



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

Committee Makeup

The committee consists of approximately 8 members. The Public Policy Council Chair serves ex-officio as a non-voting member. Other consultants may be added with special expertise to assist the committee members on coding and reimbursement issues.

The Chair may simultaneously serve as the CPT advisor, or it may be a separate designated non-voting member.

The *CPT and RUC Workgroup* includes advisors, members, and presenters to the Current Procedural Terminology (CPT) Editorial Panel and RVS Update Committee (RUC). These individuals serve as non-voting members of the PPRC.

Description

The Committee serves as urology 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.

Mission/Vision/Purpose

The Committee serves as urologic coding, reimbursement, and payment experts on behalf of the AUA. The Committee represents the AUA before the AMA CPT Editorial Panel where these codes are created. 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 Committee, on behalf of the AUA, engages with private payor, Medicare Administrative Contractor (MAC), and Local Coverage Determination related coverage and reimbursement issues. The PPRC also meets occasionally with government entities and legislators 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 2-3 times per year in person or virtually. In addition, the committee may 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



Responsibilities

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

Members: Members of the PPRC 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.

Compliance

Positions on Councils, Committees, Editorial Boards and Practice Guidelines Panels are open to AUA members in good standing. All members must agree to abide by AUA’s *Committee Policies & Procedures* (see *AUA Participation Terms & Conditions* documents located under My Committees Section of the [myAUA](#) webpage). These documents include the requirement to abide by [AUA’s Civility Policy](#) and annually complete a Conflicts of Interest (COI) Disclosure Form in accordance with [AUA’s COI Disclosure Policy](#). The AUA reserves the right to suspend or remove a member from participation in any AUA activity while the individual is under investigation for a policy violation.

Criteria for Selecting New Members

- Ability to contribute to multidisciplinary policy discussions
- Experience representing specialty interests in inter-organizational or cross-specialty settings
- Commitment to supporting the AUA’s broader physician payment and health policy priorities
- Demonstrated interest in one or more of the following areas:
 - Coding and Valuation Expertise
 - Knowledge of coding systems, including the Current Procedural Terminology (CPT) process
 - Experience with the AMA/Specialty Society Relative Value Scale Update Committee (RUC), particularly for urologic services
 - Reimbursement and Payment Policy Knowledge
 - Familiarity with the Medicare Physician Fee Schedule (MPFS) and relative value unit (RVU) methodology
 - Understanding of national and local payer reimbursement frameworks



- Private Payer Engagement
 - Experience working with or advising on payment and reimbursement policies for private insurers
 - Involvement in alternative payment model development or negotiation
- Medicare Coverage and Contractor Experience
 - Knowledge of Medicare Administrative Contractor (MAC) operations
 - Experience engaging with Local Coverage Determinations (LCDs), including drafting or responding to coverage policies
- Legislative and Regulatory Insight
 - Demonstrated interest in or experience with physician payment reform at the federal or state level
 - Understanding of advocacy strategies related to reimbursement and healthcare policy

Criteria for Selecting Next Chair

The Chair should have knowledge and information on coding issues, the CPT process, and the RUC process. This is a compensated position. Chairs are chosen from current or past committee members and are selected by the Public Policy Chair.

Recent Accomplishments – 2026

- The PPRC convened two Insurance Roundtables (IRT) (November 2025, February 2026), including Medical Directors from Medicare Administrative Contractors (MACs), industry stakeholders, patient advocacy groups, and physician payment and reimbursement experts. This successful event received positive feedback from all attendees. The IRT demonstrated the strong demand for continued structured dialogue among urologists, industry partners, payers, and policy experts on the critical role of coverage and reimbursement decisions shaping patient access to urologic care.
- The PPRC guided several CPT codes (including new/revised codes, codes identified through relativity assessment screens, and editorial code changes) through the CPT and RUC processes.
- The PPRC submitted a reconsideration request of the 2024 denial of coverage for bladder cancer biomarker testing in June 2025. The AUA Microhematuria guidelines from 2020 and 2025 found the testing reasonable and medically necessary to assess risk of underlying urinary track malignancy. In March 2026, the MACs released an updated coverage determination for public review.