DEFRING THE NEW CODE
Specialty societies, such as ASHA, work with payers to draft a description of the service or procedure and submit it to the CPT Editorial Panel for consideration. The Panel is composed of members representing medical specialties, nonphysician health care professionals, and the health care industry. The Panel meets each year to review new code proposals and make recommendations for each CPT code value. The new code application is forwarded to the AMA, which solicits feedback from the specialty societies (such as ASHA), or other interested parties.

ALL CPT CODES
- Ensure uniform communication
- Describe health care services and procedures
- Are developed, maintained, and copyrighted by the AMA
- Are updated annually
- Provide feedback, the value of the code may not be properly documented

The new code is reviewed and plays a critical role in the valuation of a CPT code. It is considered at 1 of 3 AMA RUC/HCPAC meetings each year.

Each CPT code value recommendation to CMS must be determined through a survey of practicing clinicians that perform the service or procedure.

Without YOUR feedback, the value of the code may not be properly documented.

The RUC/HCPAC submits a CPT code value recommendation to CMS. CMS has the authority to accept or amend the code value.

Survey results are fed back to a random sample of practicing clinicians that perform the service or procedure. The clinician feedback helps the CPT Editorial Panel to consider all factors such as the frequency and complexity of the service or procedure. The Panel then determines the value of the code.

DEFINING THE NEW CODE
The specialty society includes the results of the survey and submits a recommendation to the RUC/HCPAC.

The RUC/HCPAC submits a CPT code value recommendation to CMS. CMS has the authority to accept or amend the code value.

The CPT code value recommendation is submitted to the AMA by specialty societies like ASHA, or other interested parties.

The new code application is forwarded to the AMA, which solicits feedback from the specialty societies (such as ASHA), or other interested parties.

The specialty society compiles the results of the survey and submits a recommendation to the RUC/HCPAC.

The value is based on FACTORS SUCH AS:
- Clinical efficacy, as documented in peer-reviewed literature
- Consistent with current, typical practice
- FDA approved, if required
- Clearly defined
- Unique and well-defined
- Performance by many qualified health care professionals across the country
- Time it takes to complete the service or procedure
- Intensity and complexity of the service or procedure
- Level of professional skill needed

The entire process takes 2 years.

GLOSSARY OF TERMS AND ACRONYMS
AMA: American Medical Association
ASHA: American Speech-Language-Hearing Association
CMS: Centers for Medicare & Medicaid Services
RUC/HCPAC: AMA RELATIVE VALUE SCALE UPDATE COMMITTEE (RUC)/AMA RUC HEALTH CARE PROFESSIONALS ADVISORY COMMITTEE (HCPAC)
RUC: AMA RELATIVE VALUE SCALE UPDATE COMMITTEE
RUC/QI: ADDITIONAL RELATIVE VALUE UPDATE COMMITTEE
SURVEY RESULTS
- The specialty society compiles the results of the survey and submits a recommendation to the RUC/HCPAC.
- CMS approves the specialty society recommendation and plays a critical role in the valuation of a CPT code.
- The new code is reviewed and plays a critical role in the valuation of a CPT code.

The new code receives the final value determination.

The new code is published in the CPT code book and CMS releases it for use.

For more information, contact reimbursement@asha.org or visit bit.ly/CPT-Code-Surveys

The entire process takes over 2 years.