



ADVOCATING FOR FAIR REIMBURSEMENT IN ECHOCARDIOGRAPHY: HOW YOUR VOICE SHAPES THE FUTURE



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Fair reimbursement for echocardiography services doesn't happen by accident. It's the result of a structured process that depends heavily on physician input and engagement. As an echocardiographer, you have the power to influence how your services are valued and reimbursed through active participation in the Relative Value Scale Update Committee (RUC) process and ASE's advocacy initiatives.

UNDERSTANDING THE CPT AND RUC PROCESSES

The CPT Editorial Panel: Defining Medical Services

Current Procedural Terminology (CPT) codes are the standardized language for describing medical services. Established and managed by the American Medical Association (AMA), the CPT Editorial Panel maintains and updates these codes to reflect current medical practice.

Specialty societies, like ASE, submit proposals for new codes, revisions, and code deletions. For echocardiographers, this means ensuring codes

accurately capture your services. This can be distinguishing between comprehensive and limited studies (93306 vs. 93308) or revising codes that are highly utilized in a growing field (93355). Accurate code descriptions are essential for fair valuation.

The RUC: Assigning Value to Services

Once CPT codes are established, the RUC determines their value. The RUC is a multispecialty committee that provides physicians with a voice in shaping Medicare relative values by describing the resources required to provide physician services. Also managed by the AMA, this committee plays a critical role in determining how physicians are paid for the care they deliver.

The RUC reviews and recommends relative value units (RVUs) for medical services to the Centers for Medicare & Medicaid Services (CMS). These RVUs reflect the time, technical skill, intensity, and resources needed to perform procedures. CMS considers RUC recommendations when developing RVUs and historically has accepted over 90% of the committee's recommendations.

The impact of the RUC process extends far beyond Medicare. Many commercial insurers benchmark their rates to Medicare's fee schedule, making RUC recommendations influential across the entire healthcare payment landscape. For echocardiography and other specialties, accurate valuation through the RUC process is essential for practice sustainability.

Without strong physician input, key echocardiography services risk being undervalued, threatening both practice viability and patient access to quality cardiovascular imaging.

How You Can Make a Difference in Code Development and Valuation

1. Support Society Code Development

ASE members can participate in drafting new or revised code proposals, clinical vignettes, and service descriptions to guide valuation discussions. Your firsthand clinical experience is invaluable in communicating what it takes to deliver high-quality echocardiography care. Code development requires:

- Clinical expertise: Detailed descriptions of procedures that accurately reflect current practice
- Clear vignettes: Representative patient scenarios that demonstrate typical use cases
- Precise definitions: Explicit criteria that distinguish

between different levels of service (e.g., complete vs. limited studies)

By contributing to code development, you ensure that CPT codes accurately represent the complexity and clinical value of echocardiography services.

2. Contribute Literature and Real-World Data

Evidence-based advocacy is the foundation of successful CPT and RUC appearances. Published research, clinical guidelines, and real-world practice data strengthen ASE's case for appropriate valuation. Your contributions matter in several ways:

- Publish your research: Peer-reviewed studies demonstrating clinical outcomes, procedural complexity, or practice patterns support valuation arguments
- Document practice patterns: Time studies, workflow analyses, and cost assessments provide concrete data for RUC submissions
- Contribute to guidelines: ASE guidelines establish standards of practice that inform code descriptions and valuation

This process is data driven. RUC recommendations are based on data collected from surveys of practicing physicians regarding the time, intensity and complexity of new and revised CPT codes. The more robust the evidence base, the stronger ASE's advocacy position.

3. Complete RUC Surveys Thoughtfully

When CPT codes are new, revised, or under revaluation, AMA distributes specialty-specific surveys to collect data on procedure time, intensity, and clinical decision-making. These survey responses provide the evidence relied upon to assign appropriate value to echocardiography services.

Your participation is critical. Survey data must reflect real-world practice patterns to ensure accurate valuation. When completing surveys:

- Respond honestly about the actual time required for procedures
- Include all components of physician work: pre-service preparation, intra-service performance, and post-service activities
- Consider the mental effort, technical skill, and stress involved
- Compare the service to reference procedures with established values

The quality and quantity of survey responses directly impact ASE's ability to advocate for fair reimbursement at the RUC.

4. Be an Advocate and Educator

Even if you don't join a committee or complete surveys, you can still make a difference. Encourage colleagues to participate in RUC surveys and educate them about the process. The more the echocardiography community engages, the stronger ASE's voice becomes. Share information about:

- Upcoming surveys and their importance
- Coding updates that affect practice operations
- Advocacy opportunities through ASE
- The connection between participation and fair reimbursement

Collective engagement amplifies ASE's influence in policy discussions.

Why This Matters Now

Several developments make physician engagement especially important:

- Changes to interventional echocardiography: CPT code 93355 was flagged for high utilization growth. ASE and partner societies are developing a new code structure for the CPT Editorial Panel meeting. This is a critical opportunity to create codes that accurately reflect structural heart imaging complexity, and your participation in code creation and RUC surveys will be essential for proper valuation.
- CY 2026 Payment Reductions: CMS finalized a -2.5% efficiency adjustment that uniformly reduces work RVUs for non-time-based services, including all echocardiography procedures. Additionally, practice expense methodology changes are recalibrating indirect cost allocation between non-facility and facility settings, creating significant site-of-service payment differences. These changes underscore the critical need for accurate RUC survey data to protect future valuations.
- New Technologies: The integration of artificial intelligence and ICE into echocardiography requires new coding pathways, similar to inclusion of 3D imaging, and advanced strain analysis.
- Practice Expense Updates: The Physician Practice Information Survey (PPIS) will inform updated practice expense calculations beginning in 2026,

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potentially affecting echocardiography reimbursement significantly.

- Evolving Payment Models: As healthcare moves toward value-based care, demonstrating the clinical value and resource requirements of echocardiography becomes increasingly important.

Stay Engaged with ASE Advocacy

ASE's mission in advocacy is to represent the interests of our members while advocating to create an environment for excellence in the quality and practice of cardiovascular ultrasound. ASE serves as the voice of echocardiography on Capitol Hill, to federal agencies, and among private payers. Beyond the RUC process, ASE advocacy includes:

- Direct lobbying of Congress and CMS leadership
- Participation in Hill Days to meet with legislators
- Monitoring regulatory changes and payment policies
- Providing coding and reimbursement guidance to members

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Your participation ensures that the complexity, expertise, and value of echocardiography are accurately reflected in payment policies. Together, we can protect fair reimbursement and ensure patients continue to receive the high-quality cardiovascular imaging they deserve.