the code bundling solutions. Of the 75 total codes under review, the CPT Editorial Panel deleted 26 services. The RUC reviewed two services after additional data was obtained and determined that they be maintained. The RUC submitted 47 code recommendations for the 2017-2019 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In October 2017 the Relativity Assessment Workgroup performed the fourth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup determined two groups totaling four codes require code bundling solutions. Of the 12 total codes under review, the CPT Editorial Panel deleted one service. The RUC submitted 11 code recommendations for the 2020 and 2021 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In April 2022, the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 19 code pairs were identified, which was expanded to 44 services to include creation of code bundling solutions. The RUC referred 19 services to the CPT Editorial Panel for code bundling solutions, the Panel deleted two codes. The RUC submitted 23 code recommendations for the 2024-2026 Medicare Physician Payment Schedules.

In April 2023, the Relativity Assessment Workgroup performed the sixth cycle analysis of code pairs reported together with 75% or greater frequency based on 2021 Medicare claims data and identified three code pairs. This was expanded to 18 services to include the creation of code bundling solutions. The RUC removed one code from the screen as a code bundle was not necessary and will review four services after additional data is available. The CPT Editorial Panel deleted two codes and the RUC submitted 11 code recommendation for the 2025 and 2026 Medicare Physician Payment Schedules.

In April 2024, the Relativity Assessment Workgroup performed the seventh cycle analysis of code pairs reported together with 75% or greater frequency based on 2022 Medicare claims data and identified 18 code pairs. This was expanded to 33 services to include the creation of code bundling solutions. The RUC removed 7 codes from the screen as a bundling solution was not necessary. One service was deleted at CPT. The RUC submitted 19 code recommendations for the 2026 and 2027 Medicare Physician Payment Schedule. The RUC will review six services after additional data is available.

In April 2025, the Relativity Assessment Workgroup performed the seventh cycle analysis of code pairs reported together with 75% or greater frequency based on 2023 Medicare claims data and identified two code pairs. The Relativity Assessment Workgroup will review action plans from specialty societies to determine if code bundling solutions are necessary.

Low Value/Billed in Multiple Units

CMS has requested that services with low work RVUs that are commonly billed with multiple units in a single encounter be reviewed. CMS identified services that are reported in multiples of five or more per day, with work RVUs of less than or equal to 0.50 RVUs.

In October 2010, the Workgroup reviewed 12 CMS identified services and determined that six of the codes were improperly identified as the services were either not reported in multiple units or were reported in a few units and that was considered in the original valuation. The RUC submitted recommendations for the remaining six services for the 2012 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Low Value/High Volume Codes

CMS has requested that services with low work RVUs and high utilization be reviewed. CMS has requested that the RUC review 24 services that have low work RVUs (less than or equal to 0.25) and high utilization. The RUC questioned the criteria CMS used to identify these services as it appeared some codes were missing from the screen criteria indicated. The RUC identified codes with a work RVU ranging from 0.01 - 0.50 and Medicare utilization greater than one million. In February 2011, the RUC reviewed the codes identified by these criteria and added 5 codes, totaling 29. The RUC submitted 24 recommendations to CMS for the 2012 Medicare Physician Payment Schedule and five recommendations to CMS for the 2013 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Multi-Specialty Points of Comparison List

CMS requested that services on the Multi-Specialty Points of Comparison (MPC) list should be reviewed. CMS prioritized the review of the MPC list to 33 codes, ranking the codes by allowed service units and charges based on CY 2009 claims data as well as those services reviewed by the RUC more than six years ago. The RUC expanded the list to 182 services to include additional codes as part of a family (over 100 of these codes are part of the review of GI endoscopy codes). The CPT® Editorial Panel deleted 25 codes. The RUC submitted recommendations for 157 codes for the 2012-2015 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

CMS High Expenditure Procedural Codes

In the Proposed Rule for 2012, CMS requested that the RUC review a list of 70 high Medicare Physician Payment Schedule expenditure procedural codes representing services furnished by an array of specialties. CMS selected these codes since they have not been reviewed for at least 6 years, and in many cases the last review occurred more than 10 years ago.

The RUC reviewed the 70 services identified and expanded the list to 145 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 20 codes. The RUC submitted 125 recommendations to CMS for the 2013-2019 Medicare Physician Payment Schedules. The RUC completed review of services under the first iteration of this screen.

In the Final Rule for 2016, CMS requested that the RUC review a list of 103 high Medicare Physician Payment Schedule high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010.

The RUC expanded the list of services to 238 services to include additional codes as part of the family. The CPT Editorial Panel deleted 30 codes. The RUC submitted 208 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Services with Stand-Alone PE Procedure Time

In June 2012, CMS proposed adjustments to services with stand-alone procedure time assumptions used in developing non-facility PE RVUs. These assumptions are not based on physician time assumptions. CMS prioritized CPT® codes that have annual Medicare allowed charges of \$100,000 or more, include direct equipment inputs that total in direct expense to the individual code to \$100 or more, and have PE procedure times greater than five minutes for review. The RUC reviewed 27 services identified through this screen and expanded to 29 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 11 codes. The RUC submitted 18 recommendations for the 2014-2015 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

At the April 2023, the Relativity Assessment Workgroup recommended lowering the Medicare allowed charges threshold from \$100,000 to \$50,000 for the Services with Stand-Alone PE Procedure Time screen, for codes that have 0.00 work RVUs, including direct equipment inputs that total in direct expense to the individual code to \$100 or more, and have PE procedure times (CA021) greater than five minutes. The RUC identified 16 services via this screen. The RUC removed 14 services as they appeared on the first CMS iteration of this screen and were validated in April 2013 or are currently referred to the CPT Editorial Panel for revision. In April 2024, the Relativity Assessment Workgroup examined two services further and removed them from this screen since they both were reviewed by the RUC recently and no changes have occurred. The RUC completed review of services under this screen.

Pre-Time Analysis

In January 2014, the RUC reviewed codes that were RUC reviewed prior to April 2008, with pre-time greater than pre-time package 4 *Facility - Difficult Patient/Difficult Procedure* (63 minutes) for services with 2012 Medicare Utilization over 10,000. The screen identified 19 services with more pre-service time than the longest standardized pre-service package and was expanded to 24 to include additional codes as part of the family. The RUC reviewed these services and referred three services to the CPT® Editorial Panel for revision. The CPT Editorial Panel deleted one service and will review three services for CPT 2018. The RUC reviewed 18 services and noted that they were all originally valued by magnitude estimation and therefore readjustments in pre-service time categories did not alter the work values. Additionally, crosswalk references for each service were presented validating the pre-time adjustments. The RUC noted that this screen was useful, however did not reveal any large outliers and therefore the utilization threshold does not need to be lowered to identify more services. The RUC submitted 20 recommendations for the 2016 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Post-Operative Visits

010-Day Global Codes

In January 2014, the RUC reviewed all 477, 010-day global codes to determine any outliers. Many 010-day global period services only include one post-operative office visit. The Relativity Assessment Workgroup pared down the list to 19 services with >1.5 office visits and 2012 Medicare utilization > 1,000. The RUC reviewed the 19 services, which was expanded to 21 services for additional codes in the family of services, identified via this screen. The RUC referred two codes to the CPT Editorial Panel for revision. The RUC submitted recommendations for 21 services for the 2015-2017 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

In October 2019, the identified five 010-day global period services more than one office visit based on 2018e Medicare utilization over 1,000, which was expanded to eight services to include the family of services. The RUC submitted eight recommendations for the 2021-2022 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

090-Day Global Codes

In January 2014, the RUC reviewed all 3,788, 090-day global codes to determine any outliers. Based on 2012 Medicare utilization data, 10 services were identified, that were reported at least 1,000 times per year and included more than six office visits. The RUC expanded the services identified in this screen to 38 to include additional codes as part of the family. The CPT® Editorial Panel deleted 8 services. The RUC submitted recommendations for 30 services for the 2015-2017 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

In October 2019, the identified three 090-day global period services more than six office visits based on 2018e Medicare utilization over 1,000. The RUC submitted recommendations for these three services for the 2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

High Level E/M in Global Period

In October 2015, the RUC reviewed all services with Medicare utilization greater than 10,000 that have a level 4 (99214) or level 5 (99215) office visit included in the global period. There were no codes with volume greater than 10,000 that had a level 5 office visits included. Seven services were identified that have a level 4 office visit included. The RUC expanded the list of services to 11 services to include additional codes as part of the family. The RUC confirmed that the level 4 post-operative visits were appropriate and well-defined for four services. The CPT Editorial Panel deleted one code. The RUC submitted recommendations for 10 services for the 2017-2018 Medicare Physician Payment Schedules. The RUC noted that this screen will be complete after these services are reviewed because the RUC has more rigorously questioned level 4 office visits in the global period in recent years and will continue this process going forward. The RUC has completed review of the services under this screen.

000-Day Global Services Reported with an E/M with Modifier 25

In the NPRM for 2017 CMS identified 83 services with a 000-day global period billed with an E/M 50 percent of the time or more, on the same day of service, same patient, by the same physician, which have not been reviewed in the last five years with Medicare utilization greater than 20,000.

The RUC commented that it appreciated CMS' identification of an objective screen and reasonable query. However, based on further analysis of the codes identified, it appears only 19 services met the criteria for this screen and have not been reviewed to specifically address an E/M performed on the same date. There were 38 codes that did not meet the screen criteria; they were either reviewed in the last 5 years and/or are not typically reported with an E/M. For 26 codes, the summary of recommendation (SOR), RUC rationale or practice expense inputs submitted specifically states that an E/M is typically reported with these services and the RUC accounted for this in its valuation.

The RUC requested that CMS remove 64 services that did not meet the screen criteria or which have already been valued as typically being reported with an E/M service. The RUC requested that CMS condense and finalize the list of services for this screen to the 19 remaining services.

In the Final Rule for 2017, CMS did finalize the list of 000-day global services reported with an E/M to the 19 services that truly met the criteria. The RUC recommended that two additional codes be removed from this screen as the specialty societies discovered that in fact an E/M as typical was considered in the

survey process. Additional codes were added as part of the family of codes identified, totaling 22. The CPT Editorial Panel deleted one code and the RUC submitted 21 recommendations for the 2019 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Negative IWPUP

In October 2017, the RUC identified 22 services with a negative IWPUP and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC expanded the services identified in this screen to 56 services to include additional codes as part of the family. The CPT Editorial Panel deleted 15 services. The RUC submitted 41 recommendations for the 2019-2020 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Contractor Priced with High Volume

In April 2018, the RUC identified five contractor-priced Category I CPT codes that have 2017 estimated Medicare utilization over 10,000. The CPT Editorial Panel deleted one code. The RUC submitted four recommendations for the 2020-2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

In April 2022, the RUC identified five contractor-priced Category I CPT codes that have 2020 Medicare utilization over 10,000. The RUC expanded the services identified to six services to include additional codes as part of the family. The RUC removed two services, maintained one service and requested that CMS delete one service. The RUC submitted two recommendations for the 2024 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

In April 2024, the RUC identified one contractor-priced Category I CPT code that has 2022 Medicare utilization over 10,000. The RUC recommended removing this service from this screen because the valuation process does not allow for inclusion of practice expense input included in this G-code. The RUC has completed review of the services under this screen.

In April 2025, the RUC identified one contractor-priced Category I CPT code that has 2023 Medicare utilization over 10,000. The Relativity Assessment Workgroup will review an action plan from specialty societies to determine next steps.

CPT Modifier -51 Exempt List

In April 2018, the RUC identified seven services on the CPT Modifier -51 *Multiple Procedures* exempt list with 2017 estimated Medicare utilization over 10,000. The RUC examined the data provided on the percentage reported alone, physician pre and intra time and determined that this is an appropriate screen. The RUC recommended that four services be removed from the Modifier -51 exempt list and that three services remain on the list as they are separate and distinct services. The RUC notes that the CPT Editorial Panel will be reexamining this list in February 2019. The RUC has completed review of the services under this screen.

High Volume Category III Codes

In October 2019, the RUC identified seven Category III codes with 2018 estimated Medicare utilization over 1,000. The RUC expanded the services identified in this screen to 10 to include additional codes as part of a family. The CPT Editorial Panel deleted three codes. The RUC recommended maintaining three codes as data collection was underway for obtaining Category I codes. The RUC submitted recommendations for three codes for the 2022 Medicare Physician Payment Schedule and will review one service in three years after additional utilization data is available.

In April 2022, the RUC identified five Category III codes with 2020 Medicare utilization over 1,000. The CPT Editorial Panel deleted one code. The RUC removed two codes from the screen and will review the remaining two services after additional data is available.

In April 2023, the RUC identified five Category III codes with 2021 Medicare utilization over 1,000. The RUC recommended that two codes remain Category III codes, one code be removed and one code be reviewed after additional data is available. The CPT Editorial Panel deleted one code and the RUC submitted recommendations on three codes for the 2026 Medicare Physician Payment Schedule.

In April 2024, the RUC identified two Category III codes with 2022 Medicare utilization over 1,000. The RUC recommended that one code remains a Category III code and one code be reviewed after additional data is available.

In April 2025, the RUC identified seven Category III codes with 2023 Medicare utilization over 1,000. The Relativity Assessment Workgroup will review action plans from specialty societies to determine next steps.

PE Units Screen

In April 2020, the RUC identified seven services with more than one median unit of service reported and a direct practice expense supply item unit cost greater than \$100 based on 2018 Medicare utilization. In October 2020, the Practice Expense Subcommittee reviewed the supplies and kits identified to determine if any duplication occurs when reported in multiple units. The RUC determined that three of the seven codes identified had duplicative supplies. The RUC submitted new direct practice expense inputs for the 2022 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Public Comment Requests

In 2011, CMS announced that due to the ongoing identification of potentially misvalued services by CMS and the RUC, the Agency will no longer conduct a separate Five-Year Review. CMS will call for public comments on an annual basis as part of the comment process on the Final Rule each year.

Final Rule for 2013

In the Final Rule for the 2013 Medicare Physician Payment Schedule, the public and CMS identified 35 potentially misvalued services, which was expanded to 39 services to include the entire code family. The RUC reviewed these services and recommended that eight services be removed from review as two G-codes lacked specialty society interest and six services are not potentially misvalued since there is no reliable way to determine an incremental difference from open thoracotomy to thorascopic procedures. The CPT Editorial Panel deleted two services. The RUC submitted recommendations for 29 services for the 2014-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2014

CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 90 services. The CPT[®] Editorial Panel deleted 11 services. The RUC submitted recommendations to CMS for 79 services for the 2015-2018 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2015

In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 53 services to include additional codes as part of this family. The CPT Editorial Panel deleted 16 services. The RUC submitted 37 recommendations for the 2016-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2016

In the Final Rule for 2016 the public and CMS nominated 25 services as potentially misvalued, which the RUC expanded to 53 services to include an additional code as part of the family. The CPT Editorial Panel deleted eight services. The RUC submitted 45 recommendations for the 2017-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2017

In the Final Rule for 2017 there were no public nominations for services in which the RUC was not already addressing.

Final Rule for 2018

In the Final Rule for 2018 the public and CMS nominated six services as potentially misvalued, which the RUC expanded to nine services. The RUC submitted nine recommendations for the 2019-2020 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2019

In the Final Rule for 2019 the public and CMS nominated nine services as potentially misvalued, which was expanded to 12 services as part of the family. The CPT Editorial Panel deleted two services. The RUC submitted 10 recommendations for the 2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Final Rule for 2020

In the Final Rule for 2020, the public and CMS nominated 10 services as potentially misvalued, which was expanded to 14 services as part of the family. The RUC submitted recommendations for 13 services for the 2021 and 2023 Medicare Physician Payment Schedules. The RUC could not submit a recommendation for one code as it was determined it was not adequately described to evaluate. The RUC has completed review of the services under this screen.

Final Rule for 2021

In the Final Rule for 2021, CMS received public nomination of two codes as potentially misvalued, which was expanded to 10 services to include the family. The RUC submitted 10 recommendations for the 2022-2023 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Final Rule for 2022

In the Final Rule for 2022, CMS received public nomination on one code as potentially misvalued. The RUC reviewed and submitted a recommendation for the 2023 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Final Rule for 2023

In the Final Rule for 2023, CMS received public nominations, however, did not nominate any codes for review as potentially misvalued.

Final Rule for 2024

In the Final Rule for 2024, CMS received public nominations on three code sets, totaling 23 services. The RUC reviewed and submitted recommendations for these services for the 2025 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Final Rule for 2025

In the Final Rule for 2025, CMS received public nominations on two code sets, totaling six services. The RUC referred one issue to the CPT Editorial Panel for revision and submitted recommendations for two services for the 2026 Medicare Physician Payment Schedule.

Work Neutrality

For every CPT code recommendation and family, the RUC submits utilization assumptions based on the specialty societies estimate for the next year of Medicare utilization. Starting with CPT 2009, the Relativity Assessment Workgroup began assessing all services for work neutrality. In 2012, the RUC confirmed that the RUC and specialty societies work neutrality calculation expectation is a zero change target. However, if actual work RVUs turn out to be 10% or greater than the former work RVUs for the family, the family should undergo review by the Relativity Assessment Workgroup. Three code families have been identified for re-examination, one from CPT 2009, CPT 2011 and CPT 2012. Two families were determined to have correct utilization assumptions after re-evaluating the coding structure and initial assumptions. The CPT 2012 family went through revisions at the CPT Editorial Panel as well as extensive educational efforts were engaged. However, after continued examination this family was resurveyed and the RUC submitted recommendations for four services for the 2022 Medicare Physician Payment Schedule.

Three additional code families were identified for re-examination from CPT 2018. One family, continuous glucose monitoring was reviewed and the RUC determined the utilization is appropriate and the service valuation was appropriately decreased and no further changes are necessary. The second code family, psychiatric collaborative care management services was removed from this screen because the assumptions used to calculate the work neutrality was based on the low utilized G codes and not on the specialty society estimated utilization. This family is work neutral when based on the correct specialty society estimates. Additionally, there was potential misreporting for these services and the RUC confirmed that these services are no longer being reported by one specific pediatric clinic in question. The remaining code family, home INR monitoring was reviewed after additional data was collected and the RUC agreed that incorrect assumptions were made initially, and these services were actually work neutral. The RUC removed this family of codes from further examination under this screen. The RUC has completed review of the services under this screen.

The RUC identified two code families from CPT 2021 that have more than 10% increase in work RVUs from what was projected. In September 2023, the recommended that the growth was appropriate and these services be maintained and removed from this screen. The RUC has completed review of the services under this screen.

The RUC identified one code family from CPT 2022 that has more than a 10% increase in work RVUs from what was projected. The RUC recommended maintaining and reviewing this issue in two years, April 2026, via the new technology/new services list review.

The RUC identified four code families from CPT 2023 that has more than a 10% increase in work RVUs from what was projected. The Relativity Assessment Workgroup will review action plans from specialty societies for cardiac ablation, orthoptic training, percutaneous nephrolithotomy and neuromuscular ultrasound for September 2025.

Gender Equity

In January 2022, the RUC, via the Relativity Assessment Workgroup, reviewed gender equity in the CPT coding and valuation process. The RUC analyzed data submitted by the American Urological Association and the American College of Obstetricians and Gynecologists comparing procedures typically performed for females compared to their counter male procedures and determined that there was no marked disparity in the value of the services performed on women that have similar male-specific procedures. The RUC requested that the specialty societies work on dissemination of this information through society communication and peer reviewed journal submission. The [“Comparison of Work Relative Value Units Assigned to Urological and Gynecological Surgical Procedures”](#) study appeared in the *Urological Practice Journal* in May 2024.

Separately, the Relativity Assessment Workgroup examined the potential misvaluation of preventive care codes (99381-99397) based on gender-related patient care. The Workgroup indicated that there may be additional resources associated with preventive services when a pelvic examination is performed. The RUC referred this issue to the CPT Editorial Panel. In September 2022, the CPT Editorial Panel created a new add-on code to report a pelvic exam. This service was reviewed by the RUC in January 2023 and CMS accepted the RUC recommendation for the 2024 Medicare Physician Payment Schedule.

Other Issues

In addition to the above screening criteria, the Relativity Assessment Workgroup performed an exhaustive search of the RUC database for services indicated by the RUC to be re-reviewed at a later date. Three codes were found that had not yet been re-reviewed. The RUC recommended a work RVU decrease for two codes and to maintain the work RVU for another code. CMS also identified 72 services that required further practice expense review. The RUC submitted practice expense recommendations on 67 services and the CPT® Editorial Panel deleted 5 services. The RUC also reviewed special requests for 19 audiology and speech-language pathology services. The RUC submitted recommendations for 10 services for the 2010 Medicare Physician Payment Schedule and the remaining nine services for the 2011 Medicare Physician Payment Schedule.

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	2,924
<i>Codes Completed</i>	2,759
Work and PE Maintained	748
Work Increased	337
Work Decreased	917
Direct Practice Expense Revised (beyond work changes)	195
Deleted from CPT®	524
Requested CMS delete G code	27
Contractor Priced	9
<i>Codes Under Review</i>	165
RUC to review for CPT 2027	20
Referred to CPT® Editorial Panel or CPT Assistant	37
RUC to review future review after additional data obtained	108

**The total number of codes identified will not equal the number of codes from each screen as some codes have been identified in more than one screen.*

The RUC’s efforts for 2009-2024 have resulted in more than \$5 billion in annual redistribution within the Medicare Physician Payment Schedule.