

CMS Finalizes 2014 Interim Work RVUs, Severe Cuts to Cervical and Lumbar Epidural Injection Codes

As many of you know, on November 27, 2013, the Centers for Medicare & Medicaid Services (CMS) released the Calendar Year 2014 Medicare Physician Fee Schedule Final Rule, which contains several provisions including severe cuts to cervical and lumbar epidural injections (CPT code 62310, 62311, 62318, and 62319) in the office setting and ASC/Hospital. This does not include the potential 20 percent cut that could be implemented if Congress does not permanently repeal the SGR or pass a temporary patch by January 15, 2014.

CPT	Descriptor	2013 (CF=\$34.0230)		2014 Final (CF=\$34.0230) without SGR Cut		% Change from 2013	
		Non-Facility (office)	Facility (ASC/Hospital)	Non-Facility (Office)	Facility (ASC/Hospital)	Non-Facility	Facility
62310	Cervical epidural	\$251.77	\$110.23	\$105.13	70.43	-58.2%	-36.1%
62311	Lumbar epidural	\$211.96	\$89.82	\$103.43	\$69.07	-51.2%	-23.1%
62318	Epidural or subarachnoid, catheterization, C/T	\$240.20	\$100.03	\$105.81	\$75.53	-55.9%	-24.5%
62319	Catheterization, epidural, L/S	\$173.52	\$96.97	\$109.21	\$77.23	-37.1%	-20.4%

AAPM&R provided input to the American Medical Association Specialty Society RVS Update Committee (RUC) which led the RUC to recommend that the work relative value units remain unchanged. We are obviously very disappointed that CMS did not accept the RUC recommended values.

The Academy continues to advocate against CMS's decision to devalue these codes and plans to submit comments on the Final Rule. It also plans to work with other stakeholders to ensure an aggressive approach is taken to advocate for fair reimbursement for these procedures. As advocacy continues around this issue, the Academy will update members periodically, please continue to check the [Practice Resources](#) page of [AAPMR.org](#). Additionally, if grassroots advocacy become necessary the Academy will initiate a Voter Voice alert.